Research Report DFE-RR158

Supporting independence? Evaluation of the teenage parent supported housing pilot - Final report

Deborah Quilgars, Sarah Johnsen, Nicholas Pleace, Jennifer Beecham and Eva Bonin

Centre for Housing Policy, University of York

Department for Education

Acknowledgements

The authors would like to express sincere thanks to the pilot project staff for their cooperation with, and support of, the evaluation. We are particularly indebted to project managers and administration teams for their assistance with the compilation of project monitoring data, organisation of fieldwork visits, and encouragement of young parents' participation in the telephone survey. Thanks must also be extended to the frontline staff and project stakeholders who were willing to be interviewed in the study. A particular thanks to the teenage parents who gave their time to take part in the focus groups and telephone interviews.

We are also grateful to our colleagues, Hannah Carpenter and Erica Garnett, at TNS-BMRB for carrying out the surveys of young people. Thanks are also due to Joanne Bretherton for her assistance with fieldwork. Special thanks must also be extended to Robert Drake, Rajkiran Egan, Sarah Butt and Jo Gunner at the Department for Education, for their invaluable support and assistance throughout the evaluation.

Contents

Tables

Figures

Executive Summary

The Teenage Parent Supported Housing (TPSH) pilot involved seven local authorities providing 'enhanced support packages' for teenage parents, with a particular emphasis on those aged 16 and 17 and those not living with parents/carers (including those living in their own homes or supported housing). The pilot projects were operational from early 2009 to March 2011.

The TPSH pilot was one of a suite of nine 'Child Poverty Pilots' funded by central government until March 2011. The pilots enabled 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.

A team of researchers from the University of York, TNS-BMRB, and the London School of Economics (LSE) was commissioned to evaluate the TPSH pilot. The aims of the evaluation were to:

- 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);
- provide greater understanding of what the key components of an enhanced support package should look like; and,
- assess the cost effectiveness/value for money of each pilot authority's enhanced support package delivery model.

The evaluation employed a multi-method approach and involved: analysis of project-level monitoring and costs data; interviews with project co-ordinators and service providers; focus groups with service users; a longitudinal survey of service users; and telephone interviews with the parents/carers of service users. It also compared pilot outcomes with outcomes recorded for other teenage parents accessing alternative services recorded via the Supporting People database.

The evaluation was neither designed nor intended to provide a detailed comparison of each of the seven TPSH projects. Rather, it drew together lessons learned from across their cumulative experiences.

What services did the pilot provide?

The seven local authorities chosen to host the TPSH pilot projects were selected to represent a mix of unitary and two-tier authorities, and both urban and rural locations with differing populations. They tested a diverse range of models of supported housing and housing-related support for teenage parents. Local authorities were asked to design enhanced support packages to best meet local need, rather than work to one prescribed model. The structure and operational focus of each project varied, but the elements tested across them included:

- a high support residential project with on-site staff;
- initiatives to facilitate access to the private rented sector;
- courses preparing teenage parents for independent living;
- intensive floating support and key work services;
- a paid peer mentor scheme;
- a volunteer adult mentoring initiative;
- peer education programmes;
- life-coaching;
- family/ relationship counselling;
- financial incentives;
- group work; and
- e-learning initiatives.

The pilot services were delivered by specialist support workers, employed either by the local authority or voluntary sector organisations commissioned to deliver support packages. Staff were based in, and pilot services delivered from, a range of very different contexts, including hostels, Children's Centres and Connexions centres. Multi-agency working was at the core of many pilots and effective working relationships were developed across housing, health and social care sectors, including Children's Centres.

At the time of writing, six of the seven local authorities planned to continue providing services originating under the TPSH pilot.

Who was supported by the pilot?

A total of nearly 1,000 (973) referrals of young parents (including parents-to-be) were received across the seven projects over the pilot period. The vast majority (80%) of referrals were accepted onto the projects. Only a small proportion of young people declined the services available although staff had to work proactively to sustain the active engagement of young people following referral.

A diverse range of agencies made referrals to the pilot projects across statutory and voluntary sectors, including health professionals (particularly midwives), Connexions, housing and hostel providers, and Children's Centres. Considerable work was required to

set up effective referral procedures, including careful 'branding' of the projects and cross-agency working.

The vast majority of participants (94%) were young women. The average age was 18: 39% were aged under 18, 55% 18-19 years, and 6% 20 or older (the latter mainly being male partners of teenage mothers). Some projects had worked proactively to recruit young fathers and targeted initiatives were found to be necessary to recruit and sustain the involvement of fathers. Nearly two thirds (65% of) participants were already parents, and 35% expecting their first child, at point of referral. Most participants had very young children.

Two in five (41% of) pilot participants were living in independent accommodation at referral, one third (34%) with their parents, and one in six (16%) in supported accommodation, a hostel or other temporary accommodation. Caring for children was the main economic status for nearly two fifths (37%) of pilot participants at referral. One quarter (26%) were job seeking, one in seven (14%) were in education or training, and 11% were in paid employment.

Overall, the young parents had few health problems although a significant minority (22%) suffered from anxiety, depression or other mental health problems.

How were young people supported?

Supported accommodation with on-site staff was considered a valuable housing option for 16/17 year olds, teenage parents with high support needs and/or those with weak support networks. Stakeholders believed such schemes were effective in the prevention of, and early response to, child protection issues. There was a widespread call for more accommodation with on-site support in general, and for projects catering for couples in particular. However, further consideration needs to be given to the appropriateness of placing male partners in projects which also accommodated victims of domestic abuse, and protocols when there is a substantial age gap between teenage mothers and their partners.

Shortages of *independent accommodation* prompted promotion of the private rented sector in many areas, but social housing was generally preferred by support providers and teenage parents alike as it was seen as offering greater security and affordability. *Courses preparing young people for independent living* were considered very positive developments. However, the lack of suitable housing, especially near teenage parents' support networks, remains problematic.

Floating support services – especially those flexible enough to support teenage parents in all areas of their lives (i.e. not only providing 'housing-related' support) – were greatly valued, as were material resources to help them set up home (e.g. furniture and white goods).

Support with *budgeting and debt management* was particularly well received. This included the provision of formal courses, the availability of more informal one-to-one support, and knowledge that teenage parents had someone to call on if they had concerns about their finances.

Factors which were helpful in *promoting engagement in employment, education and training* included: flexible course delivery, dedicated group-work, on-site childcare provision, and 'celebration' of course completion. E-learning systems did not necessarily overcome barriers to participation in education.

Teenage parents valued the support provided by *mentors*. Tailored training and ongoing support for mentors was essential and also time intensive. Peer mentors benefited greatly from mentoring schemes. It was widely agreed that peer mentor schemes should only be used to support teenage parents with low support needs.

Teenage parents benefited from their training for, and involvement in, *peer education* programmes. However, stakeholders held differing opinions regarding whether teenage parents with ongoing support needs were 'ready' to be peer mentors. Some believed it would boost confidence and self-esteem whilst others feared it might put vulnerable young people in a stressful situation.

Some innovations received mixed reception. *Life coaching* added a valuable therapeutic dimension to enhanced support packages, but did not suit all young people, with some finding it too personally intrusive. Many teenage parents were reluctant to use *family mediation and/or relationship counselling* services, often preferring to discuss relationship problems with their support workers informally.

Provision of *parenting support* was a sensitive area given teenage parents' anxieties about admitting to needs in this area. Some were more receptive when parenting support was delivered informally by support workers and/or when courses were not explicitly branded as 'parenting skills'. Several providers used group outings and the work of on-site child minders to monitor and model positive parent-child interactions

Overall, *positive relationships between staff and teenage parents* were essential for enhancing service user engagement and retention – and achieved in all pilot areas. Relationships, however, came under pressure when support workers were duty bound to raise child protection issues in a small minority of cases.

What were the outcomes from the pilot?

Over half (54%) of the 337 young parents who left the projects during the pilot period had achieved a positive completion, with young people disengaging in approximately one quarter (26%) of cases. A minority (20%) of young people left as they were referred onto more appropriate services, because they moved area or because their situation changed and no longer needed the support.

Overall, the majority of the 199 young parents surveyed towards the end of the pilot thought that involvement in the pilot had made either 'a big difference' (36%) or 'some difference' (36%) to their lives. One in six (17%) thought it had made 'very little difference' and a further one in ten (11%) 'no difference at all'. Of those who said the pilot had made a difference, the

main reasons given were understanding staff/having someone to talk to (18%), help with housing (17%), and building confidence and self-esteem (14%).

The majority of young parents surveyed also reported that the pilot had made 'a big difference' or 'some difference' (29% and 30% respectively) to the lives of their children, but two in five thought it had made either 'very little difference' (10%) or 'no difference at all' (32%). Of those who said the pilot had made a difference to their children, the main reasons given were opportunities for social interaction with other children or adults (22%), the parents feeling better equipped with skills to bring the child up (21%), and access to better accommodation (17%).

A key success associated with the pilot was increasing the opportunities for young parents to achieve independent living. Project monitoring information showed that at the point of leaving the service, two thirds (67%) of young people were living independently (45% in social housing; 22% in private sector housing), compared to two in five young people (41%) at referral. Notably, the vast majority (87%) of young people who had moved reported that they preferred their new accommodation to the accommodation they lived in before using pilot services. Assistance with housing was reported to be the 'best thing' about the pilot by many teenage parents.

The projects were less successful in helping teenage parents move into employment, education or training. Perhaps unsurprisingly given that many participants gave birth either just before or during the pilot period, the main change in economic status on leaving the project was an increasing number who were fully occupied with looking after their young children on leaving the project (from 42% to 57% according to project monitoring data). Many young people did however participate in training and/or project development courses, and aspirations for future employment were high.

Nearly one fifth (18%) of young people surveyed reported that their general health was 'better' at the end of the pilot period than it had been before using pilot services. More generally, there were consistent reports from young people and project staff of improvements in young people's psychological well-being, especially improved self-esteem as a result of their involvement in the pilot.

There were also indications that the support available to young people from their child's other parent (usually the father) had improved over the course of the pilot for nearly one quarter (23%) of young people surveyed. However, staff and stakeholders still had concerns about the volatility of some young people's relationships and the risks of domestic abuse.

Young people consistently reported feeling better able to manage their finances as a result of their involvement in the pilot projects. According to project monitoring data fewer young people were behind with their rent or board payments at the point of leaving (16%) compared to point of entry (24%).

The evaluation did not include a control group to allow direct comparison of outcomes achieved by pilot participants versus those achieved by a comparable group of teenage

parents not receiving pilot services. Limited comparisons with Supporting People data did nevertheless indicate that pilot projects performed better than existing services available to teenage parents on some outcomes (debt reduction, choice and confidence, informal learning), less well on others (maintaining accommodation, physical health, paid work), and similarly on others (income maximisation, training and education).

What did the pilot services cost?

Data limitations meant that it was not possible to conduct full analyses of the cost effectiveness or value for money of the pilot projects. Service providers found it difficult to provide full details of resources employed, and numbers of young people using some services were low, thus meaning that assessment of cost effectiveness was beyond the scope of the evaluation. It is nevertheless possible to draw some tentative conclusions about the costs to the public sector of supporting teenage parents via the models piloted.

The grants provided to each of the seven pilot areas over the two and a half year period ranged from £277,000 and £700,000.

An important part of the pilot services provided in each authority was some type of 'floating' staff group. They supported teenagers in a range of accommodation types: living with their parents, their own tenancies, and existing specialist hostels. The cost per contact hour for floating staff support ranged from £46 to £60.

Data collected towards the end of Year 1 of the pilot were used to calculate the cost per service user of pilot and non-pilot services used since they joined the pilot. The mean weekly cost for pilot services was £112 (range, £4-£934) and was £22 (range £0-681) for non-pilot services such as health care, child/teenage parent services such as Children's Centres, and social care.

Data collected towards the end of Year 2 were used to calculate the cost per service user of pilot and non-pilot services used in the previous three months. The mean pilot service cost for these young people was £97 per week, although again there was a wide range from those who had used no supports (at a cost of £4 for a proportion of the overarching project cost for a recent referral) to just over £2,000 per week.

Data on the use of generally available (non-pilot) services in the three months prior to joining the pilot for 147 young people indicates that General practitioners (GPs) were commonly used (67%) as were out-patient services (37%), health visitors (43%) and connexions advisors (34%). Mean costs per week for all public sector services was £110 per person (range £0-£938).

Analysis of the available survey data suggests that the pilot services were likely to have added to the existing service array, complementing rather than substituting for existing provision. There was no evidence to suggest that pilot services improved access to generally available health and social care services over the time period considered. Interview and

survey data indicate that many young parents did nevertheless feel much more confident to access services after their involvement with the TPSH pilot.

Although total costs (pilot plus other services) appear higher for service user survey respondents in Year 2 compared with Year 1 respondents, there was some indication that the costs of pilot supports were slightly lower in Year 2. It is not possible to tell whether this was due to lower needs of the young people supported in Year 2 or lower levels of support provided because the pilots were more likely to be operating at a higher capacity.

Conclusion

Programmes developed under the TPSH pilot were well received by young people and were associated with improved outcomes for teenage parents in a number of areas, most notably by helping them gain and sustain suitable accommodation, and via improved confidence in their own abilities as young adults and parents. It is important to acknowledge that in the absence of evidence on outcomes achieved by a comparable group of teenage parents not receiving pilot services the positive outcomes observed cannot necessarily be attributed directly to the work of the pilot projects. That said, the available evidence suggests that enhanced support packages can be advantageous in helping vulnerable young parents to transition from their own childhood towards adult independence.

Key lessons for local policy and practice emerging from the evaluation include:

- *The need to support young people in a wide variety of housing types*. Availability of particular housing options varies significantly at the local level, but teenage parents should wherever possible be placed in the accommodation most suited to their needs. For those with high level needs or weak support networks this might be supported accommodation with on-site staff; for others an independent tenancy (ideally located near support networks) with floating support. Some may appropriately be supported to remain in the parental home in the short term. All should be equipped with skills for independent living.

- *The value of flexible service delivery.* Teenage parents' engagement in supportive interventions can be increased significantly by implementing programmes flexibly. Splitting courses into short 'bankable' modules can prove an effective way of increasing participation in education and training, for example. Similarly, enabling floating support workers to support teenage parents in all areas of their lives, not just those strictly 'housing-related', enables them to tailor support packages effectively. They may therefore valuably deliver support relating to health, education, or parenting, for example, but still signpost service users to specialist provision as appropriate. Delivering support in informal settings can also improve engagement.

- *The need to be realistic about readiness for employment, education or training*. It is important to balance the aim to support teenage parents' re-engagement with education or training with the need to allow them adequate time to establish a stable home environment, adjust to parenthood, and bond with their child. Participation in

education or training courses improve teenage parents' self-confidence and economic aspirations substantially, but full reintegration into education, training or employment may necessarily remain a longer term goal for some, especially those with very high support needs and/or extremely negative prior experiences of school.

- *The critical role played by frontline staff*. The effectiveness of enhanced support packages hinges, in large part, on the quality of frontline support staff. Young parents greatly value, and derive substantial confidence from, relationships with support staff if they feel able to ask for help without being patronised. Further research is however needed to explore how support workers might avoid jeopardising their relationships with teenage parents when having to alert social services to child protection issues.

- *The value of 'stepping stones' and 'hand holding'.* For some young parents, participation in dedicated (teenage parent only) entry-level courses with on-site childcare, and/or being accompanied by support staff to appointments or groups on multiple occasions, serve as valuable 'stepping stones' to help them develop the confidence necessary to attend mainstream services independently. Substantial time is often required for young people to develop trusting relationships with support staff if they have had negative experiences of formal services in the past.

- *The call for further development of support for young fathers*. There remains a shortfall in support services able to engage with teenage fathers (and 'older' partners of teenage mothers). Efforts to facilitate the accommodation of couples have been welcomed, but further thought needs to be given to the circumstances in which this is appropriate and how service delivery might be modified to cater for fathers. Further, professionals in health and other sectors should be actively encouraged to refer young fathers (not just mothers) to relevant services.

- *The need to improve the evidence base on outcomes and costs.* Local authorities and service providers should continue to collect data on service outcomes and costs, ideally in a coordinated manner. This will strengthen the evidence base upon which commissioners and service providers can assess the impact and cost-effectiveness of different interventions, thus informing future policy and service delivery.

1 Introduction

1.1 Background

Addressing child poverty has been a key policy priority since 1999 and the Coalition Government's '*Programme for Government*' (2010) 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 a '*holistic approach… that tackles the drivers*' (p.14) of disadvantage (HM Government, 2010b). In April 2011, the Coalition Government published its first Child Poverty Strategy: *A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives* (DWP/ DfE, 2011) which set out priorities for tackling child poverty up to 2020. The Strategy outlined a new approach with a key emphasis on improving life chances for children through 'making work pay', as well as highlighting the role of place in shaping and transforming lives. The Strategy acknowledged the need to go beyond income to consider education, health, family, environment, early years and also the housing available to those at greatest risk of poverty. The importance of strong parenting was also emphasised, reflecting the recent reviews on early interventions (Field, 2011; Allen, 2011) and the difference that good parenting can make during these early years.

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

- 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 on absolute low income to less than 5 per cent.

The Act also conveys responsibilities upon local authorities and named partners to:

- cooperate to put in place arrangements to work to reduce, and mitigate the effects of, child poverty in their area;

- prepare and publish a local child poverty needs assessment to understand the drivers of child poverty in their local area and the characteristics of those living in poverty; and,
- prepare a joint child poverty strategy setting out measures that the local authority and each named partner propose to take to reduce, and mitigate the effects of, child poverty in their local area.

Local authority needs assessments and their resultant strategies require joint action across these areas.

Under the new 'Big Society' agenda, the Coalition Government is also seeking to improve opportunities for people to become more involved in their communities, to be able to contribute more effectively through a stronger social sector, and better able to shape governmental policy and delivery. A Localism Bill was introduced to Parliament in December 2010 to 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).

1.2 The Teenage Parent Supported Housing Pilot

The Teenage Parent Supported Housing (TPSH) pilot was one of nine 'Child Poverty Pilots'[1] 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. 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). Children of teenage mothers are 63% more likely to live in poverty than those born to mothers in their twenties (Mayhew and Bradshaw, 2005). Whilst the latest figures indicate that the under-18 conception rate for England in 2009 is the lowest it has been for 30 years (38.2 per 1000 girls aged 15-17) (ONS, 2011), nearly 40,000 young women per year become pregnant.

Little is known about the impact of various types of accommodation and housing-related support on outcomes for teenage parents and, by extension, their children. The TPSH pilot sought to redress this gap in the evidence base. Under the TPSH pilot, seven local authorities (LAs) were selected to trial a range of 'enhanced support packages' for teenage

[1] For details of the other Child Poverty Pilot projects, see Evans and Gardiner (2011). Levels of interest in the TPSH in particular were very high, with nearly 60 expressions of interest submitted (the highest of any Child Poverty Pilot).

parents, with a particular emphasis on those aged 16 and 17 and those not living with parents/carers, that is, those resident in supported housing units or their own homes. LAs were responsible for determining what the 'enhanced' element of these support packages should comprise, but all included provision of a different type, scale and/or intensity than that already available to teenage parents and their children in the local area. A detailed description of each of the seven TPSH pilot projects, and the modes of service delivery employed, is provided in Chapter 2.

The TPSH pilot LAs included 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 pilot projects were funded by central government from early 2009 to March 2011.

1.3 The evaluation

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

The aims of the evaluation were to:

- 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);
- provide greater understanding of what the key components of an enhanced support package should look like; and,
- assess the cost effectiveness/value for money of each pilot authority's enhanced support package delivery model.

A multi-method approach was employed. Full details regarding each method utilised are provided in Appendix 2, and survey and fieldwork materials are reproduced in the annex accompanying this report. The methods used included:

- a *review of the seven successful bids*, including analyses of the project aims, planned interventions, inter-agency context, and costs;
- *analysis of project-level monitoring data*, collected via a bespoke recording system from each LA one year into, and toward the end of, the evaluation period (referred to as 'project monitoring' hereafter);
- *telephone interviews with project co-ordinators (n=14),* conducted at both the beginning and mid-point of the evaluation period;
- *in-depth face-to-face interviews with service providers and stakeholders (n=167),* conducted during each of two visits to pilot projects (at the beginning and the end of the evaluation period);
- *focus groups with service users* (*n=79* participants), also conducted twice within each pilot project (at the beginning and end of the evaluation);
- a *longitudinal survey of teenage parents* (*n=361* responses in total), conducted shortly after project establishment and again toward the end of the pilot period

(referred to as Teenage Parent Survey 1 (TPS1) and Teenage Parent Survey 2 (TPS2) hereafter);

- *telephone interviews with parents/carers of service users (n=21)*, conducted at the end of the pilot period (referred to as 'grandparent interviews' hereafter);
- *analysis of the Supporting People Outcomes Framework Database*, comparing pilot outcomes with those of existing services for teenage parents; and
- *analysis of the costs* of the enhanced support packages.

It is important to note that the evaluation was neither intended nor designed to provide a detailed comparison of each of the seven TPSH projects. Rather, it draws together lessons learned from across their cumulative experiences in order to identify the most effective elements, and cost implications, of 'enhanced' support packages for teenage parents and their children.

An interim report discussing issues arising during the first year of implementation, together with early outcomes, was published in 2010 (Johnsen and Quilgars, 2010). This final report documents the overall outcomes of the projects and lessons learned over the full duration of the TPSH pilot.

1.4 The report

The next chapter introduces the aims and operational features of each TPSH pilot project, and reviews issues arising during project set-up. This is followed, in Chapter 3, by an overview of pilot referrals, including the demographic characteristics and support needs of the young people recruited, as well as an assessment of the referral process. Chapter 4 explores 'lessons learned' during pilot operation, particularly regarding the effectiveness of different elements of the support packages tested. Chapter 5 focuses more explicitly on outcomes, as regards impacts on different areas of young parents' and their children's lives and impacts in comparison with Supporting People services available to some teenage parents. Chapter 6 examines the costs of the provision of the pilot services. Finally, Chapter 7 draws together key conclusions from the evaluation and makes recommendations for policy and practice.

2 Introducing the Pilot Projects

This chapter introduces the seven TPSH pilot projects. It begins by providing a general overview of the key features of each. This is followed by a more detailed account of the different models adopted, including a review of the client target groups, key delivery partners, and modes of service delivery. The final section describes issues which arose during the pilot establishment process and overall management arrangements. The chapter draws on the review of original project bids, project coordinator interviews, and both waves of qualitative interviews in the seven localities (see Chapter 1).

2.1 An overview of the seven pilot projects

The pilot LAs were encouraged to develop innovative packages of support for teenage parents that would best meet local need. They were given licence to define the 'enhanced' element of these, thus a wide range of interventions were tested. The key features of the seven pilot schemes are summarised in Table 2.1, and below.

Pilot A offered specialist floating support to teenage parents, delivered by two dedicated floating support workers who worked very closely with the local authority's young people's housing team who were based in the same premises. One of its key aims was to improve teenage parents' access to private rented sector housing via a dedicated bond scheme. This was implemented far more flexibly than the bond scheme already available in the area because it was accessible to young people who were not receiving income support and those not homeless or threatened with homelessness. The bonds also covered rent in advance and administration fees, as well as lasting for the duration of the tenancy, rather than the standard six month period. In addition, Pilot A developed a bespoke 'Passport to Housing' programme to equip young people with the skills necessary to obtain and maintain a tenancy. This comprised compulsory modules that helped individuals to identify the issues affecting their resettlement and tenancy sustainment as well as several optional modules exploring various aspects of independent living. The Passport to Housing could be delivered in group settings, or on a one-to-one basis, by support workers. The passport was designed so it could serve as a reference for young people seeking independent or supported accommodation. Pilot A also provided 'starter packs' of kitchen utensils and crockery to teenage parents moving into a new tenancy. The project also included provisions facilitating access to relationship counselling and/or family mediation where appropriate. Pilot A was located in a city of approximately 135,000 people, 22% of whom were from black or minority

ethnic (BME) backgrounds[2]. The under 18 conception rate[3] in the area in 2008 was 42.6 per 1,000 girls aged 15 to 17.

Pilot B developed a dedicated supported accommodation scheme for teenage parents with high support needs. This comprised ten self-contained flats (including two specifically intended for couples), split across two different sites. There was a dedicated group work area on each site which comprised of a kitchen, a group work room, and a crèche room. The project offered a high staff: resident ratio, employing: three full-time support workers, one full-time group worker, and two part-time life coaches. Support workers were based on-site 9am-8pm on weekdays, as well as having a presence during Saturdays. Group work was held in the accommodation twice weekly to enable residents to explore a range of issues including, amongst others: budgeting, relationships, nutrition, and parenting. Some modules were accredited. Weekly individual life-coaching sessions, facilitated by qualified counsellors, encouraged young parents to explore their aspirations and redress factors preventing them from engaging with support. This service was also made available to young parents living outside the project. There was a high level of expectation that residents would engage with the intensive support on offer, including up to seven hours key work per week, life coaching sessions (one hour per week), and group-work (twice weekly two-hour sessions). Optional dinner groups, where support workers and tenants cooked a meal together on an informal basis, were held weekly. Residents were also supported financially, via access to a personalisation budget for resources that would improve their and their child's quality of life, and a small sum of money to contribute to move-on expenses for each group work module completed. Pilot B was provided by an urban authority: population approximately 250,000, 6% BME, under 18 conception rate 36.2 per 1,000.

Pilot C employed ten 'peer mentors' aged in their late teens and early twenties, who had themselves been teenage parents, to support teenage parents to access services in the local area. Unlike most mentor schemes, the peer mentors were paid members of staff, employed by a local voluntary sector youth agency. They worked part-time (18.5 hours per week) and were based in a Children's Centre within the city. They were trained intensively and subsequently matched with teenage parents living in a wide range of accommodation settings who had been identified as requiring additional support. In their roles, the peer mentors provided practical and emotional support to teenage parents as they accessed services in the area, often accompanying them to formal appointments in person. Peer mentors provided substantial support for teenage parents to access and furnish housing, but also assisted in other areas such as identifying education, employment and training opportunities. Pilot C also offered a bond scheme to facilitate teenage parents' access to housing plus white goods to help them become established their new home. Receipt of the

ll population and ethnicity statistics cited in this section were those recorded in the 2001 census (www.statistics.gov.uk).

[3] Conception rates reported here are for 2008, the year before the TPSH began. Rates are calculated as the number under 18 conceptions per 1,000 girls aged 15 to 17. (www.statistics.gov.uk).

bond was contingent upon teenage parents' engagement with support from a peer mentor. Pilot C was another urban authority: population 270,000, 15% BME, under 18 conception rate 61.9 per 1,000.

Pilot D offered a specialist teenage parent floating support service which acted as a single point of contact for referrals to housing related support. It employed two part-time floating support workers who supported teenage parents living independently, in care or aiming toward independent living. This support was delivered very flexibly, across a very wide, largely rural, geographical area. In addition, Pilot D implemented a 'buddy' scheme, coordinated by one part-time and one full-time member of staff, which matched teenage parents with adult mentor volunteers. Buddies befriended teenage parents and provided them with additional support, delivered informally and flexibly, to access mainstream services and engage with the community. Finally, a group of teenage parents were trained to be peer educators by a specialist training provider, so that they could deliver education programmes in local schools and Pupil Referral Units. The peer education project was coordinated by two full time staff. Many of the project's peer educators also received support from the buddy scheme. Pilot D was a non-metropolitan authority covering a geographic area of more than 3,400km square, total population 500,000, 3% BME, under 18 conception rate 33.5 per 1,000.

Pilot E had a much more explicit focus on formal education and training than the others. It employed teenage parent workers, based in local Connexions and Children's Centres, to supplement existing local authority staff working with the client group. The Pilot offered a range of accredited courses, on subjects including, amongst others: IT, literacy and numeracy, hair and beauty, and mechanics. These were delivered in dedicated group sessions held in Children's Centres, a local college, and a Special Educational Needs school. 'Drop-in' group sessions, often involving visits from healthcare professionals, were held weekly. On-site childcare was provided for all group sessions and courses. Teenage parents participating in the IT course were given free laptops and internet access. An internet 'frontier' was developed to increase the flexibility of access to education and enable communication with tutors via an 'e-buddying' system. 'Taster' courses (e.g. digital photography) and group activities were used initially to promote young parents' engagement. The project also supported teenage parents to access mainstream education and training, delivered outwith the pilot programme, where appropriate. Furthermore, the project aimed to give some teenage parents experience of work placements. Pilot E operated in a metropolitan area, population 260,000, 22% BME, under 18 conception rate 50.2 per 1,000.

Table 2.1: Key features of the 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 and preparing TPs for independent living.	Floating support Passport to Housing Bond scheme Relationship counselling Family mediation Kitchen equipment starter packs	88 TPs aged 16-19 supported by floating support workers 20 TPs for counselling/mediation 30 bonds	Project coordinator 2 FT floating support workers Private sector liaison officer	Council (lead) Third sector mediation service Third sector relationship counselling agency Connexions	£285,180
B	Specialist high support accommodation for TPs	10 units of accommodation Intensive support from key worker and life coach Group-work Personalisation budget Move-on support	18 TPs aged 16-17 in supported accommodation over pilot Additional TPs supported by life-coaching, group-work	Project coordinator 3 FTE support workers 2 PT life-coaches 1 FT group-worker	Council (lead) Third sector youth service/ housing provider Housing Association	£438,690
C	Peer mentor – floating support service	Peer mentoring Bonds for private rented sector accommodation	40 TPs aged 16-19	Project manager Project officer 10 PT (18.5 hrs p/w) peer mentors (ex-teenage parents)	Council (lead) Third sector young persons' service	£457,000
D	Specialist floating support, buddy scheme and peer education	Specialist floating support Adult volunteer buddies Peer education project in schools	60 TPs receiving floating support 80 TPs supported by buddy 70 TPs trained as peer educators	2 PT floating support workers 1 PT and 1 FT volunteer/ buddy coordinators 1 FT development worker and 1 FT project worker	Council (lead) NHS Third Sector housing and support agency Third sector peer education agency	£358,810
E	Specialist support package with key focus on EET opportunities	Accredited modular training Laptops and e-learning Leisure 'days out' E-buddying Work experience Peer education Life coaching	90 TPs aged 16-19	Project manager 1.5 FTE TP workers, supplementing existing staff	Council (lead) City Learning Centre Special Educational Needs School Housing Associations (x2)	£701,500
F	Specialist support workers for teenage parents	Teenage Parent Support Worker Young fathers support group	All TPs aged 19 and under, i.e. 576 young mothers and 173 fathers over pilot	Project coordinator 6 FTE support workers based in children's centres	Council (lead) Children's charities (x2)	£352,185
G	Youth work project supporting young people in LA hostels and young parents who have moved on from hostels	Housing support workers Courses/ sessions in hostels including money skills, health drop-in, group cooking Outdoor activities Residentials Peer education	60 TPs, plus 70 young people at risk of becoming a TP Supports young women aged 16-19, young men aged 16-25	Project coordinator 3 FT youth workers (one with housing background, one with educational specialism and one with money management experience) with one acting as co-ordinator	Council (lead)	£351,000

Pilot F aimed to ensure that every teenage parent aged 16-19 within the LA's jurisdiction was provided with a specialist Teenage Parent Support Worker. These six individuals were based in local Children's Centres across the county, one in each district, and met on a monthly basis to share best practice. Their role was to act as lead professionals, coordinating service pathways to ensure that all teenage parents were living in suitable accommodation and that all their housing and other support needs were met. The project supported young people living in a range of settings, including independent housing, supported accommodation, or their parental home. The intensity of support was generally low-level, but flexibly implemented depending on service users' levels of need, and could last for up to 18 months. Teenage parents were signposted to services as appropriate. A support group for young fathers was also piloted in one of the Children's Centres in order to redress a gap in provision for teenage fathers locally. The county contains a mix of urban and rural areas, total population 540,000, 5% BME, under 18 conception rate 31.2 per 1,000.

Pilot G was developed in response to the fact that young people, particularly women, living in the local authority's temporary accommodation were considered to be disproportionately at risk of becoming teenage parents. The project had a 'youth work' focus and aimed to support all young people (women aged 16-19 years, men 16-25, see below) accommodated in generic (all age) homeless hostels, as well as teenage parents who had moved from there into independent accommodation. Clientele thus included two subgroups: a) young parents, and b) young people without children who, by virtue of their living in a hostel, were considered to be at risk of teenage parenthood. Three teenage parent housing support workers delivered group-work and one-to-one support in LA hostels. The group sessions, delivered twice weekly addressed issues such as money management, sexual health, relationships, and cooking. Attendance was optional. Young parents who had moved out of hostel accommodation continued to receive support from staff and were welcome to attend ongoing group sessions if they so wished. Outdoor activities were offered on a monthly basis, and residentials periodically. A peer education programme was developed toward the end of the pilot period. Pilot G was based in city of approximately 180,000, 2% BME, under 18 conception rate 34.1 per 1,000.

2.2 Models and modes of delivery

2.2.1 Support models

The projects were selected to allow different models of support to be tested in varying housing and service network contexts. As the above descriptions portray, they had quite distinct emphases, including some very different models of housing and housing-related support, in part reflecting their local situation with regard to available housing for teenage parents which varied greatly. For example, one project provided dedicated high support accommodation for teenage parents and their children (Pilot B), another operated out of mainstream supported hostels (Pilot G), whilst others provided specialist housing-related floating support to young people in independent accommodation or other settings (e.g. Pilots

A, C, D and F). All aimed to support teenage parents in other areas of their lives, with Pilot E having an explicit focus on improving participation in education and training, for example.

The scale of the projects also varied significantly, with some aiming to provide very intensive support to a small number of individuals (e.g. Pilot B which anticipated accommodating 18 teenage parents over the duration of the pilot), and others aiming to provide a comparatively less intensive service to a greater number of young people (e.g. Pilot F which aimed to support every teenage parent in the area, numbering several hundred).

In two areas, pilot projects built upon services which were already operating within their jurisdiction or supporting a similar client group: Pilot F had previously piloted a support worker for teenage parents in one locality, and Pilot D built upon a floating support service for families. In the other areas, entirely new services were established under the TPSH pilot – designed to enhance existing services.

The degree of expectation that teenage parents engaged with services after recruitment also varied significantly. Engagement with support was actively encouraged in all, but attendance at key work or group sessions, for example, was optional in most. Levels of expectation were higher in Pilot B, where the requirement that residents attend key work, group work and life coaching sessions were written into their licence agreement, albeit that allowances were made for those involved in employment, education or training outside the project. The implications of such different expectations are discussed in Chapter 4.

2.2.2 Target groups

As Table 2.1 indicates, most of the pilots aimed to work with teenage parents and expectant parents, female and male, aged 16-19 years. Pilot B's supported accommodation project, however, was limited to 16-17 year olds. Pilot G also had a secondary focus on young people at risk of teenage parenthood and worked with young men up to the age of 25 in recognition of the fact that the partners of teenage mothers are often older. Pilot C expanded its upper age limit to 25 partway through the pilot period in an attempt to increase the number of young fathers reached.

When asked about the appropriateness of the pilot target group, most stakeholders felt that the projects were targeting services appropriately. However, some frontline staff interviewees were concerned about the inevitable exclusions given the pilot's focus on a specific age group, especially in instances where a teenage parent could use the services but their partner was ineligible on grounds of being 'too old'. In recognition of this issue, some of the pilots opened up elements of their provision (e.g. group sessions and social evenings) to enable partners to attend, where doing so was deemed appropriate and did not present a risk to other services users and/or their children. On a related issue, a number of teenage parent focus group participants expressed anxiety regarding what would happen once they themselves became 'too old' and were no longer eligible for pilot services. This finding emphasises the need for careful 'transitioning' of support as service users near the end of their eligibility for specialist teenage parent support programmes.

One area (Pilot F) was explicitly set up to provide a support service for *all* teenage parents (regardless of the level of their individual support needs), whereas the others anticipated targeting teenage parents most in need of assistance. In practice, some projects experienced difficulty identifying and recruiting some of the most vulnerable teenagers in their area initially. Their ability to reach such individuals was however improved by widening referral sources to include social workers or health professionals, for example (see Chapter 3). Recruitment of the most vulnerable teenage parents also reportedly became easier as knowledge about the projects was exchanged via word of mouth amongst young people.

2.2.3 Modes of delivery

Many of the projects were delivered by specialist support workers, employed either by the LA or voluntary sector organisations commissioned to deliver support. In both the two-tier authorities, LA and voluntary sector staff delivered pilot services in different parts of their counties on a district council by district council basis. In all areas, a senior staff member acted as the project coordinator, fulfilling this role as part of their existing job role in the local authority. A few TPSH projects also employed a separate full-time project manager.

Staff were 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 Connexions Centres (e.g. some of Pilot E's key workers). Several stakeholders emphasised the value in having pilot staff co-located in offices with representatives of other agencies who supported young people, such as housing teams or Connexions, given the valuable opportunities for effective interagency working (see Chapter 4).

There was much debate amongst staff and stakeholders regarding the relative benefits of providing support sessions on-site, particularly within residential settings (as with group sessions in Pilots B and G, for example), versus facilitating access to services located elsewhere. It was generally agreed that delivering support on residential premises had improved attendance by removing transport barriers and had acted as an important 'stepping stone' for young people who were fearful of accessing mainstream services – but that there was a fine balance to be struck to avoid fostering dependency. These issues are discussed in more detail in Chapter 4.

Many frontline staff members, such as Pilot A's and Pilot D's floating support workers, and Pilot C's peer mentors, spent much of their time visiting clients in a wide range of accommodation settings. Almost all pilot projects employed a flexible approach to service delivery so that elements of support could be delivered wherever teenage parents felt most comfortable, whether that was the client's home, a project office, or public place such as a café (see Chapter 4). Avoidance of 'formal' settings was considered key in breaking down barriers to engagement when working with many teenage parents. Frontline staff often commented on the value of support provided 'in transit', that is, engaging teenage parents in informal conversation as they travelled to and from appointments.

2.3 Establishing and overseeing the TPSH

2.3.1 Project set-up

A number of challenges were encountered by pilot providers during TPSH project establishment and early implementation in 2009. These were exacerbated by a very short lead-in time resulting from the later than anticipated announcement of successful bids. Key challenges reported by project managers, staff and key stakeholders included: staff recruitment in the context of concomitant local authority restructuring, redeployment and recruitment freezes; administrative delays associated with Criminal Record Bureau (CRB) checks for new staff; difficulties reconciling different Human Resources procedures and protocols when working across more than one local authority department; formalisation of childcare arrangements, especially in residential centres given lack of clarity regarding eligibility for Care to Learn funding[4]; and stakeholder concerns regarding data protection and information sharing protocols.

Stakeholders and staff identified a number of factors which had served to overcome many of these challenges and/or facilitate project establishment more generally. 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 local authorities 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 areas, was said to have been pivotal in the successful operationalisation of projects within a short time-frame. Launch events had been used in all pilot areas to publicise the projects, encouraging other agencies to make appropriate referrals, and alleviating concerns about potential service duplication. Further details regarding lessons learned during project set-up and early implementation were provided in the interim report (Johnsen and Quilgars, 2010).

2.3.2 TPSH pilot oversight

The Department for Education (DfE) recruited a 0.5 full-time equivalent TPSH pilot coordinator from the voluntary and community sector with a youth homelessness professional background to oversee the set-up and operation of pilot services. This individual assisted projects as they dealt with early and ongoing operational challenges. The support and information provided was greatly valued by project coordinator interviewees.

[4] Care to Learn is a Government programme that helps young parents aged under 20 with the cost of childcare whilst they are on a course / training. Some pilot LAs had been unaware that Care to Learn requires placements to be in Ofsted registered childcare, whether compulsory or voluntary registered.

The TPSH pilot coordinator also facilitated the exchange of information and best practice between the seven pilot areas. A number of centralised meetings at approximately six-monthly intervals were held for project managers and frontline staff to share experiences and lessons learned. This process contributed directly to the transfer of some interventions between projects, such as the development of a Passport to Housing scheme by Pilot D following early signs of its success in Pilot A (see Chapter 4).

These meetings also highlighted, and contributed to the further establishment of, a shared philosophy between the seven pilot projects – evident in a young person centred ethos and significant commitment to enhancing services for teenage parents at the local level.

At the time of writing, six of the seven local authorities planned to continue providing services originating under the TPSH pilot.

2.4 Conclusion

The above review highlights the great diversity of the TPSH pilot projects in terms of their structure, scale and operational approach. All had a number of key elements in their package of 'enhanced support': some of which built upon pre-existing provision in the local area, but many of which were new additions to the local service network. The balance of emphasis on housing and other aspects of young people's lives varied, as did the numbers of young people worked with, modes of service delivery, and local contextual factors – but all shared an approach centred around the young person. The following chapters profile the young people assisted by the TPSH, before drawing together the lessons learned across the seven projects.

3 Who Did the Pilots Support?

Key Findings

- The TPSH pilots received nearly 1,000 (973) referrals in total, the majority (782; 80%) of whom went on to become project participants. Only a small proportion of young people declined the services available although pilots had to work proactively to sustain the active engagement of young people following referral.
- A diverse range of agencies made referrals to the TPSH pilot. Considerable work was required to set up effective referral procedures, including careful branding of the projects and cross-agency working.
- The vast majority of participants (94%) were young women, and the average age was 18. Targeted initiatives were required to recruit young fathers.
- Nearly two thirds (65% of) participants were already parents, and 35% expecting their first child, at point of referral. Most young parents had very young children.
- Two in five pilot participants (41%) were living in independent accommodation at referral, one third (34%) with their parents, and one in six (16%) in supported accommodation.
- Just over one quarter (27%) were economically active (in employment, education or training) at point of referral. Caring for children was the main activity of nearly two in five participants (37%).
- Very few young people referred had physical health problems, but a significant minority (22%) suffered from anxiety, depression or other mental health problems.
- A range of support needs were identified, the most common being: maximising income, participating in education or training, developing confidence and control over their lives, improving parenting skills, and maintaining accommodation. Few young people had needs related to substance misuse or offending behaviour.

This chapter assesses how successful the TPSH pilot projects were at engaging participants onto programmes and profiles the young people supported. It begins by providing an overview of the number of young people referred to, and accepted onto, the seven pilot projects and compares these figures with initial targets. The chapter then considers the referral and recruitment process, highlighting some of the challenges encountered in engaging young people. Finally, the chapter presents an overview of the young people using the projects, including details regarding their age, gender, housing and economic situation, and health and support needs.

3.1 An overview of referrals

Table 3.1 provides details of the target recruitment number of young parents (including pregnant women and fathers-to-be) for each pilot and for each element within each project[5]. As described in Chapter 2, the target number of young parents varied significantly between pilots reflecting the different models being tested. For example, Pilot B provided an intensive residential service aiming to accommodate and support 18 young parents over the pilot period. In contrast, Pilot F attempted to deliver a lower level support and referral service to all teenage parents in its area, aiming to reach 576 young parents.

Table 3.1 also shows the number of referrals of young people to each pilot, as well as the number of project participants, that is those who were accepted onto the pilot and supported by the pilot. Across the pilots, it was hoped that 952 young people would be recruited. This was quite ambitious, both in terms of scale and especially as it is acknowledged that teenage parents are a difficult to reach group (see below). As detailed in Table 3.1, a total of 973 referrals were taken across the seven pilots, and 782 of these young people went on to participate. Five of the seven pilots met or exceeded their target recruitment figures, with Pilot D reaching 172 young people, double the minimum number of young people expected[6]. One project (Pilot G) supported slightly fewer young parents than anticipated (52 compared to 60). However, it also supported 93 young people at risk of becoming teenage parents, exceeding a target of 70 for this element of the project (which is not included in the total numbers recruited as it was outside the main client target group of young parents). Pilot F supported about 295 young parents compared to their target number of 576; however they still succeeded in supporting more young parents than any other pilot project. It is likely that such a high target number was unrealistic given the resources and timescale of the pilot programme.

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

[6] This was mainly because the three elements of the project had their own target numbers for recruitment, and whilst some young people participated in more than one element, it was always expected that many young people would only participate in one element of the project.

Table 3.1: Target number of services users, and number of referrals and participants

Pilot	Target recruitment number for each element of pilot (and minimum number of participants)	Number of referrals (and % of all pilot referrals)	Number of participants (and % of all pilot acceptances) (1)
A	Support (88) Counselling (20) Rent deposit (30) (Minimum number = 88)	107 (11%)	101 (13%)
B	Accommodation (18) Life-coaching (18) (Minimum number = 18)	20 (2%)	20 (3%)
C	Peer support (40) (Minimum number = 40)	80 (8%)	40 (5%)
D	Floating support (60) Buddy scheme (80) Peer education (35) (Minimum number = 80)	172 (18%)	172 (22%)
E	Service users (90) (Minimum number = 90)	102 (10%)	102 (13%)
F	Mothers (576) Fathers (173) (Minimum number = 576)	428 (44%)	295 (38%)
G	Young parents (60)* (Minimum number = 60)	64 (7%)	52 (7%)
Total	Minimum number = 952	973 (100%)	782 (100%)

Source: Project monitoring.

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

*Pilot G also had a target to recruit 70 young people at risk of pregnancy. Full monitoring information was not included on these participants. A total of 93 young people at risk of pregnancy were supported by the pilot.

As shown, the majority of referrals (80%) went on to become pilot participants. In three pilots (B, D and E) all referrals were recorded as participants. Pilot F, which received the largest number of referrals, also had the largest number of non-participants (133, 70% of all non-participants and 31% of referrals)[7]. Pilot C, the peer mentor project, had the largest proportion of non-participants, at 50% of referrals. In the case of Pilot A, 6% of referrals were non-participants, and 19% of Pilot G referrals were non-participants.

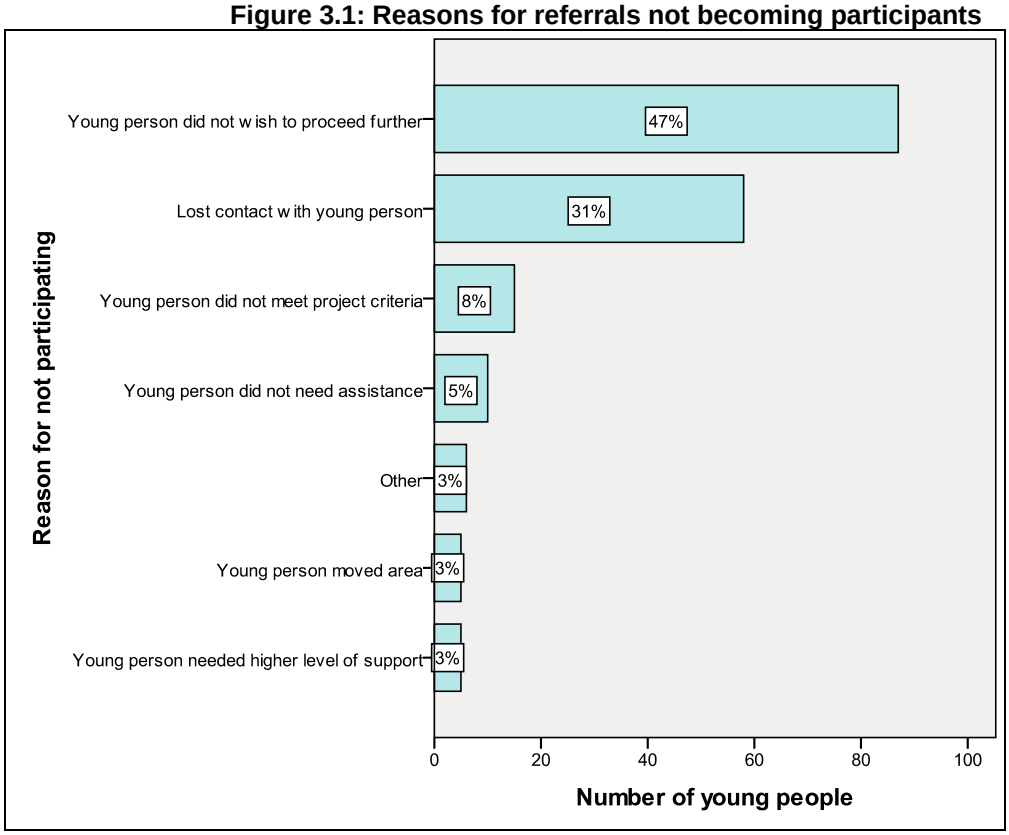
Figure 3.1 shows that the most common reason for referrals not becoming participants was that the young person did not wish to proceed. This was the case for nearly half (47%) of the referrals that did not become participants. In 31% of cases, the project lost contact with the young person: all of these cases occurred in two of the areas (Pilots C and F). Very few

[7] Due to the scale of this project, it was agreed that the project would only submit information on 1 in 2 referrals. In reality, project staff explained that most referrals were forwarded but it is possible that some of the further information on participants was not submitted due to time constraints in data collection. This figure of 295 participants may therefore have been an underestimate of the number of project participants.

cases were rejected as they did not meet the project criteria: in 15 cases (8%) the young person did not meet the main project criteria (e.g. they were too old for the project, were not pregnant or lived outside the geographical area); in another 10 cases (5%), the young person did not need the support on offer, whilst the needs of five young people were too high for the project and a further five young people moved away from the area.

These figures suggest that the pilots targeted their projects appropriately in all areas. The fact that two projects lost contact with some young people between referral and formal project sign-up highlights the challenge involved in engaging young people following referral, as discussed in more detail below.

Figure 3.1: Reasons for referrals not becoming participants



Source: Project monitoring. Base: 186.

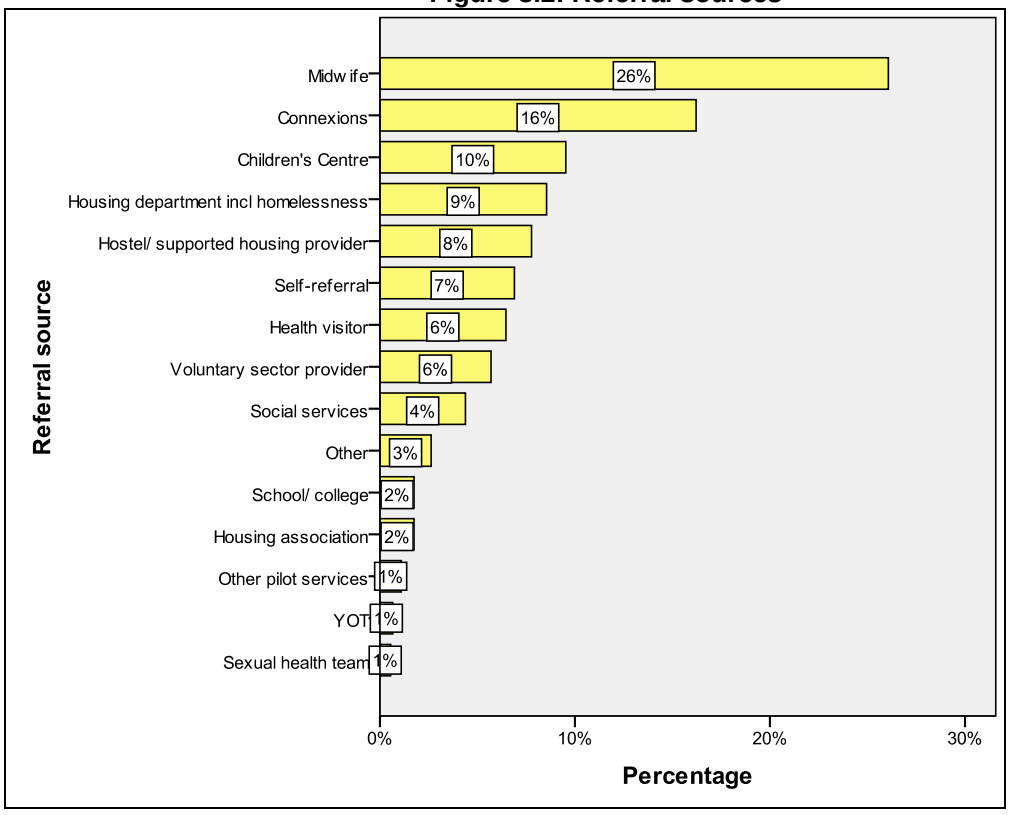
3.2 Referral and recruitment process

Each LA set up its own referral procedures locally, identifying relevant agencies and establishing referral mechanisms. Figure 3.2 shows that a diverse range of agencies made referrals to the pilots, indicating that links with a wide range of statutory and voluntary sector providers could be successfully developed in this area, and that health agencies can act as key referral agencies for predominately housing related projects. Closer analysis revealed that most of the projects had one main referral source, either an agency that was a formal partner of the project and/or reflecting the nature of the project, for example, being based from children's centres.

Midwives referred one quarter of young people (26%) to the pilot overall (Figure 3.2): six of the seven areas received some referrals from midwives but Pilot F accounted for 84% of all midwife referrals (50% of all referrals in Pilot F were from midwives). Connexions were also a major referral source (16% of referrals): six of the seven areas received some referrals from the Connexions advice service for young people, but this was particularly high in Pilot E which accounted for 51% of Connexion referrals[8] (78% of Pilot E's total referrals were via Connexions).

Children's centre staff referred one in ten young parents, with this referral route particularly important in two areas (Pilots D and F). One in eleven (9% of) referrals was from LA housing departments, with this accounting for 45% of referrals in Pilot A where the pilot was working jointly with them. Hostels or supported housing providers (8% of all referrals) were particularly common in Pilot G (65% of their referrals).

Figure 3.2: Referral sources



Source: Project monitoring. Base: 913.

A number of other referral sources were utilised. Self-referral accounted for 7% of all referrals, demonstrating the importance of word of mouth in the positive promotion of schemes. Health visitors and voluntary sector agencies were also important (6% of all

[8] In Pilot E, a multi-agency group was the primary source of referral which was led by Connexions. Although LAs no longer need to have a Connexions branded service, Connexions was in place in all pilot areas for the duration of the pilot.

referrals each), and social services accounted for 4% of referrals. Small numbers of referrals were also received via schools, housing associations, Youth Offending Teams, sexual health teams and other sources (including doctors, youth workers and other statutory services).

Despite the overall success of the pilot referral and recruitment process, the case study visits highlighted challenges experienced by the pilots in recruiting young people, particularly during the first six to nine months of operation. As mentioned in Chapter 2, it took some time to establish the pilot services in most areas, and this included ensuring that the project was well known in the local area and appropriate referral procedures were in place and understood by other agencies. Careful 'branding' of projects was considered key to maximising recruitment. Most projects invested significant energy in the design of publicity material, often in consultation with service users.

In the early days of the pilot, project workers acknowledged that the 'easiest to reach' teenage parents, that is, those who were already in contact with other support services and/or motivated and confident enough to access services with minimal support were recruited. Considerable work was subsequently undertaken to ensure that more vulnerable teenage parents were also recruited, who may have been reluctant to engage with services initially. This required good inter-agency working and ensuring that the widest possible referral routes were available including, for example, via pupil referral units and self-referral.

Projects also highlighted a number of challenges with ensuring active engagement of teenage parents following referral. Some noted that 'older' teenage parents, i.e. 18-19 year olds, appeared to engage more proactively with the support provided. 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 the 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. (Teenage parent)*

> *[Professionals] think because you're a teenage parent you're obviously doing something wrong. (Teenage parent)*

Other issues that could influence effective engagement included personal disputes between potential service users meaning that some young people would not attend particular 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.

Teenage Parent Survey 2 (TPS2) respondents were asked about their experiences accessing pilot services. When asked whether they were given enough information about the pilot projects at the point of referral, more than three quarters (77%) reported that they

were given ‘about the right amount’ of information, one in five (20%) ‘not enough’ information and only a small minority (3%) ‘too much’ information. There were no significant differences in the responses given by young people using different pilot projects.

TPS2 respondents were also asked about the degree of choice they felt they had had regarding whether or not they participated in pilot projects. In total, 62% reported that they had been ‘encouraged to use the services offered’, whilst 21% had themselves ‘asked to use the services offered’. More than one in ten (14%) stated that they had been ‘told [they] had to use the services offered’. Young people supported by Pilot B were more likely to report that they felt they had little or no choice regarding whether they took up the services on offer (as doing so was a condition of that particular scheme, see Chapter 2), but there was little variation in the responses of young people using other projects.

3.3 Profile of project participants

This section provides an overview of the pilot participants, including their key demographic characteristics, housing and economic status, and support needs. Key implications for service delivery are noted insofar as possible.

3.3.1 Key characteristics

Table A3.1 in Appendix 3 provides detailed demographic data on the project participants by pilot project. Here, summary data are presented.

The vast majority (94%) of young parents utilising the projects were young women. All of the pilots attempted to support young fathers; however it was clear that this required targeted work to increase their participation (see Chapter 4) and that further work is required in this area. In contrast, where Pilot G worked with young people at risk of teenage parenthood, just over half (52%) of participants were men.

The average (mean) age of participants at the point of referral across the pilots was 18.3 years. The average (mean) age of young women was 18.2 and 19 for young men. A number of older participants were male partners of younger female service users, something that had been anticipated by the pilots. Overall, 39% of participants were aged under 18, with 61% aged 18 or over. Just 6% of participants were over the age of 19 at referral (Table A3.1). In the early days of the service, some pilots found it easier to recruit the slightly older teenage parents; different recruitment methods may be needed to recruit some younger teenagers who may not be in touch with as many services.

Across the seven pilots, 91% of service users were described as being White, 4% of a Mixed ethnic origin, 2% Black or Black British, 2% Asian or Asian British, and 2% Other ethnic origin. The ethnic profile of participants varied across pilots reflecting differences in the ethnic population of the pilot areas (see Chapter 2 and Table A3.1).

Nearly two thirds (65%) of project participants were parents at the point of referral. Thirty five percent of young people were expecting their first child at the point of referral. This varied

significantly by pilot area, for example 60% of young people in Pilot F were expecting their first child. The vast majority (90%) of those who were already parents had one child (9% two children, 1% three children). Over half (56%) of children were aged under 12 months, with 40% aged between 12 months and 3 years, and only four per cent aged over 3 years. As expected, pilot services were working with young parents with very young children and this needed to be borne in mind when designing services, particularly in acknowledging that young people needed time to spend with their babies as well as thinking about their future.

3.3.2 Housing situation

The TPSH pilot succeeded in recruiting young people who were living in diverse accommodation settings. Two in five young people (41%) across the pilots were living in their own independent flat or house at referral. Nearly three in ten (28%) were living in social (council or housing association (HA)[9]) housing and one in seven (14%) in private rented sector (PRS) accommodation[10] (Figure 3.3). The proportion living independently at referral ranged from none in Pilot B to 51% in Pilot D (see Table A3.1).

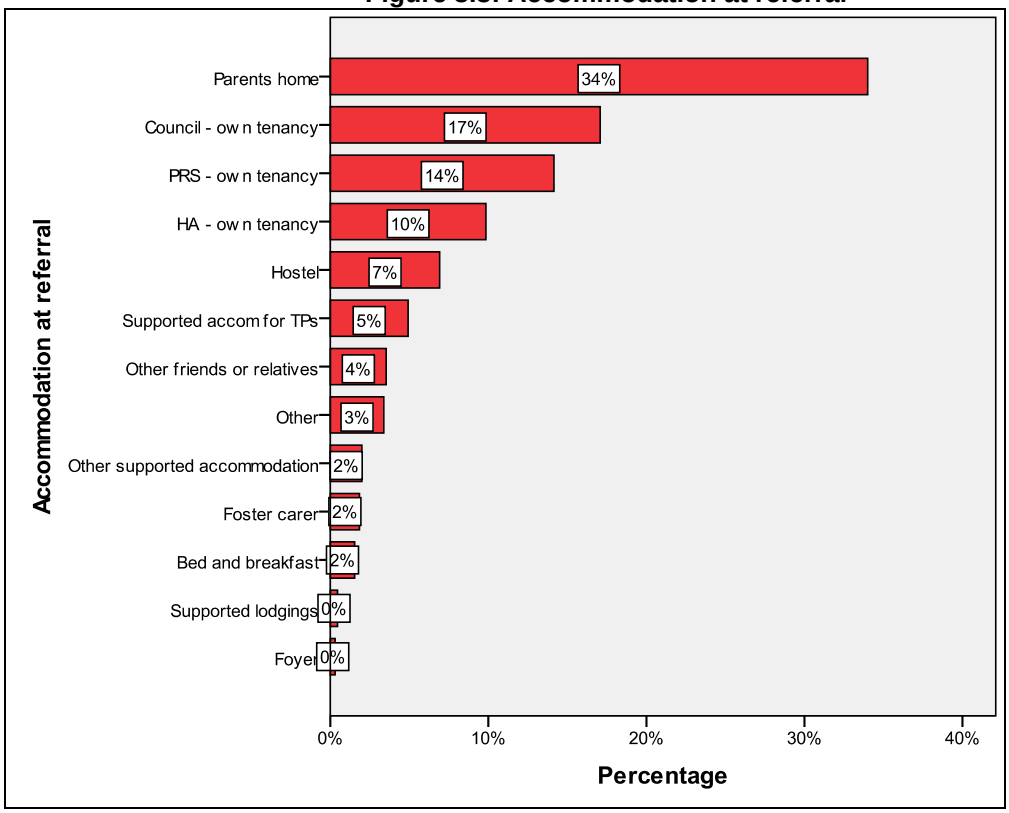
One third (34%) of young people were living with their parents at referral (ranging from between 9% (Pilot G) and 44% (Pilot F) across projects). A further 2% lived with foster parents. It was not the original intention of the pilots to work with young people living at home with their parents but some 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. Four per cent were living with other relatives or friends; this type of accommodation is usually a temporary solution to housing issues.

One in six (16% of) young people were living in supported accommodation, a hostel or bed and breakfast accommodation at referral. A small proportion (5%) were living in specialist supported accommodation for teenage parents, and a few (<1%) in a foyer for young people. Seven per cent were living in a hostel and a further 2% 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. Two per cent were living in bed and breakfast accommodation at referral.

[9] Housing Association accommodation is provided by Registered Social Landlords who provide accommodation at below market level rents to households assessed as most in need of this accommodation.

[10] Private rented accommodation is housing that is provided on a commercial basis by landlords at market level rents.

Figure 3.3: Accommodation at referral

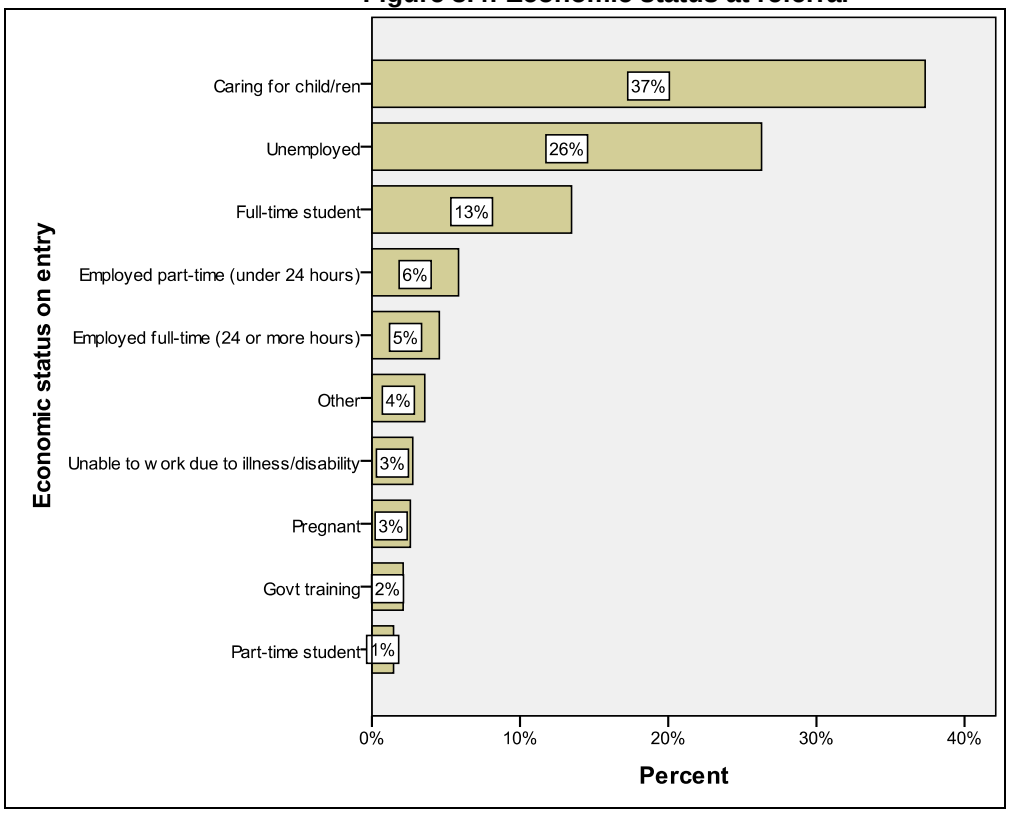


Source: Project monitoring. Base: 650.

3.3.3 Economic status and educational background

'Caring for children' was recorded as the main economic status for nearly two fifths (37%) of pilot participants at point of referral (Figure 3.4); this is unsurprising given that half of young parents had children under the age of one year. One quarter (26%) were recorded as presently unemployed, whilst 3% were unable to work due to illness. Only one in nine young people (11%) were in paid employment (part-time or full-time), most often this was in retail positions. Thirteen per cent were full-time students (and 1% part-time students).

Figure 3.4: Economic status at referral



Source: Project monitoring. Base: 616.

Overall, just over one quarter (27%) of all pilot participants were economically active (in work, training or education), whilst nearly three quarters (73%) were not in employment, education or training (NEET) at referral. There were some differences between pilots: in Pilot F (which attempted to offer assistance to all teenage parents) 35% of participants were economically active; compared with a low of only 10% in Pilot G (which targeted homeless young people) (see Table A3.1).

Although just over half (54%) of the young people had at least one qualification at the point of referral, only one in six (17%) had achieved five or more GCSEs A*-C, considerably below the national average[11]. These figures reflect the generally low prior educational attainment of teenage parents and highlight their support needs in this area. Unsurprisingly, those aged 18 or over at referral were more likely to have qualifications than those under 18. Further details of participants' qualifications, including differences across pilot areas are given in Table A3.1.

[11] In 2007/08 for example (an appropriate year for comparison given that most participants were 18 in 2009-10) 64% of young people in England had achieved 5+ GCSEs A*-C at the end of KS4 (DFE SFR37/2010 http://www.education.gov.uk/rsgateway/DB/SFR/s000977/index.shtml).

3.3.4 Health and support needs

The project monitoring recorded that a significant minority (22%) of young people were known by staff to suffer from anxiety, depression or other mental health problems. A smaller proportion (8%) had a physical health problem at referral, predominately back or joint problems, epilepsy or asthma. Similar numbers (9%) were recorded as having a learning disability, most commonly dyslexia or other problems with reading and writing. Only a small number of young people (4%) had a problem relating to drug or alcohol misuse (particularly binge drinking and cannabis use) – a much smaller proportion than is usually the case amongst homeless young people (see Quilgars *et al*, 2008).

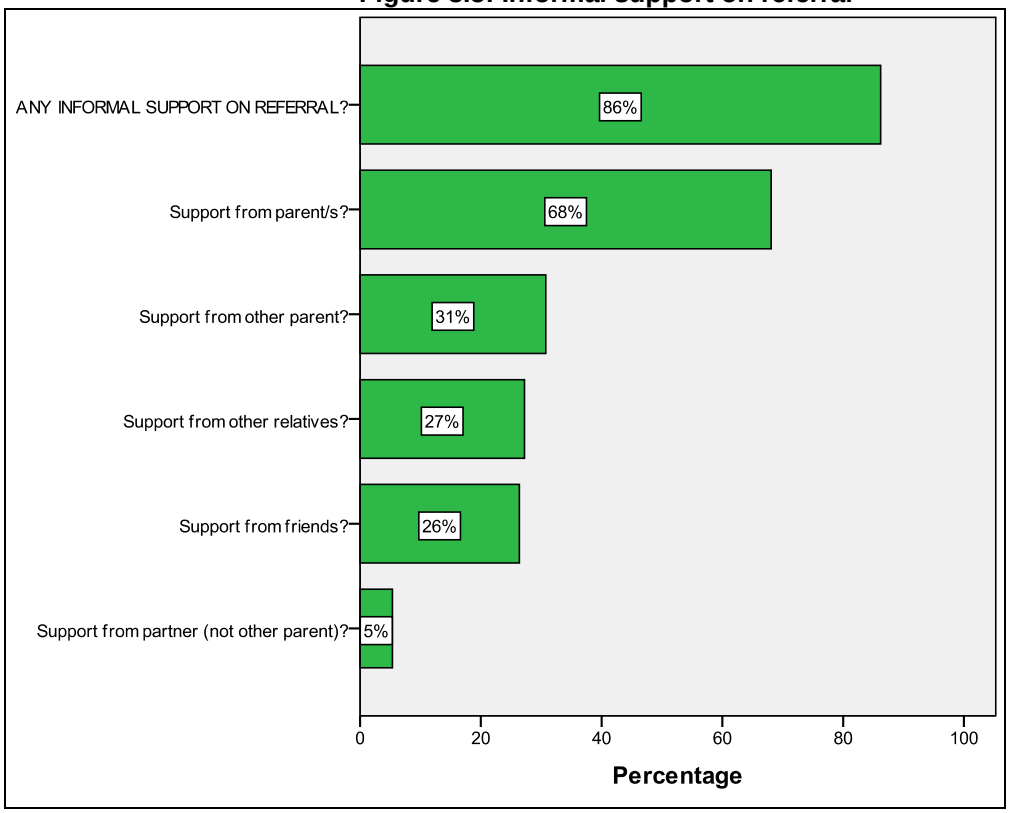
Generally, the young people's children were in good health. One in ten (10% of) teenage parents reported that one or more of their children had a health problem/ condition at referral. A wide range of issues were mentioned, most often eczema and asthma, but also cleft palate, heart murmur, circulation problems, delayed development, lactose intolerance/ digestive problems, thyroid problems, kidney problems, fluid on the brain, poor eyesight and depression.

One in twelve young people (8%) had been looked after by the LA during childhood. Approximately half of these young people had been looked after since the age of 11, with nineteen young people (3% of total sample) in the care of the LA at the point of referral (across six of the seven pilot authorities). Young people leaving care were not a primary client group of the pilot projects, however a much higher proportion of participants had experience of care than the general population, reflecting the high rate of teenage parenthood among children in care.

Figure 3.5 shows that the vast majority (86%) of young people appeared to be receiving support from at least one informal source[12]. Six in ten (62%) were receiving support from their parents. However less than three in ten (28% of) 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. One quarter (25%) of participants were being supported by friends, and a similar proportion (26%) by other relatives.

[12] Note the first bar of Figure 3.5 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 bars.

Figure 3.5: Informal support on referral

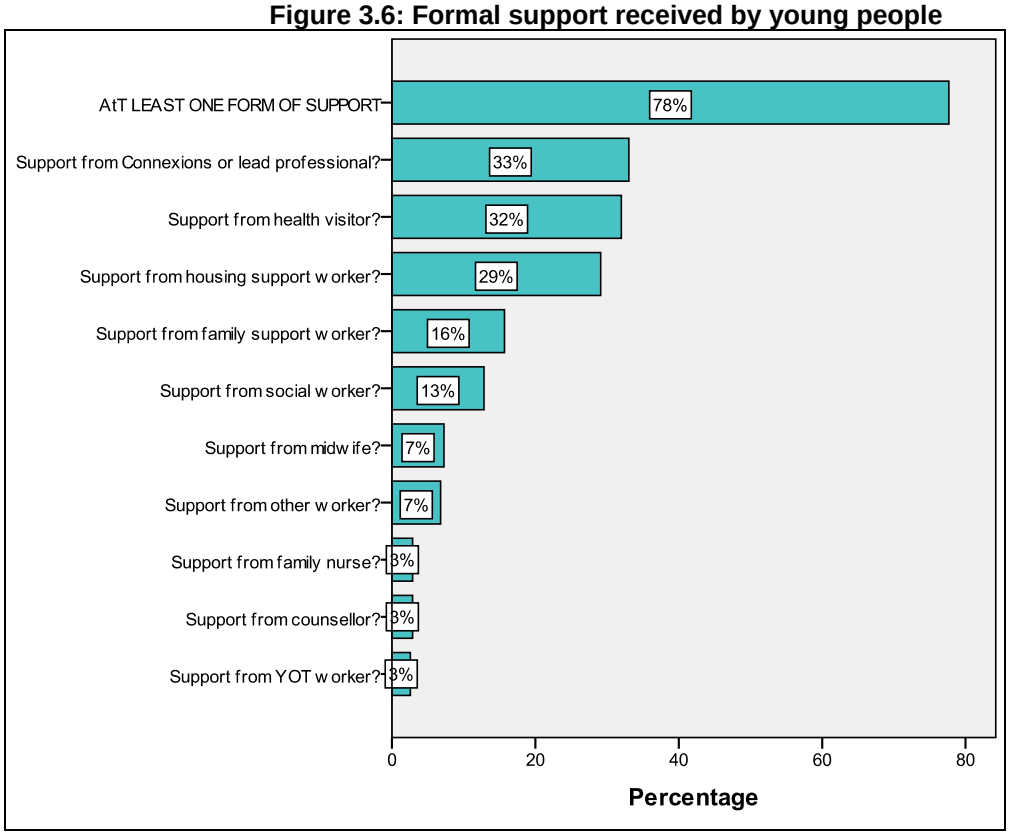


Source: Project monitoring. Base: 679 any informal support; 583 specific types of support.

Figure 3.6 shows the range of agencies that young people were being supported by at the point of referral. Approximately one third (34%) of young people were in touch with a Connexions advisor or lead professional. Nearly one third (32%) had a health visitor, with just a few (3%) having a Family Nurse (with this only applying to Pilots C and D). Nearly three in ten (29%) were receiving assistance from a housing support worker. One in eight (13%) had a social worker and one in seven (15%) a family support worker. Just a few young people had a Youth Offender Team worker (3%) or counsellor (3%). At least 7% of young people were being supported by a midwife. Lastly, 7% of young people were also in touch with another worker, including specialist domestic abuse workers, youth workers and support from colleges.

Overall, nearly eight in ten service users (78%) were being supported by at least one agency at referral (Figure 3.6). This had reduced from 85% of service users in Year 1, possibly reflecting better developed referral mechanisms enabling young people to be identified who were not formally being supported. There were also significant differences between the proportion of young people being supported by agencies at referral between pilot projects. This ranged from 68-70% of young people in Pilots A, E and F to 98% of young people in Pilot G. In the latter case, the service was principally delivered to young people in temporary accommodation which would account for the high level of service contact. Nearly all young people were receiving some form of support be it from informal sources, formal sources, or a combination of the two. However, there were twenty five young people who did not appear to have any support from either informal or formal sources on referral.

Figure 3.6: Formal support received by young people



Source: Project monitoring. Base: 684 any formal support; 533 specific types of formal support.

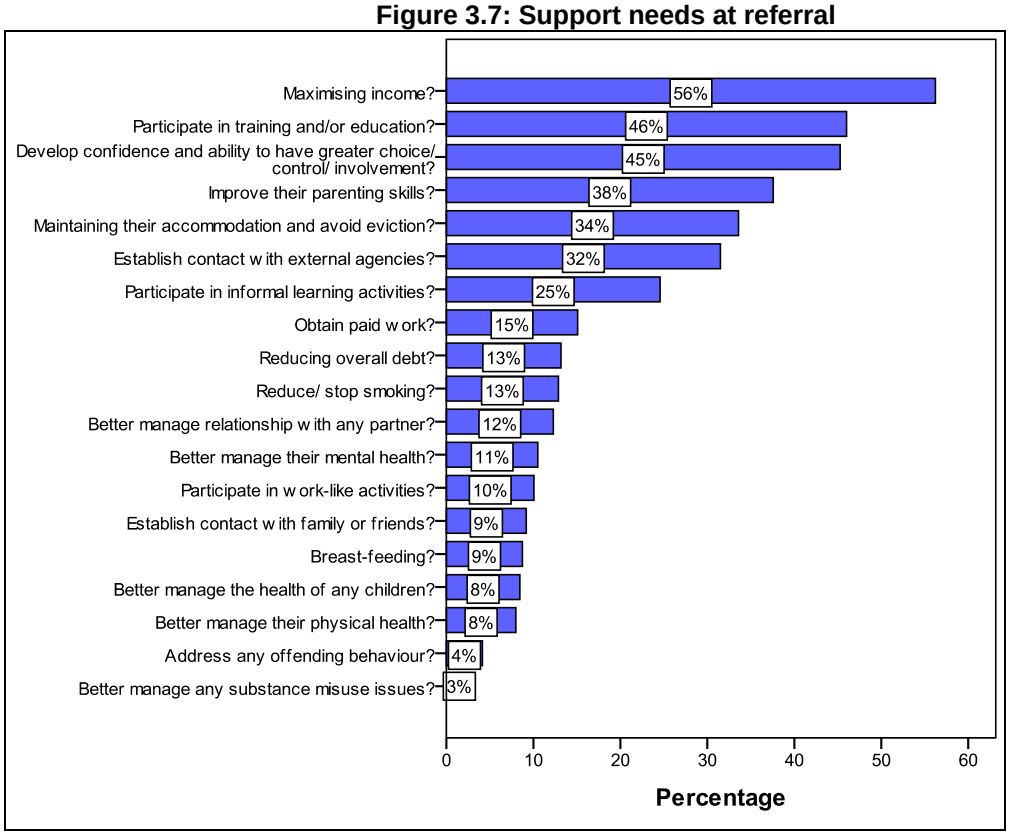
Finally, pilot projects were asked to record the presenting support needs of young people at referral (Figure 3.7). These categories represent Supporting People[13] support categories with a few extras added (e.g. support with breast feeding). Seven types of support were particularly mentioned. Project staff reported that over half (56%) of young people required support with maximising their income, including ensuring receipt of the correct welfare benefits. Secondly, approaching half (46%) required support with participating in training and/or education. Similarly, 45% of young people needed help with developing their confidence and their ability to have greater choice, control and involvement in their lives. Fourthly, nearly four in ten (38% of) young people needed support with improving their parenting skills. One third of young people were reported as needing help with maintaining accommodation including avoiding eviction (34%), and a similar proportion (32%) required support with establishing contact with external services. One quarter of young people (25%) required assistance with participating in leisure, cultural, faith and/or informal learning activities.

Only a small proportion of young people were considered to need support in areas such as addressing substance misuse (3%), offending behaviour (4%), managing the health of their

[13] Supporting People was a central government funding stream for the provision of housing related support to vulnerable groups. The ring fence for the funding was removed by central government in April 2010, but many LAs still run 'Supporting People' programmes.

children (8%), breast-feeding (9%), better managing their relationship with their partner (12%), or physical or mental health issues (8% and 11%, respectively).

Figure 3.7: Support needs at referral



Source: Project monitoring. Base: 684.

4 How were Young People Supported?

Key Findings

- Supported accommodation with on-site staff was considered a valuable housing option for 16/17 year olds, teenage parents with high support needs and/or those with weak support networks. Stakeholders believed such schemes were effective in the prevention of, and early response to, child protection issues.
- There was a widespread call for more accommodation with on-site support in general, and for projects catering for couples in particular. That said, further consideration needs to be given to the appropriateness of placing men in projects accommodating victims of domestic abuse, and protocols when there is a substantial age gap between teenage mothers and their partners.
- Shortages of independent accommodation prompted promotion of the private rented sector in many areas, but social housing was generally preferred by support providers and teenage parents alike. The lack of suitable housing, especially near teenage parents' support networks, remains problematic.
- Programmes preparing teenage parents for independent living were welcomed. There was a particular appetite to replicate schemes such as the 'passport to housing' elsewhere.
- Floating support services – especially those flexible enough to support teenage parents in all areas of their lives (i.e. not *only* providing 'housing-related' support) – were greatly valued, as were material resources to help them set up home (e.g. furniture and white goods). Support with budgeting and debt management was especially well received.
- Factors promoting engagement in employment, education and training included: flexible course delivery, dedicated group-work, on-site childcare, and 'celebration' of course completion. E-learning systems did not necessarily overcome barriers to participation in education.
- Teenage parents valued the support provided by mentors. Tailored training and ongoing support for mentors was essential. Peer mentors benefited greatly from mentoring schemes. It was widely agreed that peer mentor schemes should only be used to support teenage parents with low support needs.
- Teenage parents benefited from their training for, and involvement in, peer education programmes. Differing stakeholder opinions regarding the 'readiness' of young people with ongoing support needs to become peer educators were not easily reconciled, however.

- Life coaching added a valuable therapeutic dimension to enhanced support packages, but was too personally 'intrusive' and/or 'abstract' for some young people.
- Many teenage parents were reluctant to use family mediation and/or relationship counselling services, often preferring to discuss relationship problems with their support workers informally.
- Provision of parenting support was a sensitive area given teenage parents' anxieties about admitting to needs in this area. Some were more receptive when parenting support was delivered informally. Formal courses had to be branded carefully to avoid overt reference to 'parenting skills'.
- Positive relationships between staff and teenage parents were essential for enhancing service user engagement and retention. The effectiveness of enhanced support packages hinges, in large part, on the quality of frontline staff.

This chapter focuses on lessons learned regarding the delivery of enhanced support packages by the seven TPSH pilots, particularly as regards the perceived strengths and weaknesses of the different elements trialled. It draws upon almost all the evaluation data sources (see Chapter 1 and Appendix 2), documenting staff and stakeholders' assessments regarding what did and did not 'work', together with the experiences and preferences reported by teenage parents.

The chapter begins by providing an overview of the different forms of support received across the TPSH projects and teenage parents' assessments of their helpfulness overall. It then focuses upon each particular type of support in turn, including: accommodation and housing-related support; employment, education and training opportunities; mentoring schemes; peer education programmes; life coaching; family mediation and relationship counselling services; health initiatives; assistance with parenting; and financial support. The final subsection discusses the role of inter-agency working in TPSH pilot service delivery.

4.1 Overview of support provided

Table 4.1 shows the types of interventions received by young people as recorded in the project monitoring data. The first column shows those received directly from the pilot projects; the second column indicates where a young person was referred on by the project to access this sort of support from another agency. The service most likely to be provided was a housing support worker (29% of cases; 17% referred on), with one fifth (21%) of young people also receiving support from a floating support worker. Parenting skills courses or training was also a key intervention (27%; 20% referred on), and antenatal care was also received by one in six young people (16%; 15% referred on) whilst 11% received sexual health care advice. A number of interventions were also of a very practical nature including assistance accessing furnishings and other household goods (14%) and placement in independent accommodation (9%). Training courses were delivered or received by one in 11

young people (9%, with 13% referred on). Less than one in ten young people received family mediation services (9%), and one in 20 support from a counsellor (5%). Seven per cent of young people received support from a peer mentor and/or buddy. The type of support offered inevitably varied between individual pilot projects, depending on the model of support they provided (see Chapter 2), as well as the nature and availability of other services available in the local area.

Table 4.1: Type of intervention received by young person (either directly from the pilot project or via a referral to other services), project leavers

	Received direct from Pilot project (%)	Referred by Pilot to this service elsewhere (%)
Housing support worker / key worker	29	17
Parenting skills course/ training	27	20
Floating support worker	21	5
Ante-natal care	16	15
Furnishing/ white goods etc	14	13
Other key intervention	13	7
Sexual health/ family planning service	11	7
Training course	9	13
Rent deposit/ rent deposit guarantee scheme	9	6
Placement in independent accommodation (e.g. social rented or PRS tenancy)	9	5
Family mediation	9	3
Peer mentor	7	1
Buddy	7	1
Training to be a peer mentor	6	3
Post-natal care	6	14
Counselling services	5	8
Provision of temporary accommodation	4	2
Work placement	3	1
Other (adult) mentor	2	1
Life coach	2	<1
Laptop computer	2	3

Source: Project monitoring. Base: 257.

Teenage parent survey 2 (TPS2) respondents were asked how helpful they thought the different elements of the support they had received had been. Their responses are portrayed in Table 4.2. These are referred to throughout the following sections which review the strengths and weaknesses of different aspects of the enhanced support packages delivered, as well as key lessons learned during their implementation. A key point to note from Table 4.2 is the widely divergent assessments of young people regarding interventions, with some reporting that a particular intervention was 'very helpful' whilst others in receipt of the very same type of support considered it 'not at all helpful' (see for example the listing for life-coaches (Pilot B) and most of the entries regarding support workers or key workers). That said, most of the assessments were weighted toward the 'very helpful' or 'quite helpful' end of the assessment spectrum. The reasons underpinning these variable assessments are explored in the sections which follow.

Table 4.2: Service user assessments of the helpfulness of different support elements

Pilot project element*	No. using this	Assessment 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	28	20	1	0	2	4
Bond for a house or flat	9	7	1	0	1	0
Mediation to help improve relationships with other family members	3	0	2	0	1	0
'Passport to housing' training	7	4	1	0	1	0
Home starter pack	7	7	0	0	0	0
'Healthy settings' resource pack	9	7	2	0	0	0
Pilot B						
Flat	9	5	2	0	2	0
Key worker	9	4	4	0	1	0
Lifecoach	9	3	4	1	1	0
Group work	8	3	1	4	0	0
Financial assistance from personalisation budget	7	5	1	0	1	0
Pilot C						
Peer mentor	6	5	1	0	0	0
Bond for house or flat	3	1	2	0	0	0
Pilot D						
Teenage parent floating support worker	23	17	5	1	0	0
Teenage parent buddy / mentor	15	8	5	1	0	0
Training to be a peer educator	35	21	11	2	0	0
Pilot E						
Teenage parent key worker	2	2	0	0	0	0
ICT or digital media training course	2	1	0	1	0	0
Other training course	2	2	0	0	0	0
Laptop computer	2	1	1	0	0	0
Pilot F						
Teenage parent support worker	60	41	14	5	0	0
Young dad's support group	1	0	0	0	0	1
Pilot G						
Key worker	13	10	2	0	1	0
Money skills/budgeting course	8	5	3	0	0	0
Health drop-in	9	6	2	1	0	0
Cooking sessions	9	6	2	1	0	0
DVD evening	6	2	3	1	0	0
Day trips or residential	11	9	2	0	0	0
Training to be a peer educator	1	0	1	0	0	0

Source: TPS2. Base: 199. * A few of the elements of the support packages listed in Table 2.1 had not been used by any of the TPS2 respondents, hence they have been omitted from this table.

4.2 Accommodation and housing-related support

As noted in Chapters 2 and 3, TPSH pilot projects supported teenage parents who were living in a range of accommodation settings, including: shared/communal supported housing schemes (some of which were specialist teenage parents projects, others were general needs hostels or young-people specific hostels or foyers); independent tenancies (in both

social and private rented sector (PRS) housing); and in some instances their parental home. The following subsections discuss issues relating to each of these categories in turn.

4.2.1 Shared/communal supported accommodation

Pilot B was the only project to set up a new shared supported housing scheme with on-site staff specifically for teenage parents under the TPSH pilot. Capital funding was not made available for new buildings, and the TPSH pilot did not run long enough to make the development of new supported housing schemes with on-site staff a feasible option for most LAs. In Pilot B there was suitable existing supported accommodation for young people which could be quickly converted to the needs of the project (although other tenants had to be found suitable alternative accommodation first).

Other projects worked with young people resident in existing supported accommodation projects with on-site staff in the locality. Staff and stakeholders across all pilot areas reported that the quality of supported housing accessible to young parents varied dramatically, and that there was a marked shortage of such places overall. There was a particular gap in supported housing schemes catering for young couples.

Shared/communal supported accommodation schemes were generally regarded by frontline staff and stakeholders to be their preferred option for 16 and 17 year olds, as well as many 'older' teenage parents who had high support needs or weak support networks, if their remaining in the parental home was not feasible. This form of provision was considered a valuable stepping stone, enabling teenagers to adjust to parenthood and prepare for independent living within a supportive environment.

Frontline staff reported that it had also provided valuable opportunities to assess the stability of young couples' relationships before helping them access independent tenancies:

> *You can evaluate the relationship before you put them somewhere on their own, where you're not sure how the couple are going to get on ... We've been anxious not to put difficult looking relationships into a place where there isn't any support network around. (Project coordinator)*

Further, on-site staff had played a pivotal role in the identification of, and response to, child protection concerns because of the extensive amounts of time they were able to spend observing and interacting with teenage parents and their children:

> *They [key workers] were seeing things which the Health Visitor wasn't ... So, problems have been picked up much earlier and obviously early intervention is always so much more beneficial than when things get a long way down the line. (Stakeholder)*

Teenage parent focus group participants reported that they valued the peer support provided by other residents in dedicated schemes. The support provided by key workers in supported housing schemes was generally considered helpful (see Table 4.2). Pilot B focus group

participants did however express mixed views on the high levels of on-site staffing: some found it reassuring, but others considered it excessive. Some also found expectations regarding the levels of engagement with support intrusive. This issue was commented on by grandparent interviewees also:

> *It was all very involved, that was the one thing that she didn't like, and I quite agreed with her sometimes. She didn't have any time to herself, and it was enforced as well. She had to go to all these groups all the time. She had no time for herself to see any family or anything.... (Grandparent)*

That said, frontline staff firmly believed that the level of support provided had been necessary given the level of support needs residents presented with, particularly as regards child protection issues.

Other lessons learned included the need to proactively foster peer support via group-work or social outings. Frontline staff also highlighted the importance of building design, as the lack of lifts in Pilot B meant that access had proved problematic for parents with buggies. Staff and service users alike recommended the establishment of purpose-built accommodation including, ideally, space for an office, group-work, crèche, communal cooking facilities, and lifts if accommodation is on more than one floor.

Staff agreed that accommodating couples had been a positive development, reducing the risk of relationship breakdown (by removing some of the stresses associated with independent living, such as paying bills) and enabling young fathers to have greater input into their children's upbringing (see Chapter 5). A number of issues relating to the accommodation of couples in supported accommodation schemes do nevertheless require further exploration, notably: the appropriateness of accommodating partners of teenage mothers if they are much older and/or the fathers have lower (or no) support needs; concerns about the accommodation of young fathers on the same premises as single female victims of domestic abuse; and the advantages and disadvantages of each parent having the same or a different key worker, or individual versus joint support plans.

4.2.2 Independent accommodation and housing-related support

Almost all of the pilots supported teenage parents living in independent tenancies (see Table A3.1 in Appendix 3), as well as supporting parents to move into independent tenancies from supported schemes and from parental homes where appropriate. The following subsections discuss two key themes to emerge from the evaluation: first, issues relating to the accessibility of suitable independent housing; and second, issues relating to the provision of support to help teenage parents maintain their tenancies.

4.2.2.1 Accessing independent accommodation

A shortage of suitable housing was a major source of frustration for support workers in many areas, with particular difficulties encountered finding housing near to teenage parents' support networks in rural areas. Social housing was most commonly regarded as the

preferred option by stakeholders, staff and service users, given its greater security of tenure (at the time of the pilot) and safeguards regarding maintenance etc.

> *We try to push them into ... 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)*

However, severe constraints in some areas led some frontline staff to highlight an ongoing need to manage teenage parents' expectations regarding the availability of social housing. TPSH pilot programmes such as Pilot A's 'passport to housing' (see below) sought to educate young people about the realities of housing availability:

> *Unfortunately, the perception that 'if you get pregnant you'll get a house' does still exist. It's not as strong as it perhaps once was, but it's still there. A lot more education is needed in this area. (Frontline staff)*

Shortages of social housing had prompted the promotion of private rented sector (PRS) accommodation in some pilot areas, most obviously in Pilot A (see Chapter 2). PRS accommodation was regarded as offering a number of potential benefits by staff and stakeholders in some pilot areas, including: quicker access, greater choice in terms of residential location, and (sometimes) better quality accommodation than social housing. Some teenage parent focus group participants also reported having very positive experiences of PRS housing. Yet staff, service users and grandparents often expressed serious reservations about the PRS, particularly poor affordability and insecurity of tenure. In short, the PRS was generally seen as preferable to social housing in some aspects (particularly accessibility and choice), but less desirable on other accounts (typically affordability and security of tenure).

Access to the PRS is however often difficult for young people, especially those aged under 18 who cannot legally enter a tenancy and where a guarantor must be found in order for them to utilise bond schemes, for example. Pilot A thus developed a dedicated bond scheme to facilitate teenage parents' access to the PRS (see Chapter 2). This was regarded as 'very helpful' by virtually all TPS2 respondents who had used it (Table 4.2) and regarded by staff as accessible to more young people than alternative schemes, including those not on income support, intentionally homeless young people (who were previously ineligible for such resources in this area), and/or insecurely housed young fathers who had court orders enabling them to have children overnight but nowhere suitable for them to stay. It also offered a number of assurances to landlords given that rent was paid directly to them through the bond arrangements, tenants received floating support, and properties would be returned in an excellent state of repair. Frontline staff did nevertheless point out that existence of the bond scheme had acted as a disincentive for some young people to consider supported housing with on-site staff, which staff believed would have been a better option in certain cases.

Pilot A's 'passport to housing' programme was widely regarded as a resounding success by staff and stakeholders, and was generally very positively regarded by service users (see

Table 4.2). Focus group participants reported that it covered the 'right' topics and that they felt better prepared to live independently as a result of participating in the programme. Staff and stakeholders felt that it might be enhanced via incorporation of additional optional modules addressing drugs/alcohol misuse and anger management. It had initially been intended that the programme would be delivered in group settings centrally, but difficulties getting young people to attend these promoted more flexible delivery on a one-on-one basis, including within local supported housing schemes, and this was considered a successful modification.

The 'passport to housing' generated significant interest amongst service providers working with other client groups. Plans were being developed to deliver a similar programme in homeless hostels for people aged over 25, and for the development of a 'passport to employment' for young people known to the youth offending team, for example. In addition, Pilot D stakeholders were impressed with the 'passport to housing' to the extent that they set up their own project, working with the local YMCA, to deliver a similar accreditation scheme to young parents in the second year of the project.

4.2.2.2 Supporting young people in tenancies

A number of the projects involved the provision of floating support workers to assist young parents to manage their tenancies (see Chapter 2). Floating support services were generally very highly regarded by teenage parents, as evident from TPS2 respondents' assessments of their helpfulness in Table 4.2.

Several floating support workers highlighted the flexibility of their role as key in enabling them to 'do whatever was needed' to support teenage parents, without being restricted to tasks strictly defined as 'housing-related support':

> *[The support workers] could start working with a young person when he or she was living at home with a family, and follow them through into supported accommodation and then into their own tenancy, and they can support them with anything that that young person needs. You know they don't have to say: 'Sorry, I can't do that because Supporting People won't fund me to do x, y or z ... because that's just housing related' ... They can take them to doctors or take them to a hospital appointment or even act as a birth partner. (Stakeholder)*

> *I think our floating support service is the ultimate corporate parent. It acts just like a parent would with these young people, giving them all that support and taking them places that you would go with your mum or your dad. (Stakeholder)*

Several frontline staff reported having to advocate quite 'forcefully' on behalf of service users when dealing with housing officers and/or Jobcentre staff who gave inconsistent information and/or 'refused point blank to help', and focus group participants in several pilot areas

reported deriving a lot of confidence from having a trusted staff member deal with such 'official people':

> *When they [professionals] get some teenager on the phone, they aren't going to take any notice of you, but if you get an adult who knows what they are talking about, the right words to say, and she knows what she is on about, they are going to listen to her. (Teenage parent)*

The positive attitude and approach of floating support workers had a profound influence on service users' relationships with them and the degree of their engagement with support:

> *I can let the barriers down with them [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. (Teenage parent)*

> *[They] built up a really good relationship, she [daughter] doesn't tend to open up easily to people, but she really bonded with [support worker]... I owe a lot to [support worker]. (Grandparent)*

There were nevertheless concerns about the duration of support provided by floating support workers in some places. A number of grandparent interviewees believed that this support had terminated too quickly. Similarly, several teenage parent focus group participants were very anxious about how they would cope when the support they received under the TPSH pilot ended.

Practical support with setting up a tenancy was also highlighted as important in a number of pilots. The home starter packs of crockery and cutlery allocated in Pilot A were considered very helpful by almost all TPS2 respondents in receipt of them (Table 4.2). Assistance with the acquisition of furniture and furnishing to equip new homes was also greatly appreciated by service users across the board, as well as by grandparents:

> *The best thing about it was how she [support worker] helped me get furniture and things from [name of provider]. I would have had no clue where to go. (Teenage parent)*

> *They got her a flat and kitted it out for her... they gave her everything basically, beds, settee, pots, pans, the lot really... (Grandparent)*

4.2.3 Remaining in the parental home

A number of pilot projects supported young people who were living in their parental home, or in the homes of other relatives or friends. Remaining in the parental home with the support of family members was commonly regarded as the 'ideal' housing scenario by staff and stakeholders for many teenage parents. Virtually all interviewees did, nevertheless, emphasise that this was often not a feasible option:

A lot of the teenagers with babies that I've seen flourish the most have been girls who have been able to stay within their own family unit, and I think yes ideally that would be the best option but it's not feasible for everybody ... It's not for those or who don't have a family that's particularly supportive or particularly well functioning. (Stakeholder)

Staff and stakeholders consistently emphasised that teenage parents' family networks could have either a very positive or very negative influence, and that the nature of such relationships should be assessed very carefully when accommodation options are considered. In some situations, the possibility of teenage parents remaining in the family home had been key to prevention of children being taken into care. In others, risks posed by family members or other relatives or friends who visited the family home were the root cause of child protection concerns, thus necessitating their accommodation elsewhere.

Pilot E staff reported that young parents who were able to stay in the parental home often found it easier to (re)engage in education and training and other forms of support:

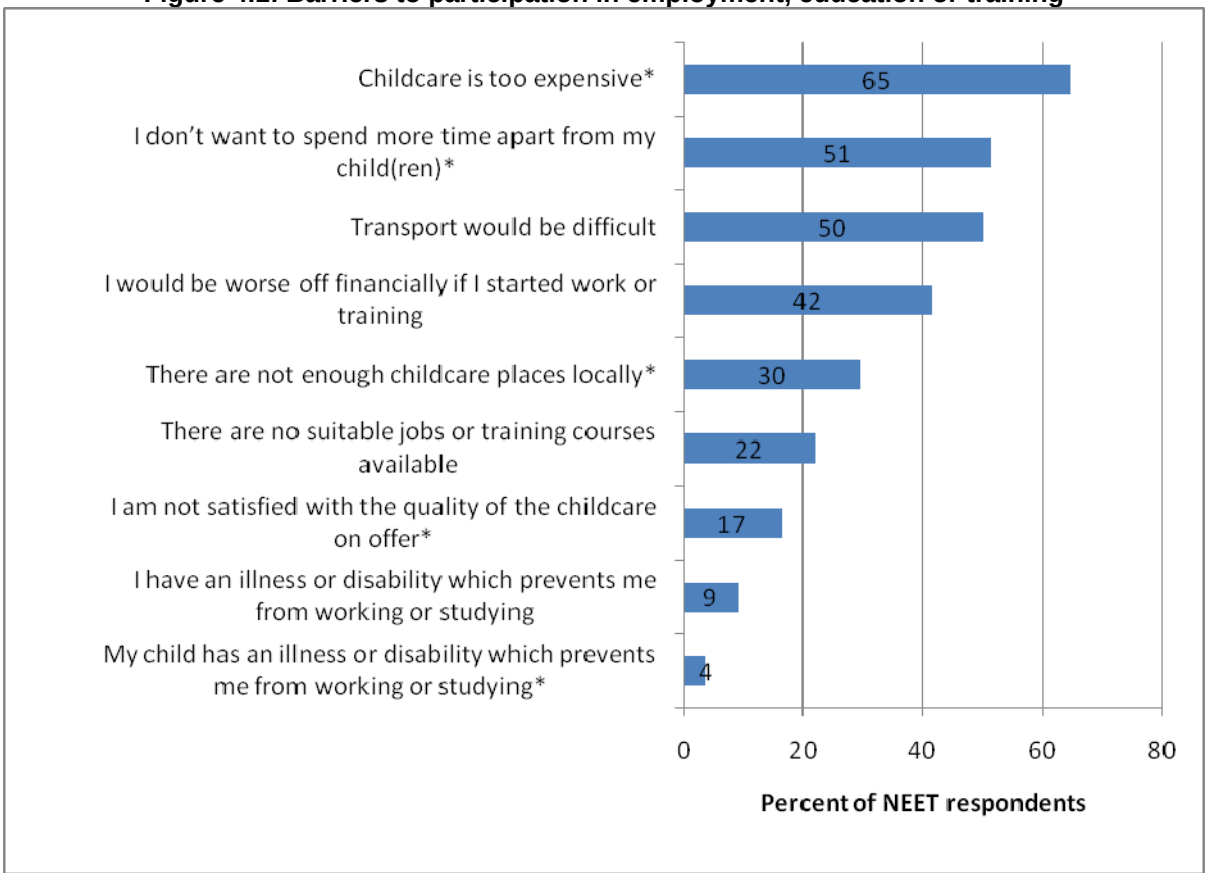
We've found ... the ones that have stayed at home the longest, they've done better ... educationally and also life skills-wise and coping-wise, than those at the same age who have gone into supported accommodation or into their own housing, because they haven't had that same support. Yes, some of them have, but … being on their own, independent and looking after a baby and going to college can be quite difficult. (Project manager)

4.3 Employment, education and training

All seven pilot projects supported teenage parents' participation in employment, education and training ('EET'), although the degree of emphasis placed on this element of young peoples' lives varied. All supported their (re)entry into school or college, some set up targeted training programmes (e.g. Pilots A and B), while promoting engagement in education and training was the primary focus of Pilot E (see Chapter 2).

Teenage parents' levels of participation in employment, education and training were low overall, as might be anticipated given that most were caring for babies and/or young children (see Chapter 5). Just over half (51%) of TPS2 respondents not in employment, education or training (NEET) gave not wanting to spend more time apart from their child as a barrier to participation. There were also perceived practical barriers to participation in many cases. Common barriers to participation identified by NEET respondents included problems accessing affordable childcare, transport difficulties, and financial disincentives (see Figure 4.1).

Figure 4.1: Barriers to participation in employment, education or training



Source: TPS2. Base: 121 NEET respondents, 108 of whom had children. Questions marked with an asterisk were asked of those with children only. Multiple responses possible.

It was nevertheless clear that the vast majority of TPS2 respondents (NEET and EET alike) hoped to be actively involved in EET in the near future. When asked what they would like to be doing in twelve months' time, only 6% wanted to be looking after their child(ren) on a full-time basis. A total of 32% wanted to be in a part-time job and 22% in a full-time job; whilst 22% aspired to be studying or training part-time for a qualification, and a further 15% studying or training full-time for a qualification.

Participation in employment, education and training was generally enjoyed by the (minority of) those TPS2 respondents involved (Table 4.3). In fact, only paid work received any negative appraisals, but even there, those describing their involvement in paid work as 'not very enjoyable' or 'not at all enjoyable' (a total of 7 individuals) were far outnumbered by those describing it as either 'very enjoyable' or 'quite enjoyable' (23 individuals).

Table 4.3: Enjoyment of employment, education or training (number of respondents)

	Very enjoyable	Quite enjoyable	Not very enjoyable	Not at all enjoyable	Total
Going to college or school	25	22	0	0	47
Paid work	12	11	3	4	30
On a training course or apprenticeship	2	2	0	0	4
Voluntary work	3	2	0	0	5

Source: TPS2.

Many TPS2 respondents who were in involved in EET had informal childcare arrangements: with 32% reporting that family or friends looked after their children, and 25% that the child(ren)'s other parent did so. A similar proportion used formal provision, such as a crèche or nursery at their training institution or workplace (23%), or elsewhere (e.g. with childminders) (31%).

Levels of satisfaction with childcare were very high overall with 69% of EET TPS2 respondents claiming they were 'very satisfied' with their childcare arrangements, 24% 'fairly satisfied', 1% 'neither satisfied nor dissatisfied', and 6% 'fairly dissatisfied'. There were no significant differences in satisfaction between young people regardless of whether they were using formal or informal childcare. This indicates that the common fears of formal childcare identified by NEET TPS2 respondents (Figure 4.1) were not borne out by the experiences of those who did use it.

A number of important lessons were learned regarding the promotion of teenage parents' participation in EET during the pilot. First, provision of flexible training opportunities, for example splitting courses into 'bite size' modules which could be 'banked', increased levels of engagement substantially:

> *We would 'bank' their work. They could go off and have their children, have a bit of a break if they're moving houses, and then come back and the work would still be there ... Because we allowed the flexibility, they're more likely to stay on the course and return to it if they have to have a break. (Project manager)*

Second, extensive 'hand-holding', that is, accompanying young people to courses on multiple occasions until they were confident to go themselves, improved course retention:

> *Those memories of not liking school, never really feeling good at anything, those feelings all come flooding back. Getting back in the door I think has been a massive challenge ... So it's them coming to the door and thinking 'I don't know who to speak to, I don't know what I'm supposed to say when I come in'. They really need somebody to come and meet them. (Frontline worker)*

Third, provision of dedicated teenage parent-only courses, including those delivered on-site in residential programmes, assuaged some young parents' fears about (re)engaging in education:

> *Parent A: You're more comfortable because everyone has got kids, so you're more confident to do it.*
>
> *Parent B: Yeah, you can't get judged because you're all in the same predicament. (Teenage parents)*

Fourth, risks of teenage parents becoming 'dependent' on dedicated courses were mitigated to at least some extent by ensuring that they remained low-level and that young parents were supported to access mainstream courses when ready.

Fifth, while course accreditation was greatly valued by many teenage parents, entry-level courses and qualifications can play a vitally important role as a 'stepping stone' for some, not just educationally, but also in adjusting to leaving children in the care of other people:

> *I think even for the mums who educationally may have been able to handle something a little bit more intense or academic as it were ... it's definitely been a really, really useful stepping stone in terms of thinking about childcare and taking away some of those stigmas that you can't leave your baby with strangers... (Project manager)*

Sixth, provision of on-site childcare is a significant incentive for vulnerable young parents to engage in EET. These should, ideally, have consistent staff teams:

> *On-site childcare and teenage parent-specific groups are things that have been able to open to doors and break down the barriers, you know, rather than the daunting prospect of going to college. For some young parents that's fine; for others they need the extra security blanket through that transition. (Project manager)*

Seventh, provision of funds to support teenage parents' travel is essential if they access courses off-site. Nearly half (46%) of the NEET TPS2 respondents identifying transport difficulties as a barrier to their participator in employment, education or training (Figure 4.1) went on to explain that this was because transport was too expensive or they had not received any help with transport costs.

Eighth, the marking of young people's achievements via provision of certificates and/or celebration events was greatly valued by young parents:

> *Parent A: When you get certificates it makes you feel like it's all justified.*
>
> *Parent B: It makes us feel good about ourselves. (Teenage parents)*

Ninth, the experiences of Pilot E suggest that resources such as laptops may be 'useful tools' for those engaging in EET, but that their allocation does not serve as a significant incentive for course recruitment or retention:

> *Very few of the girls actually signed up to the project because they wanted a laptop out of it. For most of them actually whether there was a laptop or whether there wasn't a laptop, they would have engaged. (Frontline worker)*

Finally, teenage parents will not necessarily engage with e-learning or e-communication systems. Pilot E developed its 'frontier' with the aim of increasing flexibility of learning

opportunities but service users did not engage with it to a significant extent because it was not considered as interesting and/or interactive as sites such as Facebook. Moreover, frontline staff had reservations about e-communication: fearing that it would be 'too easy' for teenage parents to ignore messages. They believed it might work with those highly computer literate and preparing for further education for example – but were less optimistic about its utility with other groups of young people.

4.4 Mentoring schemes

Three projects included mentoring schemes: Pilots D and E involved adult volunteer mentors referred to as 'buddies'; while Pilot C employed young people who had themselves been teenage parents to be 'peer mentors' (see Chapter 2).

These schemes were positively received by service users, as shown in TPS2 respondents' assessments of their helpfulness in Table 4.2. Pilot D focus group participants valued opportunities for teenage parents to 'get out of the house' for reasons other than formal appointments with professionals, and to have 'adult' conversations that are not 'just' about their child(ren):

> *It's getting out of the house ... go for a coffee, have an adult conversation really... (Teenage parent)*

> *Just somebody different to talk to, away from everything else (Teenage parent)*

Pilot C peer mentees derived a lot of confidence from having someone they felt comfortable with accompany them to meetings. Significantly, mentors' shared experiences were pivotal in alleviating teenage parents' fears of being 'judged':

> *They've been in your situation so it's more understandable for them, whereas other professionals may not have been through the same things as you. So they might judge in a different way. They're [peer mentors are] easier to talk to because they're not going to criticise you or anything like that. That's very important, because we're not going to speak to anyone if they're just going to judge us. (Teenage parent)*

The proximity of age between mentors and mentees meant that the former were able to 'translate' unfamiliar terminology:

> *One time I was in a meeting and I literally had to change the words for the young person to understand what they [professionals] were saying. (Peer mentor)*

Stakeholders were generally very positive in their evaluations of the mentor schemes. Pilot D stakeholders likened the role of adult buddies to those of a 'good parent' and/or

confidante, and Pilot C stakeholders believed peer mentors were pivotal in ensuring that mentees did not miss appointments at other services.

There was virtually unanimous agreement amongst stakeholders that the individuals potentially deriving the greatest benefit from Pilot C's peer mentor scheme were the mentors. Although not the prime aim of the project, their employability was increased via acquisition of qualifications and workforce experience. Other impacts included a 'rekindling' of aspirations and increase in self-confidence:

> *It's made a massive difference to me ... now loads and loads of doors have opened and I'm considering maybe looking at degrees at Uni and that sort of stuff, so it's given me a path to go down that I didn't know how to get on if that makes sense. (Peer mentor)*

> *It's made me more confident. I've come a long way since I've been working. My whole life out of work has changed a lot. I feel like I'm doing something for me and for my kids. I don't need anybody else's support or even approval. (Peer mentor)*

A number of particular challenges were encountered, and lessons learned during operationalisation of the mentor schemes. Intensive support was needed on Pilot D's mentor scheme to keep mentors engaged whilst they waited for a match, and to encourage them to persist in making appointments to meet individuals. Also, the issue of joint working was described as 'tricky' by the Pilot D providers, given a lack of precedent regarding the information that should be shared with buddies.

With regard to the peer mentor scheme, many mentors presented with relatively high levels of need themselves, thus intensive training and support was needed to ensure they achieved necessary standards of professional conduct:

> *They were quite often young people who didn't complete their full education ... left school early, had a baby, were at home a lot … 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)*

Also, there was a tension between the requirement that mentors draw upon their personal experiences whilst simultaneously endorsing particular services or child-rearing practices. Significant effort was needed to ensure that peer mentors promoted practices such as breast-feeding, for example:

> *One of the mentors had got a real downer on breastfeeding and I said, 'Well, as a mother 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 [to begin with]. (Stakeholder)*

The mentors and project manager had to work very hard in order for mentors to be 'taken seriously' by other agency representatives and colleagues within their own organisation:

> *We ... had to challenge some staff attitudes ... It was interesting learning for everybody I think. For them [mentors] as to what we expected from them as a paid worker and professional, to other colleagues how they received them into the staff team and widen that with external agencies. (Stakeholder)*

Service providers also highlighted the need for careful management of referrals and supervision to ensure mentors did not take on cases with higher level needs than they were equipped to handle:

> *They have had inappropriate referrals, they have ended up with peer mentors actually being asked to ... work with quite complex cases [who] ... should never have been referred to them in the beginning. That isn't unusual for any service ... but it's hard for somebody who is less experienced to say no... (Stakeholder)*

Special targeted effort was needed to recruit male peer mentors. Most of the mentors had been encouraged to apply for their position on the scheme by professionals whom they were in contact with (e.g. training providers). Contacts in other agencies thus might valuably be encouraged to promote such schemes amongst their male clientele, not just young women known to have become parents during their teens, in order to increase the recruitment of male peer mentors.

Finally, while peer mentors appreciated the flexibility of their part-time employment, particularly given their childcare commitments, this created significant challenges for project management:

> *The logistics of managing ten part time staff ... can be very complicated. And for other professionals as well who need to get in touch with the mentees. It's a great idea and it's a great way to develop teenage parents further on in this kind of project but for the organisation and the mentees and the project it's not the ideal. (Project co-ordinator)*

Stakeholders concluded that the peer mentor scheme should ideally be a relatively short-term intervention targeted at teenage parents with low-level needs:

> *It shouldn't be a prolonged thing, because if its multiple issues then there are other agencies far better equipped to deal with it than a peer mentor. (Stakeholder)*

4.5 Peer education

Pilot D ran a specialist peer education scheme delivered to schools and other key venues by teenage parents, and Pilot G developed one toward the very end of the pilot period (see

Chapter 2). The peer education programme was considered a key element of the support package offered in Pilot D. Early successes of the scheme had meant the providers extended the programme into more schools in the second year of the scheme.

TPS2 respondents confirmed a high level of satisfaction with their training to be peer educators, with almost two thirds of those participating assessing it as 'very helpful', one third as 'quite helpful', and only a very small minority as 'not very helpful' (see Table 4.2).

Pilot D focus group participants noted that they had been very nervous about conducting peer education sessions to begin with, but reported gaining a lot of confidence through the experience. This increase in confidence was also evident to stakeholders:

> *The impact that it had on the peer educators ... seeing how their confidence grew and how they completely developed into these women who are absolutely ready to go out into the world, you know to get a job, were able to put themselves in situations that they hadn't been able to previously, and it was just completely wonderful to see... (Stakeholder)*

A number of peer educators had moved on into part- or full-time employment since being involved with the pilot. One stakeholder did nevertheless caution that increases in self-confidence and aspiration do not necessarily lead to increased involvement in employment, education or training, in part because the activity affirms their identity as a parent:

> *It has been aspirational for them, but some of those aspirations have been to have another baby. It's really important for people to be aware of that.... maybe the first pregnancy was a surprise, the next pregnancy wouldn't be a surprise. It would be more of a decision to get pregnant. (Stakeholder)*

A number of grandparents also explained that their teenage children had appeared to enjoy the peer education experience, gaining confidence from the responsibility given to them and 'spurring' them on to access other learning opportunities. They also noted the importance of having free childcare available to assist take-up of these opportunities.

The pilot offered aspirational interviews for those exiting the scheme to explore how far they had travelled since becoming involved, and explore their future options and plans. Not all young people had taken up the opportunity, but it was regarded a valuable exercise for those participating.

With regard to lessons learned, the utilisation of a specialist external training provider in Pilot D was felt to have been highly beneficial, though quite expensive. Furthermore, the payment of peer educators (on a sessional basis) was also thought important by stakeholders, although young people stressed that their motivation for taking part derived primarily from a desire to make a difference to other young people:

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)

The main challenge in project operation had been reconciling different views between stakeholders regarding whether particular young people with ongoing support needs were 'ready' to be peer educators. Some believed the participation of such individuals would build confidence and self-esteem, whereas others feared that placing vulnerable young people in potentially stressful situations and/or demanding the necessary degree of professional conduct might have a detrimental effect on their personal development.

4.6 Life coaching

Life coaching was an integral element of the support package provided to residents in Pilot B's high support hostel. Pilot E had intended to develop a life coaching service but was unable to do so due to difficulties procuring a suitable provider.

Pilot B staff initially encountered a significant amount of scepticism regarding this element of the project's support package from other stakeholders. This was founded, primarily, on a lack of familiarity with life coaching and concerns about potential service duplication. By the end of the project period, however, stakeholders were largely supportive of life coaching:

I think that perhaps the term 'life coach' is a little bit woolly but what they do is brilliant. (Stakeholder)

By the end of the pilot period the general consensus amongst staff and stakeholders was that life coaching had been a valuable intervention for some residents. Its particular strengths lay in giving vulnerable young people space and support to think about their long-term aspirations – distinct from the day-to-day practicalities of housing-related support and looking after their child – and also to consider (and challenge) factors preventing them from engaging with support and/or achieving their aspirations for themselves and their children. For example:

The life coach has been getting [name of young parent] to really look at what she wants for her child and how she thinks she needs to parent her child rather than the social workers coming in and saying 'you've got to do this, this, this and this' which she didn't like. So, she [life coach] asked the young parent to write down a list of things that she [young parent] thinks she needed to do in order for her to be a good parent and keep her son. Then she compared the list that she'd written with what the social workers had said on their action plan and they were completely similar. (Project coordinator)

Yet, Pilot B's experiences indicated that life coaching is not necessarily an effective intervention for *all* young people, as it was a 'step too far' for some who found it too abstract or personally intrusive:

> *The psychological intervention stuff with life coaching is a certain way of looking at things that young people might not have ever done before and some find it really difficult and intrusive and they will just go: "No, this is too painful I don't want to do this" ... and that's really understandable. (Stakeholder)*

In this vein, TPS2 respondents' assessments of their experiences of life coaching were mixed (see Table 4.2). So too were those of the young people participating in focus groups, as reflected in the following dialogue between two young mothers:

> *Teenage parent A: They [life coaches] don't actually help with anything. Like they'll come in your house and ask you about your future and that. And then you'll start talking and that they'll make you talk about something you don't want to talk about. So you think 'what is the point in that?' They're just crap.*
>
> *Teenage parent B: Well, I really like it. My self-esteem has been built. It's been great.*

For these reasons, staff and stakeholders concluded that life coaching provision should be optional, rather than a formal requirement tied into licence agreements. The providers thus modified delivery so that residents could exercise a degree of control over whether, and the extent to which, they engaged with the life coaching element of the support on offer:

> *Life coaching isn't for everyone ... you can offer that service, but it doesn't have to be for everybody part of the package I don't think ... We strongly think that that sort of support is something that everybody would benefit from ... [but] the thing with the therapeutic relationship is it only works when you're ready to accept it ... you can't force it on everybody. (Project coordinator)*

Other lessons learned in Pilot B related to the relationship between the hostel support workers and life coaches. Initially established as a relatively stand-alone component of the programme, the life coaching became more integrated as time progressed to maximise consistency of support provided to service users. Life coaches and support workers found sharing key information helpful, but emphasised the need to do so only with the permission of teenage parents so that trust was not compromised. In some situations they found it useful to hold three-way meetings between support workers, life coaches and service users, during which each member of staff could encourage service users to engage with the other.

Some frontline staff members noted that a number of service users may in fact have benefited more from counselling than life coaching, but acknowledged that the formality of most traditional counselling approaches could present a barrier for some young people.

Pilot E had considered training teenage parent support workers in life coaching skills; similarly, others raised the potential for training staff in solution-focussed therapies using motivational interviewing techniques to improve teenage parents' engagement with support. A number of frontline workers, in different pilots, did nevertheless raise concerns about

potential conflicts in role if such strategies were to be pursued: highlighting what they perceived to be incompatibilities between 'therapeutic' relationships and 'supporting change' relationships.

4.7 Family mediation and relationship counselling

Of the pilot projects, only Pilot A formally integrated family mediation and relationship counselling services (see Chapter 2). In other areas, young people experiencing difficulties in their relationships with their partner or family members were signposted to alternative services, albeit that several stakeholders reported gaps in provision of this kind within their local area.

Pilot A staff reported that levels of interest in family mediation and relationship counselling services had been low, despite the strong belief (shared by staff and stakeholders in other pilot areas) that there was an identifiable need for such provision. The very poor uptake of relationship counselling was of particular concern given the difficulties many young people reported in their relationships with partners (see Chapter 5), and stakeholder concerns regarding the prevalence of domestic abuse in all pilot areas:

> *It's shocking, but some of them think its [domestic abuse is] normal. They just kind of accept it. (Frontline staff)*

Pilot A staff and stakeholders had been unsuccessful in ascertaining exactly why uptake of relationship counselling services had been poor. The same was true of family mediation, although some staff members noted that family members were often less receptive to mediation than teenage parents. This suggests that barriers to accessing such services may lie as much (or more) with wider family members than with teenage parents.

Given the low level of uptake, little data was obtained regarding young people's experiences of these services, but TPS2 respondents' assessments of family mediation were mixed: some finding it 'quite helpful', another 'not at all helpful' (Table 4.2). Focus group participants confirmed that they thought such services should be made available, but were 'not for them' personally. Many emphasised that they were more likely to discuss such issues with their support workers than access dedicated services:

> *The help is there, but we'd just grab [names of key workers] and talk to them about it, rather than talk about it in front of anyone else. (Teenage parent)*

A key lesson learned was that receptivity to mediation can be increased if it is offered as one of a range of types of support on offer to families, and if representatives of mediation agencies are able to attend multi-agency case meetings involving family members. Staff also emphasised that the timing of such interventions can be crucial:

> *It's quite difficult isn't it if they come in and they've had a massive blazing row or something, they're still really, really angry. So when you do speak to them,*

saying 'Do you think you'd benefit from the discussion?', it's a 'No'! (Stakeholder)

4.8 Health

The health of teenage parents and their children was considered in all pilot clients' support plans. For many, the key emphasis was on effective inter-agency working, with support workers liaising with specialist health professionals (e.g. midwives and health visitors) as appropriate. Support workers in most pilots did nevertheless play a very key role in facilitating teenage parents' access to specialist healthcare where it was needed. This was an issue commented on, and greatly appreciated by, grandparent interviewees in particular:

Here [with parent] she was saying how she was depressed and she wouldn't go to the doctors. But having conversations with [name of keyworker], and her reassuring her that everything would be fine ... Which basically gave her the shove that she needed, because no matter what we was doing, it was just being ignored. (Grandparent)

Support with sexual health, particularly advice about contraception, was often 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.

Some projects (e.g. Pilots B, E and G) addressed sexual health and/or other health-related matters, such as first aid for babies, in more formal group sessions. Many of these involved visits from health professionals. These were generally very well received by teenage parents, as evident in TPS2 responses regarding their helpfulness (see Table 4.2).

One of the most popular health-related components of the support packages, in those projects offering them, were shared cooking sessions (see Table 4.2). These aimed to develop young people's skills and confidence in preparing meals, as well as encourage healthy eating. Frontline staff noted that these sessions offered added benefits of developing peer support networks, providing opportunities for the socialisation of children, and encouraging young people to engage with support staff in an informal setting.

With regard to lessons learned, frontline staff emphasised that engagement was enhanced when teenage parents had input to the topics covered, and when facilitators were able to respond flexibly to issues arising on a session-by-session basis.

4.9 Parenting

The provision of parenting support was identified as a particularly sensitive area by staff and stakeholders, given widespread anxieties amongst teenage parents that admitting to any support needs in this area might risk attracting the attention of social services:

It seems like they can't say they don't know what they're doing, because then, "Ooh, the social workers are going to go: 'You don't know what you're doing'". So it's that awful: "I don't know what I'm doing, but I can't admit that, and I don't want to be told." It's delicate. (Frontline staff)

Moreover, many young parents seriously resented the implication that they needed parenting support on grounds of their age:

Teenage parent 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'.

Teenage parent B: Yeah, whatever age you are, as long as you are capable of looking after your kid, you don't need them.

A number of staff and grandparent interviewees emphasised that some teenage parents actually required very little support with parenting. Others, however, required very intensive support, particularly where child protection plans were in place (see Chapter 5). Significant time was needed to support some parents with very basic parenting tasks, especially where they had not had positive role models during their own childhoods:

I've just spent an hour along with [name of key worker] and a mum clearing out a space in her flat ... she has no concept of the risks to the baby, all these electrical items, with plug sockets open and he's starting to crawl ... So, she [key worker] will then spend the physical time with the young person and time is important. (Stakeholder)

The fear of being 'judged' by older parents meant that many young mothers were reluctant to attend parent and baby/toddler groups in the wider community. Stakeholders suggested that such fears were founded more on perception than personal experience, but accounted, at least in part, for many young parents' reluctance to utilise Children's Centres. Many young parents had required a significant amount of 'hand-holding' by support staff, wherein they accompanied teenage parents to groups on multiple occasions before they were confident enough to attend themselves.

Staff and stakeholders thus emphasised the need for great sensitivity in the delivery of parenting support. Many recommended avoiding 'branding' any course/session as a parenting course, and delivering relevant support in more informal ways. Several providers highlighted the value of group outings as opportunities to monitor teenage parents' relationships with their children and to demonstrate positive interactions with children. The work of child minders in on-site childcare provision was also regarded as key in modelling ways of stimulating children's development.

Stakeholders in almost all pilot areas highlighted a lack of support available for young fathers. All had attempted to link into existing provision targeted at young fathers. Attempts to establish specialist services for fathers, such as establishment of a young fathers group in Pilot F and recruitment of male peer mentors in Pilot C, were widely regarded as important contributions to rectifying the imbalance in provision for young mothers and fathers. Stakeholders did, nevertheless, emphasise that supporting fathers was difficult given the widely varying ages of teenage mothers' partners, such that some were not interested in dedicated young fathers' services.

4.10 Financial support

All of the projects supported teenage parents with money management, most commonly budgeting and/or debt reduction. This was often delivered via keywork or floating support sessions, but was more formally taught in some projects during group-work sessions (see Chapter 2).

Focus groups indicated that formal teaching in this area had, for the most part, been well received by teenage parents. Accordingly, TPS2 data confirmed that courses such as Pilot G's 'skills to pay the bills' were greatly valued, being described as 'very helpful' or 'quite helpful' by all respondents (see Table 4.2). Teenage parents gained confidence from the less structured one-to-one support with budgeting and debt management delivered by support workers and peer mentors, and the knowledge that they could call on such individuals if they ever had concerns about their finances.

Pilot B offered direct financial support via personalisation budgets (see Chapter 2). This was rarely employed in practice, although was used to purchase buggies, childcare, and to support group outings to combat social isolation, for example. Frontline staff viewed the personalisation budget as a valuable innovation enabling teenage parents to access resources that would enhance their quality of life when costs would otherwise be prohibitive. They did however highlight the need for care in the allocation of such funds in order to prepare teenage parents for the 'real world' and avoid fostering dependency:

> *There is that culture of 'someone else will provide for me' as well, that's very strong in our clients, I think. That 'I'm not responsible for me: I need a house, they'll give me a house, it will be there.' And half the time ... it is. But in some ways that gets frustrating, I think, as a key worker ... There is that culture of 'I don't need to save, someone will get it for me'. (Frontline worker)*

They also highlighted the need for clarity regarding eligibility of different resources, and for clear communication of this to teenage parents. A lack of transparency meant that some focus group participants deemed the allocation of personalisation budget monies 'unfair':

> *I want a new fridge and they won't get me one, but they got a buggy for [name of another resident]. (Teenage parent)*

Pilot B participants were also encouraged to open a savings account, with the project 'matching' savings up to the value of £200. Whilst a few focus group participants viewed this as a slight incentive to save, any such incentives were often outweighed by more 'immediate' priorities – with few planning ahead in the long term:

> *You can be sitting going, "when you move on you're going to need this amount of money," but actually for them that's not their priority at the moment ... Putting money aside is not relevant. When they obviously then get to that, "Now you need to move on and you need this amount of money," they go, "Oh!" (Frontline worker)*

Pilot B also offered service users £50 for each group-work credit – awarded for completion of specific group-work sessions and courses (or equivalent if attending alternative courses elsewhere) – up to a maximum of £300. Turnover in the hostel was low given residents' age (see Chapter 2) and level of support needs, meaning few were ready to move on within the short time-frame of the TPSH pilot. This money had, however, successfully been used by one parent toward move-on costs.

4.11 Interagency working

The pilot projects had, in the opinion of virtually all stakeholders and staff members interviewed, had a profoundly positive impact on interagency working in all areas. Cross-departmental links, especially between Housing and Children's Services had been strengthened significantly. Several (non-housing) stakeholders reported that working with pilot providers had been an 'eye opener' for them, as they began to appreciate more fully the difficulties young parents experience in obtaining suitable accommodation.

Importantly, the pilots had elevated the needs of teenage parents in strategic and commissioning priorities:

> *If we hadn't had the pilot we wouldn't be focusing on teenage parents as much, certainly within commissioning provision ... If ... there are people thinking there are teenage parents who have got no accommodation, then that has to be positive as it is what people on the ground have been saying for a very long time. (Stakeholder)*

Staff and stakeholders reported many examples of successful joint working, which they believed had served to ensure that fewer teenage parents 'slipped through the net' of service provision. Careful attention had been paid to avoiding service duplication:

> *They've been very clear at not kind of doubling up - because that's something that worried me at the beginning ... But they haven't done that. They've come in and they've either taken what we do and taken it to the next step, so done it more intensively, or they've come in and done things that we just don't have time to do. (Stakeholder)*

A number of factors were identified by staff and stakeholders as contributing to effective interagency working. The physical co-location of staff from different agencies supporting teenage parents in the same building was regarded as especially helpful. Staff across all pilots also highlighted the value of having named contacts within other agencies:

> *We have key workers working from one of the children's centres on one day a week. They help deliver services there, they meet clients there, they facilitate courses there. And they know the social workers in that team, the health visitor that pops into the centre. It's about everyone knowing that person's face. (Stakeholder)*

In some areas multi-agency information-sharing forums had been developed. These were deemed highly effective in the coordination of service delivery:

> *There's about eight or ten of us now from different organisations at the information sharing meetings. So if say family support from one of the children centres says, 'Well, oh, I know this client, I'm doing this and I'm working with them on that' ... that does stop the duplication. (Frontline worker)*

In a number of pilot areas, frontline staff conducted joint needs assessments and/or visits with staff from other agencies:

> *A really good way to get to them [make contact with teenage parents] is through the housing team because I can do joint visits with them and they're normally used to seeing the team here so they don't mind me coming along ... So that's a really good way to make initial introductions and to give out the information the teenagers need. (Stakeholder)*

Some projects used the Common Assessment Framework (CAF) to aid coordination of service delivery. The utility of CAF arrangements depended to a significant extent on the degree to which they were embedded locally, which varied. Pilot staff sometimes acted as lead professional, and many providers highlighted the value of having someone steer the provision of support when multiple agencies were involved.

While the above activities reduced duplication of services significantly, they did not negate it entirely:

> *You sort of go over the same things all the time. You talk about your problem, and then [name of support worker] will come in and make you say the same thing. And you think 'Well I've already f***ing said it', you know? (Teenage parent)*

Some frontline staff reported having difficulty engaging particular stakeholders, including a few supported accommodation providers, whom they sometimes described as being 'protective' of clientele. The experiences of working with health providers varied significantly between pilot areas. In some, specialist teenage parent midwives and health visitors had

played a key role in referring service users and/or continued to work quite closely with pilot staff in supporting these individuals. In others, health professionals had been disinclined to refer teenage parents to TPSH projects. Particular concerns were raised about some health professionals' negative attitudes toward young fathers and unwillingness to support their involvement in children's lives. This problem was most pronounced where pilot staff had large caseloads, thus less time to foster positive relationships with other agencies.

Experiences of working with Social Services were equally variable. In some areas, social workers were described as very 'precious' about their clients. In contrast, incorporation of a social worker within Pilot A's staff team enabled child in need assessments to be conducted alongside housing assessments. Similarly, in Pilot B liaison between support workers and social workers was key to communicating potential risks to child welfare and helping a number of teenage parents adhere to child protection plans (see Chapter 5).

Such liaison did however raise complex issues as regards relationships between support workers, service users, and wider family members. One grandparent interviewee, for example, reported that the project supporting their adult child had, she felt, 'over-stepped the mark' by reporting something to social services in what she perceived to be an inappropriate manner[14].

A number of pilot projects had established excellent working relationships with local Children's Centres, in some cases facilitated via delivery of pilot services on Children's Centre premises. Some Children's Centres had been especially accommodating – scheduling dedicated teenage parent sessions at times when other groups were not meeting, for example, so as to help overcome teenage parents' common fears of being 'judged' by other (older) parents in such settings. It was widely agreed by staff and stakeholders that getting teenage parents 'through the door' and providing them with opportunities to meet Children's Centre staff were key steps to encouraging them to access other (non-pilot) services available there.

Family Nurse Partnerships (FNPs)[15] had been piloted in two TPSH areas. In one, an early assumption that FNP participants should be excluded from the TPSH pilot scheme (on grounds of maintaining equity of support) was reversed given recognition that the scheme could potentially complement FNP support. Frontline staff reported that young people receiving support from the FNP and TPSH had benefited from both.

[14] It need not be the case that the support worker had acted inappropriately (support workers are required by law to report anything that they feel may put a child at risk of serious harm to social services) but the fact that the individual felt it was inappropriate highlights that liaison with Social Services does present challenges.

[15] The Family Nurse Partnership (FNP) is a preventive programme for vulnerable first time teenage mothers. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until the child is two; and aims to improve pregnancy outcomes, child health and development and parents' economic self-sufficiency.

5 What were the Outcomes for Young People?

Key Findings

- Over half (54%) of the 337 young parents who left the projects during the pilot period had achieved a positive completion. One quarter (26%) had disengaged from the programme. The remainder (20%) left for other reasons including moving away from the area.
- A key success of the pilot project was increasing the opportunities for young parents to achieve independent living. At the point of leaving the service, two thirds (67%) were living independently (45% in social housing; 22% in private sector housing), compared to two in five (41%) at referral. Assistance with housing was seen as the 'best thing' about the pilot by many young people.
- The main change in economic status involved an increasing number of young people who were fully occupied with looking after their young children on leaving the project (from 42% to 57% for those leaving the project). Many young people did however participate in training and/or project developed courses, and aspirations for future employment were high amongst young people.
- Nearly one fifth (18%) of young people reported that their general health was 'better' toward the end of the pilot period than it had been before using pilot services. More generally, young people, grandparents and staff all reported improvements in young people's psychological well-being, especially improved self-esteem.
- There were also indications that the support available to young people from the other parent (usually the father) had improved for nearly one quarter (23%) of young people over the course of the pilot. However, staff and stakeholders still had widespread concerns about the volatility of some young people's relationships and the risks of domestic abuse.
- Overall, the majority of young parents thought that involvement in the pilot had made either 'a big difference' (36%) or 'some difference' (36%) to their lives. The majority of young parents also reported that the project had made 'a big difference' or 'some difference' (29% and 30% respectively) to the lives of their children.
- Comparisons with Supporting People data, insofar as possible, indicate that pilot projects performed better than existing services available to teenage parents on some outcomes (debt reduction, choice and confidence, informal learning), less well on others (maintaining accommodation, physical health, paid work), and similarly on yet others (income maximisation, training and education).

This chapter reports on the key outcomes for teenage parents using the TPSH pilot. It addresses four key questions. Firstly, to what extent did young people remain engaged with and complete the pilot programme (Section 5.1)? Secondly, to what extent did young people achieve positive outcomes at the end of the programme with regard to accommodation, employment and education, as well as wider possible impacts on health, finance and support networks (Section 5.2)? Thirdly, to what extent did young people and other key stakeholders consider the pilots to have made a difference to the lives of participants (Section 5.2 and 5.3)? Finally, the chapter also asks how young people participating in the pilots fared compared to teenage parents using other similar initiatives (Section 5.4).

This chapter draws on evidence collected from all elements of the evaluation. Project monitoring data is used to examine completions on the programme and key outcomes for those leaving the pilot. The telephone survey of young parents (TPS2) is used to look at how young people's status changed from before the pilot. Case study interviews are also utilised extensively to explore the perspectives of service users and other key players. Finally, the chapter compares the outcomes recorded by the project monitoring with those achieved by Supporting People services for teenage parents (see Appendix 2).

There are limitations to the available evidence on outcomes. First, as outlined in Chapter 1, it is important to note that the evaluation was not designed to compare the success of the respective TPSH pilot projects and therefore outcomes for the whole TPSH pilot are the main focus here. Second, it needs to be remembered that outcomes recorded over the life of the projects cannot necessarily be attributed to the role of the pilot; some of the positive outcomes observed may have occurred even in the absence of the intervention as young parents' circumstances changed over time. Third, it should be borne in mind that some of the evidence is based on participants' and stakeholders' subjective assessment of the impact the pilots had rather than more objective measurement of change. Finally, not all pilot participants had completed their time with the project at the time outcome data was collated and so the evidence presented here may not fully reflect the final outcomes achieved by the pilot areas. Nevertheless, this chapter provides valuable insights into the possible impact of the pilot projects on young people.

5.1 Completing the pilot programme

Data was collected on those young people who had completed their time with the project. A total of 337 young people had completed their time with the project, representing over one third (35%) of all referrals and over four in ten (43%) of the 782 participants who started the project. Most of the other young people were still being supported by the pilot projects when monitoring ended. The data therefore reports on less than half of the young people supported by the projects overall. However, it is interesting to assess the outcomes of this sub-section of the participants as they have all passed through the programme and positive and negative outcomes can be compared for them at the point of entry and exit.

Figure 5.1 shows the main reasons for support ending across all seven projects. In 43 per cent of cases, the young person had completed the support on offer with the scheme. In an

additional 4 per cent of cases, the young person moved on to a positive outcome (including full-time work, study, returning home to parents) and no longer had the time and/or needed the scheme. Therefore, in nearly half (47%) of cases, the case closure was for explicitly positive reasons. This rose to over half of all cases (54%) when removing the 44 cases (13%) which were closed simply as a function of the end of the pilot project.

It is important to note that each pilot will have utilised its own criteria to assess when an individual had completed the pilot's support so we may not be comparing like with like here. For example, young people were required to complete a very intensive residential placement in Pilot B; this compared to a much lower level of participation and referral on to other services for Pilot F which provided a less intensive service to a larger number of people.

Figure 5.1 also shows that just over one fifth (22%) of cases were closed as the teenage parent disengaged from the project before support plans could be completed. In a few more cases (2%) it was recorded that the young person had explicitly decided to end the support as they felt they no longer needed the support and that this was done in consultation with project workers. Although the level of disengagement was relatively high, this is not entirely unexpected given that young people are a mobile population and many of the pilots were small unitary authorities with several neighbouring authorities.

There were a number of other reasons for ending support. In one in seventeen cases (6%), support had to end as the young person moved out of the local authority area. In a relatively small proportion of cases, support ended as the client's circumstances changed which meant they no longer met the project criteria – this included age related reasons when some clients turned 20 or their child was older than 18 months (2%) as well as other reasons predominantly where young people were no longer expecting a child (usually following a miscarriage) or were no longer caring for a child (including a few cases where the child was taken into care) (2%). Finally, in some cases (2%) the project formally referred on the young person to another more appropriate agency that could better meet their needs.

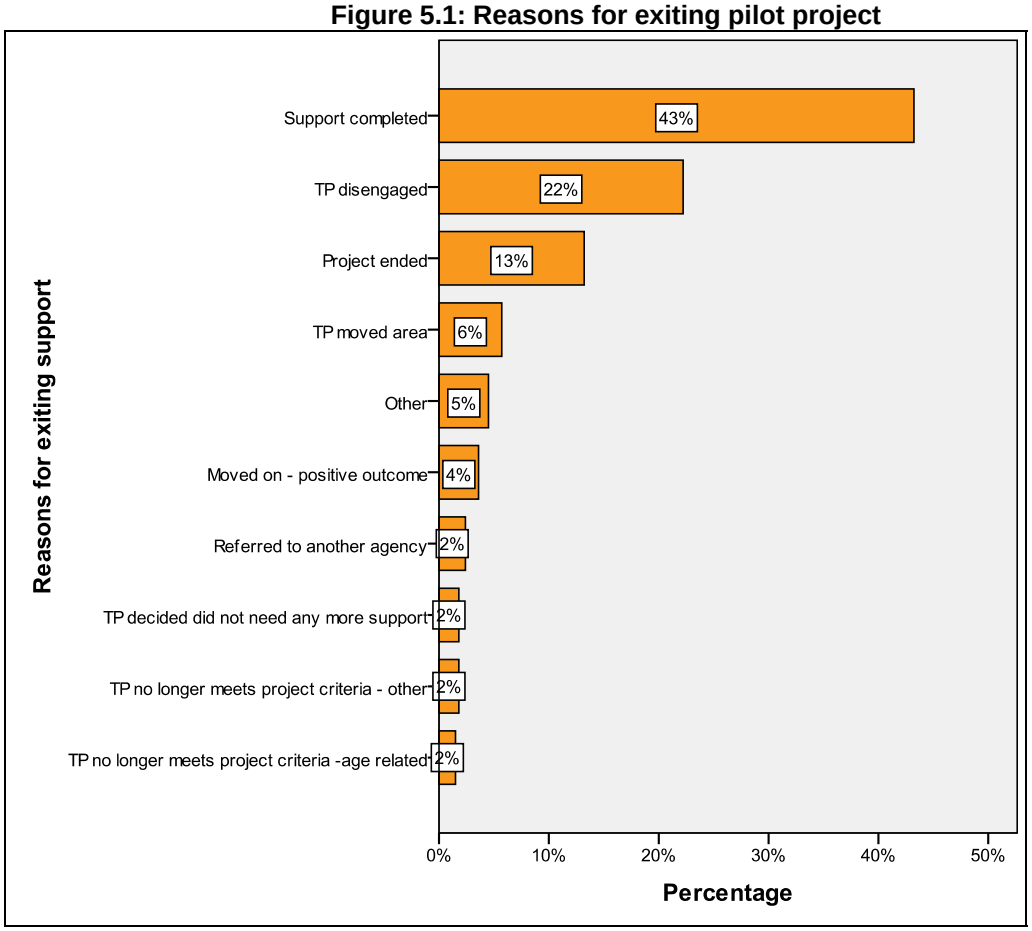
Excluding the cases which were closed due to the end of the project[16], young people's reasons for leaving can be grouped into three main categories:

- positive completion (including completing programme and moving on for positive reasons) accounting for 54% of cases;
- negative reason (disengagement, young person felt no longer needed support) accounting for 26% of cases, and;
- neutral reasons (moved area, referred on, no longer met project criteria) consisting of 20% of cases.

[16] Base = 289 cases. The cases which were closed due to project closure are excluded from this and subsequent analysis in this chapter as these cases were possibly closed at an earlier time than ideal for the young people concerned and might under-represent outcomes.

There were no significant associations between key socio-demographic variables and main reason for completing the project, including gender, ethnicity, accommodation status on entry, whether homeless on referral, whether or not NEET on entry, and whether or not they had physical, learning or mental health problems or drug/ alcohol problems. This suggests that the pilots were successfully working with different sub-groups of young parents utilising the projects.

Figure 5.1: Reasons for exiting pilot project



Source: Project monitoring. Base: 333.

5.2 Key outcomes for teenage parents

The following subsections outline key findings as regards TPSH pilot impacts on different areas of the lives of teenage parents and their children. In each, data from project monitoring and/or the survey of teenage parents (TPS2) are presented, followed by findings from the focus groups with teenage parents, staff/stakeholder interviews, and interviews with grandparents.

5.2.1 Accommodation outcomes

The TPSH pilot was centrally concerned with the accommodation of teenage parents and therefore improved accommodation outcomes should be expected for the pilot to be considered a success[17]. This subsection shows the change in accommodation situation from entry to exiting the project, focusing in particular on whether young people were supported to move into independent housing. It also presents assessments of the suitability of their final accommodation from the perspective of young people, project workers and grandparents.

Drawing on monitoring data for young people who completed their time with the project[18], Table 5.1 specifies down the type of accommodation young parents lived in at the point at which they left the service, as well as accommodation type at point of referral. Two thirds (67%) of leavers were living in their own independent accommodation: 26% were living in council housing (compared with 16% at point of referral), 19% in housing association properties (compared with 9% at point of referral), and 22% in the private rented sector (compared with 15% at point of referral). One in five (19%) were living with their parents, representing a reduction of 13 percentage points from the proportion doing so at point of referral (32%). Only 2% of leavers were living with other friends and relatives, a situation which is usually associated with instability and homelessness. Similarly, only 6% of young parents were living in temporary and/or supported accommodation (which might partly reflect the lack of such provision in some areas) at the point of leaving: only 2% were living in the most insecure of these, either hostels or bed and breakfast accommodation, with 3% in supported accommodation for teenage parents and another 2% in other types of supported accommodation. In summary, less than one in 10 young parents appeared to be living in insecure housing arrangements at the point they left the pilot project.

Table 5.2 summarises the changes in accommodation status reported by the pilot projects for those teenage parents who had left the service by contrasting overall housing status at referral with housing status at leaving. The key outcome considered is whether or not the young person was living independently i.e. had their own tenancy. Around half (51%) of those who had not been living independently at referral were doing so by the end of the pilot. Overall, the proportion of young people living independently increased from 42% (87 young people) on referral to 68% (140 young people) on leaving.

[17] However, it needs to be noted that it would have been expected that some young people would have moved onto independent living without the intervention of the project given their increasing age over the course of the project.

[18] As with all the analyses for project leavers that follow, this analysis includes young people who left the project for positive, negative or natural reasons, but excludes any cases which were closed due to the end of the pilot project.

Table 5.1: Changes in accommodation type for teenage parents who had left projects service

Status	On entry (%)	On exit (%)	Change
Council – own tenancy	16	26	+10
HA – own tenancy	9	19	+10
PRS – own tenancy	15	22	+7
Parent(s)' home	32	19	-13
Foster carer	4	5	+1
Other friends or relatives	5	2	-3
Bed and breakfast	1	<1	0
Hostel	8	2	-6
Foyer	<1	0	0
Supported accommodation for teenage parents	4	3	-1
Other supported accommodation	2	2	0
Other	3	0	-3
Total	100	100	-

Source: project monitoring. Base 254.

Table 5.2: Broad housing status on leaving compared to housing status at referral for teenage parents who had left projects

	Not living independently on referral (%)	Living independently on referral (%)	Total (%)
Not living independently on leaving	49	9	32
Living independently on leaving	51	91	68
Total	100	100	100

Source: project monitoring. Base: Not living independently on referral 119; living independently on referral 87.

Those young people who had a positive completion of the project were more likely to be rehoused in independent accommodation (74%) than other young people leaving the project[19]. Two thirds (66%) of those who disengaged from a service (i.e. left in an unplanned way) were living independently when they left and 49% of those who had left the service for more neutral reasons (for example, those moving area or being referred for other support).

Project workers were also asked to make an assessment[20] of the suitability of the housing destination of the young parents on the basis of six measures, whether young parents were:

- living near to social networks (84%)
- in safe neighbourhoods (81%)
- living in accommodation in a suitable condition (78%)
- living in accommodation of a suitable size (78%)

[19] This needs to be interpreted carefully as it is possible that those with less secure accommodation were more likely to have dropped out of the programme.

[20] This assessment did not necessarily involve a detailed visit to the property; it was based on the knowledge available to the support worker who signed the young person off of the project.

- living in accommodation with suitable security of tenure (72%)
- living in accommodation suitable for children (74%)

Those living in independent accommodation were more likely to be reported to be living in accommodation of a suitable size (84% compared to 67% of those not in independent accommodation), and were also reported to be in properties that were suitable for children (79% compared to 62%). Unsurprisingly, private rented sector properties were assessed as being less secure than social tenancies (possibly given that the private rented sector usually offers shorter tenancy agreements than social housing). However, interestingly, the parental home was seen as offering the most security (in 80% of cases) which suggests that project workers were also assessing security on a wider basis than security of tenure alone. Those living in council housing were assessed as living in less safe neighbourhoods (72% compared to 86% in PRS and 92% in housing association properties).

Evidence from the TPS2 appeared to confirm the pattern of movement recorded in the project monitoring towards independent living[21]. Two thirds (67%) of TPS2 respondents reported that they had moved accommodation since becoming involved with the pilot. Of those moving, the proportion living independently increased from 22% prior to becoming involved with the pilot, to 46% at the point of TPS2. Notably, the vast majority (87%) of TPS2 respondents who had moved since starting the project reported that they preferred their new accommodation to the accommodation they lived in before using pilot services. The most common reason reported by young people for moving was that the previous accommodation did not have enough room to accommodate a new child (49%). Nearly one fifth (17%) also stated that they had moved as the previous accommodation was of poor quality, located in a bad neighbourhood and/or there were neighbourhood problems. The evidence thus suggests that pilots projects were helping young people to access more suitable accommodation: an important outcome given the focus of the TPSH pilot on housing.

Teenage parent focus group participants reported that the provision of housing, especially independent accommodation, and housing-related support had had a very positive impact on their lives. Support to access and furnish a flat or house was identified as the 'best thing' about the support by many young people:

> *It's made a lot of difference to my life. I was at my mums and I had no furniture and my community care grant got turned down. Now I'm moving on Saturday. I'll have my own freedom and a home for me and my daughter. (Teenage parent)*

[21] It should be noted that those young parents taking part in TPS2 were still participating in the project, that is, they had not exited the project and therefore may have experienced further changes in status by the point of exit. We are not therefore comparing like with like when we compare the project monitoring data on leavers and the TPS2 survey of current participants.

I'd be stuck God knows where if I hadn't had help from the project. (Teenage parent)

Several teenage parents also explained that the provision of accommodation, be that supported/communal or independent housing, had enabled them to move out of very difficult situations in the parental home:

My life got better when I came here ... because I had problems with my dad at home because he was an alcoholic and if I had lived with my dad I would have had him [baby] taken off me. If I had not moved here I would have had nowhere to go if I wanted to keep him. (Teenage parent)

Most reported that they also felt far better equipped for independent living than they had prior to involvement with the pilot, but that they nevertheless derived a lot of confidence from knowing that they could call upon support staff for help if they needed it:

They took a lot of stress while I was pregnant off me ... They would pick up the phone for me instead of me having to argue with someone. (Teenage parent)

Staff and stakeholders reported that the projects had generally been successful in facilitating teenage parents' access to appropriate housing. Constraints in the provision of accommodation, especially supported housing catering for couples, had nevertheless restricted their ability to place young people in 'ideal' housing. They also commented that the realities of independent accommodation had come as a shock to many young people, hence emphasising the value of ongoing tenancy support and courses preparing young people for independent living. They also highlighted the importance of stable accommodation as a platform from which young people can address other areas of their lives:

There have been a few problems with one of the housing providers that we're currently working with and that does have a knock on impact to the young person. When they're not happy about where they live, it makes it so difficult for them to do everything else. (Frontline staff)

Grandparent interviewees usually reported that pilot projects had helped their child move into appropriate housing, and this was generally seen as a major step forward for some young people who had not lived by themselves before. That said, there were a couple of complaints from grandparents about the allocation of poor quality housing, and also about their daughter or son having to use temporary accommodation before settled housing was found. In one case, a young person had been assisted to move away from her violent partner but the grandparent felt that ideally the location could have been further away from the partner and nearer to her family. Grandparents expressed particular concerns about the affordability of PRS housing. Grandparent interviewees were nevertheless grateful for the assistance their teenager had received in furnishing tenancies and developing independent living skills.

5.2.2 Employment, education and training

This section examines impacts on the employment, education and training status for young people. Four caveats are important to note. First, although Chapter 4 highlighted that pilots were quite involved in delivering courses and helping young people prepare for work, the pilot projects (with the exception of one) were not primarily concerned with employment, education and training activities of young parents so we would not expect major impacts in this area. Second, the vast majority of pilot participants were surveyed in the year after giving birth, the normal maternity leave period where women are likely not to be (fully) economically active. Thirdly, looking at overall changes in economic status between the start and end of the pilot gives only a partial picture; people may have been undertaking different activities in different time periods and moving into or out of positive economic activities over the course of the pilot. Finally, teenage parents are acknowledged as a hard to engage group for educational and employment activities and any outcomes must be considered against this background.

Table 5.3 provides an overview of the changes in the economic status experienced by the teenage parents using the pilot projects. The largest recorded change in status was the increasing number of teenage parents who were fully occupied with childcare on leaving the projects, quite often because they had given birth between referral and participating in the project.

Table 5.3: Changes in main economic status for teenage parents who had left projects

Status	On entry (%)	On exit (%)	Change
Employed full-time (24 or more hours)	4	5	+1
Employed part-time (under 24 hours)	1	3	+2
Full-time student	11	11	0
Govt training	4	<1	-3
Job seeker	27	19	-8
Caring for child/ren	42	57	+15
Unable to work due to illness/disability	3	<1	-2
Other	4	1	-3
Pregnant	2	3	+0
Part-time student	2	0	-2
Total	100	100	-

Source: project monitoring. Base 217.

The majority of teenage parents were not in education, employment or training (so called 'NEET' status) at the point at which they were referred to the projects and this was also the situation at the point of leaving (Table 5.4). There was a *marginal* overall gain recorded in the economic status of the teenage parents as they left the projects: with one percentage point increase in the proportion of young people who were in education, training or employment.

Table 5.4: Changes in NEET status for teenage parents who had left projects

Status	On entry (%)	On exit (%)	Change
In education, training or paid work	16	17	+1
Not in education, training or paid work	84	83	-1
Total	100	100	-

Source: project monitoring. Base: 289.

However, as the introduction to this section noted, it is also important to look at changes in economic status on an individual by individual basis (rather than the start and end position for the group as presented in Tables 5.3 and 5.4). Analysis showed that the economic status of 50 teenage parents (17% of service users who had left projects) changed over the course of their time with services from either ceasing to be in a NEET situation or moving from education, employment or training into NEET status. Thus although there was only a marginal overall gain in economic status over the pilot, a change in status occurred for nearly one fifth of the teenage parents.

Similar findings were found in the TPS2 analysis (Table 5.5). The proportion who identified looking after the children or home as their main economic activity at the point of interview was 54%, representing an increase of 24 percentage points since before they began using pilot services. This shift was accompanied by a decrease in the proportion going to college or school (from 35% to 21%) and in paid work (from 13% to 11%), as might be expected given changes to household composition following the birth of a child. There was also a very slight decrease of three percentage points (from 13% to 10%) in the proportion of those unemployed and looking for work over the same timeframe. Again, it should be noted that those young parents taking part in TPS2 were still participating in the project, that is they had not exited the project and therefore they may have made further changes in status by the point of exit.

Table 5.5: Main activity before using pilot services and at point of TPS2

	Before pilot (%)	At time of TPS2 interview (%)	Change
Going to college or school	35	21	-14
In paid work	13	11	-2
On a training course or apprenticeship	6	2	-4
Looking after the children or home	30	54	+24
Unemployed and looking for work	13	10	-3
Something else	2	3	+1
Total	100	100	-

Source: TPS2. Base: 199.

Importantly, the TPS2 survey asked young people what they would like to be doing in twelve month's time. Only 6% wanted to be looking after their child(ren) full-time. A total of 32% wanted to be in a part-time job and 22% in a full-time job; whilst 22% aspired to be studying or training part-time, and a further 15% studying or training full-time. This data shows interest in, and aspirations for, both participation in education and the labour market. Chapter 4

illustrated the considerable success of the pilot projects in raising confidence and aspirations and this is likely to have a larger impact over a longer time frame than the pilot.

Indeed, although levels of participation in EET were low overall (see above), many service user focus group participants noted that their involvement in education and training as part of the pilot had been a key contributor to their increased confidence, and enhanced economic aspirations:

> *It's built up my confidence by me getting back into education. (Teenage parent)*

> *I can't fault it [the project]. It's made me feel much better about myself, and the future. (Teenage parent)*

Staff and stakeholders also frequently commented on the confidence that young parents derived from participation in education and training:

> *A lot of our young mums left school early, they haven't done their qualifications and they think doing anything like that, 'it's not for me'. But they've all really engaged in it, enjoyed it and seen that 'well if I can do that I can do something further as well' ... It's a step and it's confidence building (Stakeholder)*

That said, staff and stakeholders cautioned against losing sight of the scale of the challenge that some teenage parents face in (re)engaging in EET. They emphasised that teenage parents should not be pushed into education or training too quickly, but rather be given sufficient time to develop a stable home life, adjust to becoming a parent, and bond with their child:

> *With the two [parents] that I [social worker] have worked with ... there's not an awful lot left in them to deal with that extra ... It takes all of them to cope with getting up and to manage my expectations, the expectations of child protection plans or risk of care proceedings. (Stakeholder)*

> *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 … 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 ... Education and employment is not high on their agenda at that point. It's later on that we know it has an impact. (Stakeholder)*

Assistance with employment, education and training was not an area identified as having a major impact on young people's lives by grandparents. They frequently pointed out that their children already had their 'hands full' caring for infants. However, in some areas,

grandparents were aware that the workers had often kept their adult children informed about possible courses and training and this was appreciated.

Grandparents did nevertheless report that some particular initiatives had appeared to have had a positive impact on young people's progression in education or employment. In one area, courses were a particular specialism of the project and grandparents here mentioned a number of courses completed by the young people, and one grandparent explained that the support had really boosted her daughter's confidence to the point of enabling her to apply to college.

5.2.3 Health

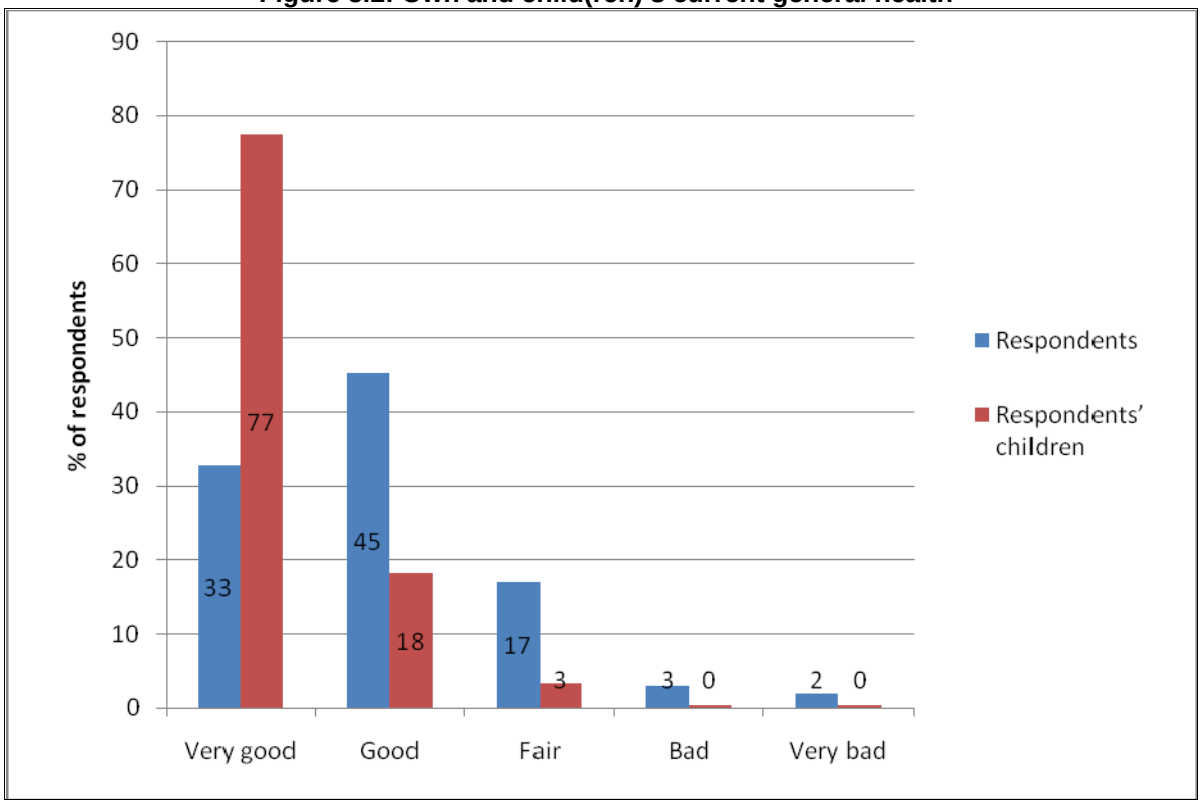
Pilot projects were not primarily aimed at improving health but often attempted to assist young people to maximise information and support in this area and some delivered specific short courses in this area. The evaluation necessarily relies on respondents' self-assessment of their health and how this has changed since the start of the pilot. To the extent that change is reported it is important to bear in mind that many participants will have experienced health changes related to pregnancy regardless of their participation in the pilots.

When asked to self-assess their general health in the TPS2 survey, the vast majority (78%) of respondents described it as either 'very good' (33%) or 'good' (45%), but 17% only 'fair', and 5% as either 'bad' or 'very bad' (Figure 5.2). The proportion reporting that their general health was 'better' at the point of survey than it had been before using pilot services (18%) was more than three times the proportion who thought it had got 'worse' (5%) (with 77% noting their general health was 'about the same').

TPS2 respondents' assessments of their child(ren)'s[22] health were much more positive overall than of their own, with almost all (95%) describing their child(ren)'s health as either 'very good' (77%) or 'good' (18%), only 3% as 'fair', and less than 1% as either 'bad' or 'very bad'. Again, self-assessed improvements in child general health (7%) outweighed the proportion reporting that their child's health had deteriorated since they had accessed pilot services (1%) (with 92% reporting that their child's health was 'about the same').

[22] Data on current health and changes in health was collected for each of respondents' children when they had more than one.

Figure 5.2: Own and child(ren)'s current general health



Source: TPS2. Base: 199 respondents, 210 children.

Teenage parent focus group participants rarely reported impacts of the pilot in terms of their or their children's physical health, but many noted that they had felt supported to access health services if problems arose. Some reported feeling more informed about matters relating to sexual health. They did, nevertheless, frequently report significant improvements in psychological wellbeing, especially reductions in anxiety and improved self-esteem.

> *It was quite stressful for me, and now it's a lot easier and I am a lot less stressed. It's like a big weight lifted off my shoulders because I've got someone to go to. (Teenage parent)*

Staff and stakeholders reported that messages about sexual health, especially the use of contraception, seemed to be 'getting through' to a number of young people. They were less certain about the influence the projects had had on young people's diets despite some pilots' attempts to influence eating habits through activities such as cooking classes. Some young people were said to have embraced healthy eating messages with enthusiasm, but others were resistant to any changes in their eating habits. Several staff felt that the pilot had had little if any impact on levels of smoking amongst young people, particularly in post-pregnancy. The clearest health-related impact reported by staff was an apparent improvement in teenage parents' self-esteem and self-confidence.

Accordingly, grandparents stressed that a key, if not the most important, impact of the project was around building the confidence and self-esteem of young people:

[The project] gave her a bit more security and a bit more of a boost if you like that she was doing the right thing and there was help out there if she wanted it. It was very positive. (Grandparent)

To see her beam with confidence, they've helped give her that, that was the highlight. (Grandparent)

Grandparents also gave some examples of workers helping with specific health issues, for example, one young person had post-natal depression and her parent felt that the worker's support had been important here alongside support received from the doctor and health visitor. Another had been reassured by her support worker which enabled her to access health care, and another had been helped with her mental health problems:

I feel that if she hadn't had the influence through [name of project] in dealing with her health issues, and mental health issues as well, that... Well I dread to think where she would have been at now. (Grandparent)

5.2.4 Informal support networks and parenting

This section examines any impacts on young people's informal support networks, particularly that offered by parents and the child(ren)'s other parents, and also young people's perspectives on parenting. Many of the projects aimed to support young people in their early days of parenting although they did not have a specialism in this role nor work directly with children.

Table 5.6 summarises the changes in informal support reported among teenage parents who had left the pilot projects. Increased rates of support were reported from their child's other parent (12% positive change) and to a lesser extent from the parents of teenage parents and other relatives. Across the projects as a whole, all forms of informal social support had increased at the point at which teenage parents had left services. On leaving the projects, 76% had access to at least one source of informal social support. Most young people had access to one (33%) or two (25%) sources of informal social support.

Table 5.6: Changes in informal support among teenage parents who had left projects

Type of support	On entry (%)	On exit (%)	Change
Child's other parent	21	33	+12
Partner (not other parent)	4	7	+3
Parents of teenage parent	60	67	+7
Other relatives of teenage parent	24	32	+8
Friends of teenage parent	20	22	+2
Total	100	100	-

Source: project monitoring. Base: 289.

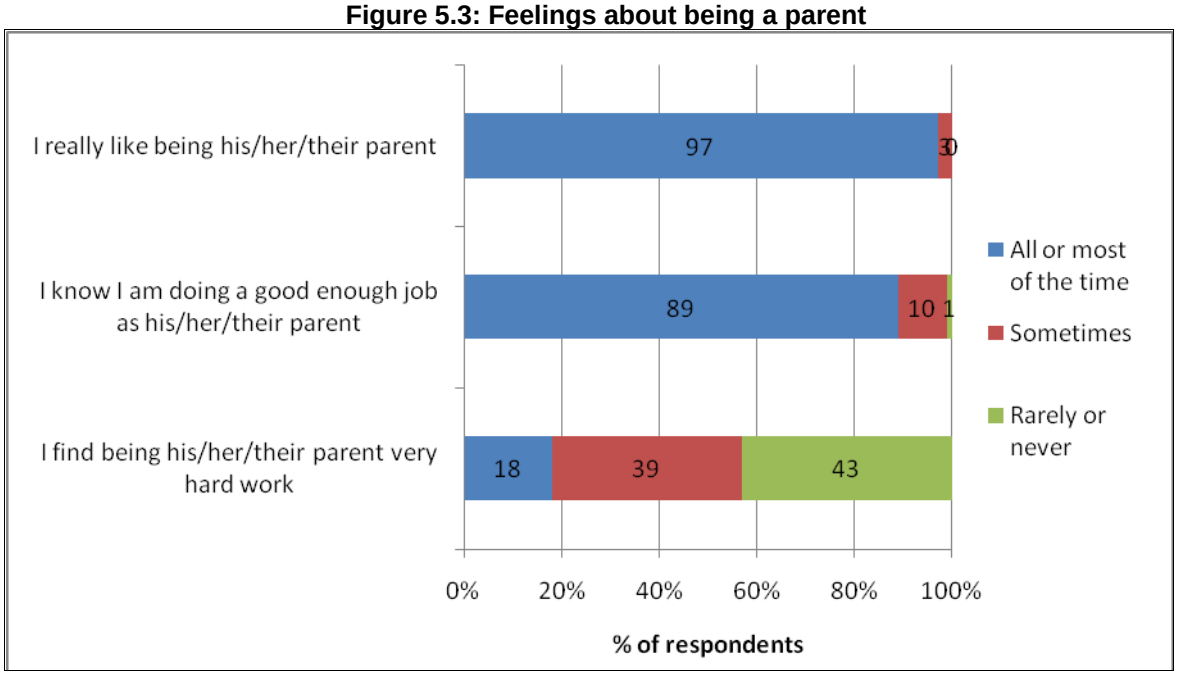
An important finding from TPS2, confirming the project monitoring finding, was that nearly one quarter (23%) of TPS2 young parents stated that their relationship with their youngest/expected child's other parent had improved since they started using pilot services.

This was a greater proportion than stated the relationship had deteriorated (11%), whilst 66% stated that it was 'about the same as it was before'.

When asked how they felt about being a parent, almost all (97% of) TPS2 respondents noted that they really like being their child(ren)'s parents 'all or most of the time' (Figure 5.3). The vast majority (89%) felt that they were doing 'a good enough job' as a parent 'all or most of the time', but 10% felt that this was only the case 'sometimes', and 1% 'never'. Nearly one in five (18%) acknowledged that they found being a parent very hard work 'all or most of the time' and 39% 'sometimes'. It is not possible to determine from the survey data whether the pilot supported young people's positive perception of themselves as a parent but the key players highlighted that they were making an important impact in this area (see below).

The evaluation was not able to collect robust information on child safeguarding issues. All projects worked in this area as necessary and the residential project (Pilot B) had a particular role in working with young people whose children were at risk of being taken into care. They reported good outcomes in this area. Of all the young parents leaving the seven projects, seven young people had at least one child in care at referral. In addition, 19 young people had at least one child on the at risk register. Full information on the outcomes for these children was not available but it was recorded that at least five of the children on the at risk register at referral were no longer on the register at the project exit point.

Figure 5.3: Feelings about being a parent



Source: TPS2. Base: 183 respondents with children.

Teenage parent focus group participants rarely commented on project impacts relating to their relationships with either their partner or wider family, both of which were very mixed overall: some very positive, some quite fragile. Almost all were nevertheless aware that they could seek help from project staff in these areas if necessary.

Staff and stakeholders reported having mixed success in improving young people's relationships with their partner and family. Many believed that by supporting young couples

to live together, and removing the stress often associated with independent living at a time when they were also adjusting to parenthood, risks of relationship breakdown had been reduced:

> *It has enabled some of the young people to diffuse situations that had they not lived in an environment like this may have kind of just gone on and on and on. (Project coordinator)*

Concerns about the volatility of some young parents' relationships, and the risks of domestic abuse remained, however (see Chapter 4). Similarly, while a number of service users' parents had been very supportive of project operations, staff attempts to engage some wider family members had met with significant resistance.

Several grandparent interviewees noted that supporting their adult child to move out of the family home had impacted very positively on relations between the young person and their parent, and that the support received had benefited the wider family more generally:

> *It was turmoil when she was living here... It had a big impact, her moving... she had her own place, she had her own responsibilities, she had her own space. (Grandparent)*

> *The support she had helped me lots as well. (Grandparent)*

Grandparents' assessments of project impacts on their adult children's relationships with their partners were less positive. One, for example, felt that more support would have been helpful for her daughter around her relationship with her partner who was described as difficult and controlling. Another pointed out that the support had not made any difference to her relationship with the father of the child.

A few grandparents reported that they would have appreciated support for themselves, especially those who were living with their daughter/son and grandchild. One grandparent would also have appreciated more communication with the project.

> *I found there was no support for me and my partner, we were left in the deep end kind of thing when we had to sort ourselves out because we had to support [daughter] as well as our grandson... It's not only just the young people, I think they should support the families of the young people as well. I think they forget about us parents. (Grandparent)*

> *We got everything second hand and we didn't really know what was going on down there...we weren't kept in touch with anything... (Grandparent)*

Many teenage parent focus group participants reported feeling more confident in their ability as parents, and reassured that they had someone (usually their support worker) to ask about parenting issues if they needed to. They also derived a lot of confidence from the peer support networks they had established via their participation in the TPSH.

The groups are the best thing because they make us more confident in a way ... We've learned things. (Teenage parent)

Like we've all gone through it together, and seen the kids grow up, and the pregnancies progress. That aspect of it has been really nice. (Teenage parent)

You get to talk to people about what their birth was like, what their pregnancy was like. You get to hold the babies. (Teenage parent)

Staff and stakeholders highlighted that provision of suitable accommodation and support had given young parents the stability and support necessary to adjust to becoming a parent and develop a bond with their children. Many firmly believed that increasing teenage parents' aspirations had also had a positive impact on their parenting:

[Name of teenage parent] was taking drugs, now she spends a lot more time with the child ... She wants to be something, whereas she had no aspirations whatsoever before. So that's going to have a big impact on that little girl massively as she grows up (Stakeholder)

Further, staff and stakeholders believed that accommodating couples together had led to greater input from young fathers in their children's lives:

Even if they don't stay together indefinitely, if the father's had some input earlier on then he's more likely to keep in touch with the child, isn't he? And then the child has a relationship with the father, so ... we've facilitated that (Stakeholder)

Pilot interventions had also been pivotal in the early identification of, and response to, safeguarding concerns. In some instances young people had been supported to keep their children, in others the children had been placed in care:

One woman I'm working with at the moment, had she not had this resource available to her, I've no doubts that I would have removed the child... (Stakeholder)

Grandparents also often acknowledged that support with parenting had been helpful to their adult child:

There was quite a stretch where she was not seeing to [name of child]'s needs. And obviously with the influence that she's had with [name of key worker] getting the help with things that she needed, like getting stair-gates on the property and things like that, it has helped in that department. She put her in the right direction for parenting classes and things like that which obviously has helped her out that bit more. (Grandparent)

Many grandparents thought that the project had probably not had a big impact on the lives of their grandchildren, as they were very young and projects tended to work chiefly with the young parent. At the same time, a few grandparents felt that the project had had a positive impact on their teenager in terms of helping them achieve a more settled housing situation which assisted them to parent more effectively:

> *I think it's helped [child]... I feel literally if she hadn't had as much help as she had from the project, [child]'s circumstances may have been quite different... they put her in a position where she was able to move and have that independence and gain a bond [with her child]. (Grandparent)*

> *It's had a great impact on him because before he was meeting [name of mentor], he thought everything should all be done for him, like what he wanted to do. Like [name of mentor] explained to him that he's a dad now, he can't come and go as he pleases. He's helped him that way to actually become a dad. (Grandparent)*

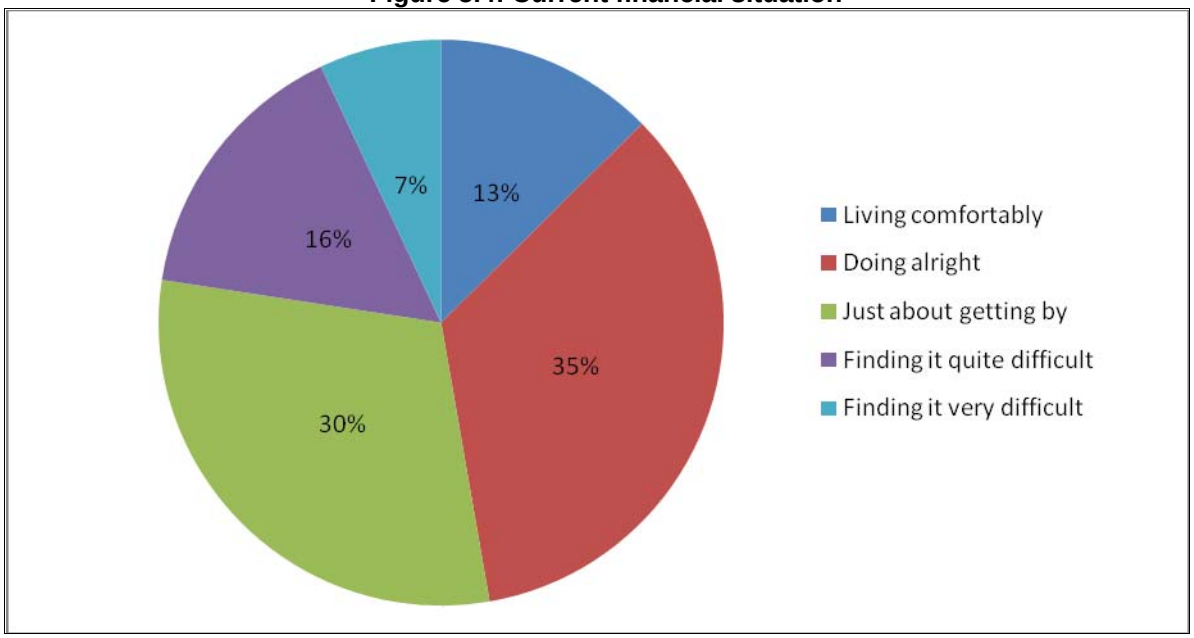
5.2.5 Financial situation

Again, the pilots did not have a primary aim of improving young people's financial situation but they did aim to prepare and support young people in living independently and management of money is a key issue in this area. The evaluation collected only limited information on participants' financial situation. However, there is some evidence that the pilots left young people feeling better able to manage their finances.

Importantly, 84% of young parents were recorded as being up to date with their rent or board payments at the point of leaving the project in the project monitoring. This represented a positive change since referral when only 77% were up to date with rent payments.

A similar finding was observed in the TPS2 as almost one third (30%) of TPS2 respondents reported that they were 'better off now' than before joining the pilot project, and only 7% reported being 'worse off', and 63% 'about the same'. When asked how they were managing financially, 35% of TPS2 respondents stated that they were 'doing aright' and 13% 'living comfortably'. However, more than one in five TPS2 respondents reported that they were either finding it 'very difficult' (7%) or 'finding it quite difficult' (16%), with a further 30% reporting that they were 'just about getting by' (Figure 5.4).

Figure 5.4: Current financial situation



Source: TPS2. Base: 199.

Debt remained a problem for a number of TPS2 respondents. A total of 16% were behind in payments for rent. One in five (22%) were behind in payments for household bills such as electricity, gas or water; 8% council tax; 3% credit or store cards; and 15% other debts.

Many teenage parent focus group participants reported anxieties about their financial situation, but greatly valued the support they had been given to manage their finances, particularly in learning to budget and deal with debt:

> *It's made me feel better in myself, with my budgeting and that. Like I was really bad but since I've had my mentor it's got a bit better and that because we've gone through together. (Teenage parent)*

Frontline staff believed that many service users were better equipped to manage their finances as a result of their participation in the pilot, but emphasised that a significant proportion would need ongoing support in this area. They also highlighted ongoing difficulties in encouraging young people to save. One support worker noted that efforts in this area were impeded by financial structures in supported accommodation schemes:

> *We've always felt to a certain extent when people are in supported housing the financial commitments are too easy for them ... everything they get goes in their pocket and that, to me, that is not empowering young people to become independent. (Frontline staff)*

Some grandparents mentioned that the project had helped their teenage children with sorting out benefits and also sometimes rent arrears or debts that they had:

They've shown her how to manage her money, how to economise with cooking. Just basic things of how to run a home cheaply...she can cook a right good meal now; she economises on everything. I should take some of them tips ... She shops around a lot. (Grandparent)

5.3 Overall difference to young people's lives

The survey respondents were asked how much difference they thought the pilot project had made to their lives overall. Their responses, shown in Table 5.7, show that the majority thought it had made either 'a big difference' (36%) or 'some difference' (36%). Clearly, although a subjective assessment, the vast majority of young people felt that the pilot projects had made a difference to their lives. That said, one in six (17%) thought it had made 'very little difference' and a further one in ten (11%) 'no difference at all'. It should be noted that many TPS2 respondents were still receiving support from the project so these figures might under-represent the proportion who will have felt an impact by the end of the pilot.

TPS2 respondents were also asked about the overall impact that the pilot project had had on their child(ren)'s lives. The majority reported that it made 'a big difference' or 'some difference' (29% and 30% respectively), but two in five thought it had made either 'very little difference' (10%) or 'no difference at all' (32%). The later finding probably reflects in part that the projects did not work directly with children and were rather targeted on the young person.

Table 5.7: Amount of difference pilot made to respondents and respondents' child(ren)'s lives

	Respondents (%)	Respondents' children (%)
A big difference	36	29
Some difference	36	30
Very little difference	17	10
No difference at all	11	32
Total	100	100

Source: TPS2. Base: 199.

TPS2 respondents noting that the pilot had made at least some difference to their own lives were asked what about the project had done so. As Table 5.8 shows, assistance with housing issues such as accessing, setting up and/or maintaining accommodation, was identified as influential by 17% of these young people. This factor was however slightly outweighed by having someone understanding/non-judgemental to talk to or help when needed (18%). Importantly, 14% reported improvements in their self-esteem, developed via project participation, had been key to making a difference to their lives. Other areas identified as influential included help with parenting (identified by 8%), accessing employment education or training and/or gaining qualifications (6%), meeting new people particularly other young parents (6%) and assistance with financial matters (4%).

Table 5.8: Attributes of the project that made a difference to respondents' lives

	%
Understanding and non-judgementalism of staff / having someone to talk to or help when needed	18
Help with housing	17
Building confidence and self-esteem	14
General support and information	12
Help with parenting (improving knowledge, skills and/or confidence)	8
Help with accessing employment/education/training or gaining qualifications	6
Meeting new people, especially other young parents	6
Help with finances (accessing benefits, budgeting, or paying bills)	4
Help with independent living skills	2
Something to do / getting out of the house	1
Other	4
Not specified	9
Total	100

Source: TPS2. Base: 140 respondents who thought pilot had made a difference to their lives

TPS2 respondents reporting that the project had made at least some difference to their child(ren)'s lives were asked what about it had done so. Their responses, shown in Table 5.9, show that opportunities for social interaction with other children (and adults) were identified by 22%, with a similar proportion (21%) noting that they were now better equipped with the skills necessary to bring their child up well. Other common responses included the provision of better, safer or more appropriate accommodation for children (17%) and participation in new activities and learning experiences that would otherwise be unaffordable or inaccessible (11%).

Table 5.9: Attributes of the project that made a difference to child(ren)'s lives

	%
Opportunities for social interaction with other children and/or adults (e.g. creche)	22
Parent(s) better equipped with skills to bring child(ren) up	21
Access to better/safer/more appropriate accommodation	17
New activities and learning experiences	11
Improved financial situation and long-term economic prospects	6
Parent(s) happier/less stressed so able to create a more relaxed environment	4
Other	4
Not specified	16
Total	100

Source: TPS2. Base: 103 respondents who thought pilot had made a difference to their child(ren)'s life

TPS2 respondents were also asked what single thing would make their life better. Their responses were recorded verbatim and categorised into a number of themes (see Table 5.10). The greatest proportion (32%) felt that their quality of life would be improved if they had more income and and/or greater financial stability. Housing issues were highlighted by 14% who believed life would be better if they could move into independent accommodation or a better quality or more spacious home. Other areas were highlighted by relatively small proportions of young parents, but included issues such as accessing paid employment and necessary childcare (6%), and improving their relationship with the other parent of their

child(ren) (5%). A total of 7% of respondents were however satisfied with how things were and could not identify anything that would improve their quality of life.

Table 5.10: The single thing that would make life better just now

	%
Finances: more income, greater financial stability, debt reduction	32
Housing: own independent or larger/better house/flat	14
Employment: obtaining paid work and appropriate childcare	6
Relationships: improved relationship with child's other parent or greater input from him/her in bringing up child	5
Professional support: more support from professional agencies	4
Education: increasing participation in education/training	3
Access: increased access to child(ren)	2
Transport: learning to drive or getting a car	1
Nothing: satisfied with life as things are	7
Other: other response	5
Don't know / not specified	23
Total	100

Source: TPS2. Base: 199.

The vast majority of teenage parent focus group participants reported that the TPSH had had a positive impact on their lives, with several pointing out that its impact had been quite profound. Many were very anxious about how they would cope after the TPSH ended and they could no longer call upon their support worker, mentor or other staff for help:

> *I've just changed so much since I've been going to these groups. I used to take lots of drugs and stuff and be a little madam. I'm a different person now. Its coz of the way they treat us. They don't judge me or anything ... I don't know what I'd do without them. (Teenage parent)*

> *If I didn't have ... these guys I think I'd probably be on the streets. They've helped me get my flat, helped me get my money ... I started off with nothing. I had nobody. It started my life for me at the end of the day. I didn't know where to go to get a house, where to get milk, where to get clothes ... and these guys came along and made it so much easier. (Teenage parent)*

> *If this was taken away I honestly don't know what I'd do. (Teenage parent)*

Only a few teenage parent focus group participants felt that the project's overall impact on their lives had been negative. All such cases were young parents who resented the increase in social work intervention after they became involved with the pilot[23]:

[23] It is important to note that this does not imply the social work interventions were in any way inappropriate or unnecessary, but rather that these particular young parents resented the perceived imposition of professionals in their lives.

The staff here are all against me, they're all on social services side ... [The project has] made my life worse. Before I moved in here I didn't have social services, nothing. I move in here and my life's gone downhill. (Teenage parent)

Staff and stakeholders confirmed that they had witnessed many service users undergo something of a positive 'transformation' since accessing the pilot, particularly as regards self-esteem. They also emphasised that one of the greatest overall impacts had been better coordination of services, such that teenage parents were far less likely to 'slip through the net' of service provision:

I think it would be very hard for a young parent to fall through the net at the moment in [name of area], whereas it never used to be like that. So I think that's something I can say from working with teenage pregnancy from years ago to now, is that very few young mums would slip through the net now. (Stakeholder)

Staff and stakeholders supporting teenage parents with the greatest support needs did nevertheless note that some of the outcomes hoped for had not been achieved. For some of their clients, intensive support was necessary just for them to 'cope' with being a parent and to maintain their accommodation:

There's the work that you really want to do, because that's what the project was set up to try and achieve, so kind of education and aspirations and those kind of outcomes. But actually it's just kind of managing their emotional wellbeing and making sure that they're sticking to their [child protection] plan and coping with being new parents... That seems to be what takes up most of the support workers' time... (Project coordinator)

The vast majority of grandparent interviewees reported that the project had had very positive impacts on their adult children's lives. For example, one person felt that her daughter would have 'fallen to pieces' without the help received. Some said that they thought their children would have achieved similar outcomes but not as quickly or assuredly without pilot support. Some parents however felt that their children had not needed so much help and thought the support would be more valuably targeted at those with little or no family support:

It's probably an extra good thing for people who do not have families about to support them, I would think anybody that is on their own... absolutely wonderful for them... (Grandparent)

In contrast, in one or two cases the grandparents felt that the end outcome had not been as positive as it could have been because levels of support had not been high enough. This was particularly true of projects offering lower intensity support:

...the outcome at the end of it, I don't think it did much help at all, I think they needed more support than what they actually did get. (Grandparent)

5.4 Comparison with Supporting People outcomes

This section of the report draws comparisons between service outcomes for teenage parents using services funded under Supporting People arrangements during 2009/10 with service outcomes for teenage parents using the pilot projects. Supporting People was a central government funding stream for the provision of housing related support to vulnerable groups. The ring fence for the funding was removed by central government in April 2010, but many local authorities still run 'Supporting People' programmes. Appendix 4 provides more detail on the Supporting People data.

The Supporting People programme has provided funding for floating support and residential services for teenage parents and therefore a comparison with Supporting People potentially provides some evidence on whether the pilot added any value compared to existing services. Although Supporting People supports teenage parents accessing a range of different services, this analysis focuses just on teenage parents accessing specialist housing support services for teenage parents to ensure maximum comparability. However, two important caveats to this analysis should be noted. The Supporting People outcomes data are largely generic: designed to report on a range of needs that any and all forms of housing support services (regardless of client group) will tend to have as service delivery objectives. Outcomes of interest as regards teenage parents (e.g. related to breastfeeding, improved parenting, access to childcare, support from the other parent, children's health and so on) are not recorded. Secondly, Supporting People outcomes data are recorded by support staff as part of funding contracts so there is a built-in incentive to record positive outcomes however partially they may been achieved. (This criticism might also be levelled at the project monitoring for the pilot projects).

This section of the report starts by examining the support needs and outcomes recorded for pilot participants in the project monitoring data. This information is then compared to Supporting People data on support needs and outcomes. Finally, this section compares housing outcomes for Supporting People clients and pilot participants in more detail.

5.4.1 Support needs and outcomes for project participants

Table 5.11 identifies the full range of support needed and received by those leaving the pilot projects (columns 1 and 2) as recorded in the project monitoring by support staff. As can be seen, the support received tended to mirror quite closely the support needed by the young people. Table 5.11 also shows (3rd column) the extent to which the support needs identified were met by the projects.

The pilot projects recorded support being provided in six key areas. Firstly, project staff reported that over half (54%) of young people needed support with maximising their income, and 100% achieved a positive outcome here. Secondly, staff reported that 48% of young people needed support with developing their confidence and their ability to have greater choice, control and involvement in their lives, and again 100% were recorded as achieving a positive outcome in this area. Thirdly, staff reported that approaching half (49%) required support with participating in training and/or education – with 71% recording a positive outcome in this area. Fourthly, it was also considered that nearly four in ten (38%) young

people required support with improving their parenting skills – and again 100% recorded a positive outcome here. Fifthly, a similar proportion (38%) required help with maintaining accommodation – and here a positive outcome was recorded for 74% of the young people leaving the project. Finally, about a third (33%) of young people needed support with establishing contact with external services, with 80% recording a positive outcome. Overall, Table 5.11 reports quite high success rates in most areas. However, only a minority of those with identified needs in relation to paid work and work-like activity achieved positive outcomes (see Section 5.2.2 for further discussion on why this might be).

Table 5.11: Support needed, received and outcomes achieved, pilot leavers

	Support needed (%)	Received support in this area (%)	% with identified need achieving positive outcome
Maximise/d income, including receipt of the correct welfare benefits?	54	58	100
Reduce/d their overall debt?	17	15	76
Obtain/ed paid work?	20	8	28
Participate/d in training and/ or education?	49	46	71
Participate/d in leisure/ cultural/ faith and/or informal learning activities?	26	30	95
Participate/d in any work-like activities e.g. voluntary work?	13	5	39
Establish/ed contact with external services?	33	36	80
Establish/ed contact with family and/ or friends? *	11	17	100
Better manage/d their relationship with any partner? *	15	20	100
Better manage/d their physical health?	8	6	63
Better manage/d their mental health?	14	15	82
Better manage/d any substance misuse issues?	4	6	73
Stop/ped smoking?*	11	8	32
Better manage/d the health of any children?*	11	11	64
Breast-feeding/fed?*	5	4	82
Maintain/ed their accommodation and avoid/ed eviction?	38	37	74
Address/ed any offending behaviour?	4	4	89
Develop/ed confidence and ability to have greater choice/ control /involvement?	48	58	100
Improve/d their parenting skills?*	38	44	100

Source: project monitoring. Base: 257. Asterisks are used to identify outcomes that are not recorded in Supporting People data (see below) but were added to the project monitoring data for the purposes of this evaluation.

5.4.2 Comparing support needs of project participants with Supporting People clients

Table 5.12 allows consideration of the extent to which the pilot projects and the Supporting People funded specialist housing support services for teenage parents were dealing with groups of teenage parents with similar needs (as assessed by project staff)[24]. As can be

[24] See Appendix 4 for comparison of the demographic characteristics of Supporting People users vs. pilot participants

seen there were some differences in assessed needs: the pilot projects were quite often identifying support needs at a different rate than that reported by specialist housing support services for teenage parents. Support needs linked to maximising income, promoting external contact with services or friends and family and the promotion of physical health were reported less often by the pilot projects. The pilots were however more likely to report needs around informal learning and related activities and a need to secure paid work. Assessments of some indicators of needs, for example substance misuse and mental health, were closer.

Table 5.12: Identified support needs teenage parents who had exited pilot projects compared with service identified needs among teenage parents who had exited specialist housing support projects for teenage parents

Identified need	% with identified need		
	Pilot projects (%)	Specialist housing support for teenage parents (%)	Difference
Maximise income	54	93	-39
Reducing overall debt	17	38	-21
Obtain paid work	20	5	+15
Enter training/education	49	60	-11
Leisure/Cultural/Faith/Informal Learning	76	60	+16
Work-like activities	13	8	+5
Contact External Services Friends/Family	32	69	-37
Promotion of physical health	8	40	-32
Promotion of mental health	14	24	-10
Manage substance misuse	4	7	-3
Maintain accommodation	38	65	-27
Show confidence and choice	48	70	-22

Source: Supporting People Outcomes Data. Analysis by St Andrews University. Also project monitoring. All percentages are rounded. Base: pilot projects 257; specialist housing support for teenage parents 581.

It is important to restate that this is a partial comparison. The Supporting People outcomes data are generic, designed to report on a range of needs that any and all forms of housing support services (regardless of client group) will tend to have as service delivery objectives. A key component that is missing from the comparisons undertaken with the Supporting People funded services is that no record of needs associated with pregnancy or looking after children is recorded in the outcomes data.

5.4.3 Comparing outcomes of project participants with Supporting People clients

In terms of reported outcomes achieved, a comparison of the pilot participants and Supporting People clients reveals a mixed picture (Table 5.13). The pilot projects appeared to be performing marginally better than the Supporting People funded specialist housing support services for teenage parents in terms of achieving positive outcomes on debt reduction, choice and confidence, and substance misuse management. Performance also seemed to be higher in relation to informal learning and contact with family and friends. The pilot projects and specialist housing support services for teenage parents performed similarly

well in terms of achieving positive outcomes in relation to income maximisation and training and education. However, in respect of outcomes relating to maintaining accommodation, management of physical health, paid work and work-like activities the performance of pilot projects seemed marginally worse. All of these outcomes comparisons should be treated with caution given that they are based on project workers' assessments of whether outcomes were achieved rather than any objective measure of the quality of the outcome realised.

Table 5.13: Service outcomes for teenage parents who had exited pilot projects compared with service outcomes for teenage parents who had exited specialist housing support projects for teenage parents

Outcome	% with identified need achieving outcome		
	Pilot projects (%)	Specialist housing support for teenage parents (%)	Difference
Maximise income	100	95	+5
Reducing overall debt	76	37	+39
Obtain paid work	28	41	-13
Enter training/education	71	69	+2
Leisure/Cultural/Faith/Informal Learning	95	84	+11
Work-like activities	39	72	-33
Contact External Services Friends/Family	80	89	-9
Promotion of physical health	63	88	-25
Promotion of mental health	82	75	+7
Manage substance misuse	73	58	+15
Maintain accommodation	74	80	-6
Show confidence and choice	100	85	+15

Source: Supporting People Outcomes Data. Analysis by St Andrews University. Also Project Monitoring. All percentages are rounded. Base: pilot projects 257; specialist housing support for teenage parents 577.

5.4.4 Comparing housing outcomes with the pilot projects

Direct comparison of particular housing outcomes for teenage parents using the pilot projects with teenage parents using Supporting People funded services was possible. Again, in order to make the most direct comparison Table 5.14 compares housing outcomes for the teenage parents who had exited the pilot projects with those for teenage parents who had exited specialist housing support services for teenage parents.

There was close similarity between the housing outcomes reported by the pilot projects and those reported for specialist housing support services for teenage parents. The use of local authority tenancies pre-dominated, perhaps surprisingly in a context in which a substantial part of the former council housing stock in England has been transferred to housing associations (26% of teenage parent housing outcomes for pilot projects and 31% for specialist housing support services for teenage parents). This was followed by the use of the private rented sector and then by housing associations. Differences in respect of other housing outcomes between the pilot projects and specialist housing support services for teenage parents were marginal.

Table 5.14: Housing outcomes for teenage parents who had exited the pilot projects and specialist housing support services for teenage parents

Housing Outcome	Pilot projects (%)	Specialist housing support for teenage parents (%)	Difference
Local authority general needs tenancy	26	31	-5
Private sector tenancy	19	16	+3
Housing association general needs tenancy	16	13	+3
Living with parents	17	13	+4
Living with friends	2	5	-3
Supported housing	1	3	-2
Other	19	19	0

Source: Supporting People Outcomes Data for users of accommodation based services. Analysis by St Andrews University. Percentages are rounded. Base: pilot projects 257; specialist housing support for teenage parents 581.

6 What did the Pilot Projects Cost?

Key Findings

- The central government grant to each of the seven pilot areas was, with one exception, similar to the resources requested in each of the local authorities' original proposals. The grants ranged from between £277,000 and £700,000 over the two and a half year period.
- An important part of the pilot services provided in each authority was some type of 'floating' staff group. They supported teenagers in a range of accommodation types; living with their parents, their own tenancies, and existing specialist hostels. The cost per contact hour for floating staff support ranged from between £46 and £60.
- TPS1 data collected towards the end of Year 1 of the pilot were used to calculate the cost per service user of pilot and non-pilot services used since they joined the pilot. The mean weekly cost for pilot services was £112 (range, £4-£934) and was £22 (range £0-681) for non-pilot services such as health care, child/teenage parent services such as Children's Centres, and social care.
- TPS2 data collected towards the end of Year 2 of the pilot were used to calculate the cost per service user of pilot and non-pilot services used in the previous three months. The mean pilot service cost for these young people was £97 per week, although again there was a wide range from those who had used no supports (at a cost of £4 for a proportion of the overarching project cost for a recent referral) to just over £2,000 per week.
- The TPS1 data also reported use of generally available (non-pilot) services in the three months prior to joining the pilot for 147 young people. General practitioners (GPs) were commonly used (67%) as were out-patient services (37%), health visitors (43%) and connexions advisors (34%). Mean costs per week for all public sector services was £110 per person (range £0-£938).
- Comparison between the pre-pilot, pilot Year 1 and pilot Year 2 data must be made with care, not least because the TPS1 and TPS2 surveys capture different samples but also because the time period over which service use was measured was not consistent. Analysis of the available data suggests that the pilot services were likely to have added to the existing service array, complementing rather than substituting for existing services. There was no evidence to suggest that pilot services improved access to generally available health and social care services. Take up of these services was lower pre-pilot compared with TPS1 but about the same as pre-pilot as at TPS2. The reasons for this are unclear.
- Although total costs (pilot plus other services) appear higher for TPS2 (Year 2) respondents compared with TPS1 (Year 1) respondents, there was some indication that the costs of pilot supports were slightly lower at TPS2. It is not possible to determine whether this is due to lower needs of the young people supported in Year 2 or lower levels of support provided because the pilots were more likely to be operating at a higher capacity.

This chapter presents information about the way the TPSH pilot grants were used by local authorities to provide enhanced support to teenage parents and parents-to-be. It first looks at *services*, identifying the DfE funding and the unit costs for the pilot services using costs information from the projects and the project monitoring data. It then looks at *individuals,* identifying the support received by teenagers responding to the teenage parent surveys and the associated costs. These are set alongside the use made (and cost) of services that more widely available in the local area such as GPs, mental health services or social workers.

6.1 Approach to cost analysis

One of many questions that national and local decision-makers face when considering how to support a particular section of the population is deciding how best to spend their scarce resources.[25] Another question might be stated thus; if I spend £N today, will it mean reduced expenditure or costs in the future?[26] While the answers to these two questions should form an important part of decision-makers' evidence base, they are hard to come by requiring detailed comparative, prospective studies – preferably over a long period – of the effects (impact) of the various interventions and services, and the costs to society. In this study we begin to address these important questions by setting out how pregnant teenagers and teenage parents are supported, and the costs of that support to the public sector.[27]

The main sources of data for the individual level service use and cost analysis have been the Teenage Parent Surveys 1 and 2 (TPS1 and TPS2). As outlined in Appendix 2, TPS1 data included 162 young people recruited to the project by early February 2010. TPS2 data were collected from autumn 2010 onwards and captured a sample of 199 young people receiving support from the seven pilot authorities. Only 60 young people took part in both TPS1 and TPS2, and with nearly half coming from just one project area, we have been unable to undertake any longitudinal analysis or to explore the links between costs and outcomes. The sample sizes also limit the potential for between-authority analyses and so none of the cost-related results should be interpreted as having implications for particular pilot authorities or their provision.

---

[25] Resources are always scarce because there are many more needs and demands than the available resources could possibly address. The national economic down-turn means resources are even further constrained.

[26] For an example of these types of analysis see M Knapp, D McDaid, M Parsonage (2011) *Mental Health Promotion and Mental Illness Prevention: the Economic Case*, Department of Health, London, which underpinned the recent cross-government strategy *No Health without Mental Health*. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126085

[27] We had also hoped to provide a picture of provision (and costs) before and after the pilots came on-stream. However, only three local authorities provided any information on the 'before' picture of specialist services for teenage parents, ranging from no specialist support to a coherent strategy that had insufficient resources. Thus the only conclusion we could draw is one of tremendous variation in starting points and contexts for the pilots. Only one local authority provided any information about the availability and use of non-pilot teenage parent resources once the pilot services were implemented.

Data were collected in TPS1 and TPS2 on services and supports used by the young people, both those services generally available and those provided as part of the pilots funded by the DfE. For each service, a unit cost was required so this could be multiplied by the amount of use each young person made of each service and the cost of their 'support package' estimated. For the general services (as provided by hospitals, the local social care services, community health services, etc), we drew unit costs from publicly available sources such as the annual PSSRU compendium of unit costs (Curtis, 2010) or NHS Reference Costs.[28] In the surveys, young people were also asked about their use of the specific services that had been funded through the DfE grant for the pilot. For each of these services a unit cost was estimated using a mixture of information on the level of DfE pilot funding, the original proposals, information from the pilot authorities requested through emails and additional forms, and the monitoring system that was used in all pilot areas (see Appendix 2).

The main source of data on individuals' service use and subsequent cost estimates is, therefore, based on recall. There is some research evidence to suggest that recall matches moderately well with health care records periods (Ford *et al* 2007; Hoagwood *et al*, 2000; Patel *et al* 2005). While there is no agreement between these studies as to whether patients report more or fewer contacts than case records or billing databases, there is some evidence to suggest there is less concordance when participants are asked to recall service use over longer time periods. Case notes and billing records, however, rarely report duration of contact so could generate less accurate cost estimates than where data can be obtained from users or carers. In this study, we were unable to compare the recall data with other sources; the survey data were anonymous so no link could be made with the monitoring data[29] or with other health and social care case records or notes.

Given the available data and the limitations described above, four questions were addressed:

- How much did each pilot project cost? What did it provide and what are the unit costs?
- What services did the TPS1 respondents report using while supported by the pilot projects? What were the associated costs?
- What services did the TPS2 respondents report using? What were the associated costs?

[28] See for example www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

[29] The monitoring data recorded whether a young person had used a particular pilot project support, but not how much of it had been used. While anonymity in the surveys was designed to protect the young people, it also means that we do not know if those who responded were representative of those using the pilot project supports. Neither do we know if the teenagers using the pilot projects were representative of all teenage parents in England. This caveat should be remembered as the results of the following analyses are presented and discussed.

- What support and services did young people report using during the three months prior to receiving support from the pilot projects? What were the associated costs?

6.2 How much did each pilot project cost? What did they provide and what are the unit costs?

These two questions are linked but allow us to address separate issues. First, the pilot authorities aimed to increase provision for teenage parents; how much did this cost? Second, how did individuals use these and other services provided in the area? What 'mix' of services did each teenage parent use? And how much did these 'support packages' cost?

Addressing each question requires a considerable amount of data. Ideally this includes an account of how the DfE grant allocation was spent each year and detailed information on the activities undertaken within this budget, plus information about any other resources the agency contributed from other finance streams, and whether any of the partner organisations also provided finance or other resources to support the pilot project (see, Beecham et al 2010 for an example in mental health service development). These 'other agency' contributions may be considered to be quite small but can add up over time (for example, the time costs of attending regular meetings). Other contributions can be quite large but may be 'hidden' as they are part of the usual service array; perhaps obtaining housing for pilot project participants through the local authority housing department, which in turn are funded through housing benefit.

Unfortunately, few of these 'other agency' inputs were reported by the pilot authorities and therefore could not be captured in our cost analyses. Moreover, only one of the pilot areas was able to provide disaggregated information on the way they spent the DfE grant allocation for the pilot, and (some of) their additional costs. Three areas provided partial information on other resources drawn from the lead agency or from another agency. None of the pilot areas provided information on workloads or staff activities.

6.2.1 How much did each pilot project cost?

A description of each of the pilots is given in Chapter 2 and the information is not repeated here in any detail. Table 6.1 shows the DfE allocations to the pilot areas for each financial year.

Table 6.1 Annual allocations to the pilot authorities

Financial year	Pilot A	Pilot B	Pilot C	Pilot D	Pilot E	Pilot F	Pilot G
2008-2009	£5,180	£19,000	£0	£25,410	£16,300	£15,600	£17,000
2009-2010	£149,085	£198,137	£189,319	£179,779	£345,896	£161,954	£160,500
2010-2011	£123,174	£220,578	£192,962	£169,800	£339,296	£165,120	£167,000
Total	£277,439	£437,715	£382,281	£374,989	£701,492	£342,674	£344,500

With the exception of one area, the amounts allocated were broadly in line with the budget each LA set out in their proposal, although Pilot E was allocated around £148,000 less than requested in their original proposal. Pilot C did not request any funds for the first financial

year. The grant was paid in six-monthly instalments. Each month pilot areas were asked to report against their budget any likely under- or over-spend, but were not requested to submit detailed financial accounts on how they had spent the money. Generally the first year allocation (2008-2009) was under-spent as the funding was not made available until March and the pilot areas could not set up the projects in the final weeks of that financial year (see Chapter 2). Early implementation of initiatives tends to be slow. For example, many of the Sure Start Plus projects were not fully operational for a year after funding began (Wiggins et al, 2005). However, these pilots were operational by summer 2009, having the structures in place and staff and peer mentors recruited. The first referrals recorded on the monitoring system for two pilot areas were in January 2009, four pilot areas were taking referrals from June/July and one from September. In fact, the monitoring data for one of the early start pilots had five teenagers with referral dates in 2008, but assessment data were sparse for this group.

Most of the budgets set out in the proposals included only direct costs (that is, costs directly linked to provision of the services identified in the proposal) and, of course, much of the budget was allocated to staff, usually one or two project managers or team leaders and then varying numbers of staff to support the teenage parents such as key workers, (housing) support workers, floating staff, or (peer) mentors. Three pilot areas included items in their budget resources that reflect some overheads – a management fee, central core costs, or the support services SLA – but none appear to include any wider agency overheads. The cost data presented here, therefore, are likely to be an under-estimate of the full costs of implementing such innovative services. It is difficult to estimate the size of this shortfall but recent calculations across more than a dozen local authority social services departments suggests that direct overheads (administration, management, office costs, training and premises) may comprise an additional 29% of salary costs, and indirect overheads (for example, general management and support services such as the finance and human resources departments) absorb a further 16% of salary costs (cited in Curtis, 2010).

6.2.2 What did each pilot provide and what are the unit costs?

In estimating unit costs, the aim is to achieve the closest approximation of long-run marginal opportunity costs[30]. This requires accurate data on revenue (year-on-year) expenditure that is directly related to the service, information about the use and value of any capital components (building and equipment) and a figure that represents the costs to the provider agency of the management, finance, personnel etc. functions that maintain the agency and its services, commonly referred to as overheads.

[30] Long-run marginal opportunity costs aim to estimate the costs of adding one more user to the system. Thus while short-run marginal costs in, say, a day nursery might involve the costs of another bean bag, another coat hook and a bit more juice, if too many children were ‘squeezed’ into the existing nurseries, the quality of care would be compromised. Long-run marginal costs aim to include all the items required to expand the service such as more staff time, and additional building space and agency overheads.

However, as described above, the pilot authorities rarely returned data on the way that the DfE grant was spent. Unit cost estimations, therefore, are derived from information in the original project proposal, a record of the annual DfE grant allocation and the monitoring dataset. In addition, we used the survey data to identify the specific pilot services for which we required unit costs. Where necessary we also used information on contracted working hours and the ratio between contact and non-contact time from the most recent volume of nationally applicable unit costs (Curtis, 2010). Unit costs from this volume were used for other generally available services that the survey respondents reported using such as general practitioners, hospital services, mental health services, etc. Where necessary, prices have been adjusted to 2009-2010 values using the PSS inflation index (Curtis, 2010).

For the pilot services that survey respondents reported using we could usually estimate a specific local unit cost. This was particularly important for the housing support workers, key workers, (peer) mentors, and other staff who provided the main source of support for the young people. For such services, the salary figure (commonly including the salary on-costs and travel costs) reported in the original proposal was used, estimated as a cost per contracted hour and then adjusted to reflect contact time. Other services where a specific unit cost was estimated are also listed in Table 6.2 below.

The remaining DfE grant, for services and supports for which data were not requested in the survey, were summed and an Overarching Project Cost calculated. This included items such as the project co-ordinator, office costs, a budget allowed for client activities, any agency overheads identified separately. For these we assume each young person used an 'average' amount and have calculated a 'cost per project user day' that can be then be applied to each young person's support package (as recorded on the survey) for each day that they received support from the pilot.

6.2.3 Results

Table 6.2 shows the unit costs employed for our analysis of the survey data. Here we have grouped activities which are broadly similar across the pilots to maintain project confidentiality. Thus 'floating support' includes key workers and (housing) support workers from the different pilot authorities, despite their different skills, professional bases and way of working. Similarly the category 'mentors' includes peer mentors, adult mentors and buddies and this unit cost also includes organising these supports. Training courses form another category and includes, for example, money management, media courses, and peer education courses.

Table 6.2 Unit costs for project supports, 2009-2010 prices

Support	Pilot A	Pilot B	Pilot C	Pilot D	Pilot E	Pilot F	Pilot G
Overarching project cost[1]	£3.50	£16.00	£10.00	£1.00	£4.50	£0.50	£6.00
Individual user cost		£5,146[6]					
Floating support[2,3]	£58.00	£52.50		£55.00	£59.50	£46.00	£50.00
Life coach[3]		£68.50			£75.50		
Mediation/counselling	£427 pc[4]						£100.00[8]
(Peer) mentor[3], (e-)Buddy			£21.00	£57.50	£23/£263		
Group work		£28.50[7]				£28.50[7]	
Health drop-in per person							£16.30
Training course per person[5]	£339			£4,043	£80		£50/£833
Leisure activities per person							£127.50
Child care per child session							£28
Starter packs	£187						
Housing bond/advance rent	£814						
Laptop					£603		

Notes:

1.Cost per user day. Different items are included for each pilot authority. All costs rounded to £0.50

2.Includes teen parent worker, key worker, and housing support worker. Excludes the costs of volunteer time.

3.Cost per hour of face-to-face contact. No mention of peer mentors were made in the proposal for Pilot E but contact was reported in the Survey. We have used the cost for Pilot C adjusted for location.

4.Price per treatment course for mediation/counselling.

5 Includes the cost per person per course for access to housing, media, parenting, money skills, and cost per trained and supported peer educator.

6.Fixed cost for each pilot user on entering accommodation linked to the project.

7.Cost per attendee for each group session.

8.Price per session of mediation/counselling.

Within these categories, there is some variation between the pilots in their unit costs. For example, the 'floating support' costs show a £12 variation in costs per contact hour, from between £46 and £58. In this case it is mainly to do with the different salary levels paid to the support workers as a similar range of costs (as specified on the DfE proposal form) are likely to be included. The variation in the training costs tends to be due to the course content as well as the number of weeks the course lasted, and for one project (Pilot D) the costs includes supporting the peer educators. There is most variation in the overarching project cost; between £0.50 and £16 per user day. This, as explained above, is partly a function of the extent to which we disaggregated the budget elements to particular services and partly a function of the number of pilot project users recorded on the monitoring dataset and the period over which they had been supported. It was possible to identify a specific unit cost for child care for one pilot area. Where other pilots provided child care this has been included in the overarching project cost.

In the next sections, the unit costs for pilot services and those for wider services are applied to the survey data. The amount of service that each person uses (how many contacts and for how long) is multiplied by the unit cost for each service or support within that pilot area. These are summed to arrive at the cost of each participant's support package.

6.3 What services did the TPS1 respondents report using since they joined the pilot? What were the associated costs?

To address this question we use the TPS1 data and, for all respondents possible, we show their use of the support provided through the pilots since joining the pilot and their use of the wider range of services that are available to all local authority residents. Table 6.3 shows the number of TPS1 respondents with service use data by pilot authority area.

Table 6.3 Number of TPS1 respondents with service use data

Wave 1 Survey data on…	Pilot A	Pilot B	Pilot C	Pilot D	Pilot E	Pilot F	Pilot G	Total
Weeks in pilot: mean	17.5	14.5	7.4	24.6	17.9	22.3	13.1	20.1
: range	1-109[2]	9-31	2-13	1-78[2]	3-52	4-57	1-39	1-109
Use of pilot supports[1]	21	6	6	62	14	38	15	162
Use of non-pilot supports	20	6	5	53	13	36	14	147
Pilot & non-pilot supports	20	6	5	53	13	36	14	147

Notes

1.Number of young people. This includes 17 young people who did not use any pilot services.

2.These appear to be very high values (20-28 months) for the Wave 1 data given that most pilots were not operational until 3.summer 2009 and the survey interviews were held between November 2009 and February 2010. However, the monitoring data provide some support by showing some very early referral dates; June 2007 (one young person); July to December 2008 (5); January to May 2009 (15). Two referral dates in 1989 and 1991 we have assumed are transposed birth dates.

The TPS1 respondents were asked to what extent they had used a specific and named set of two or three pilot supports that were available in each area and provided through the pilot, this included contact with the local form of 'floating support'. Thus using the TPS1 data and the sample reported in Table 6.3 we can identify the components of the young people's support packages after referral to the pilots.

Table 6.4 identifies the pilot project components and the proportion TPS1 respondents using each service. At least two-thirds of the respondents in each of the pilot areas had used the various forms of 'floating support' or (peer) mentors. Other staffed supports, although used by a lower proportion of young people, were also important, particularly the various training courses, used by 67 respondents (41%). In Pilot A, starter packs and housing bonds played an important role for nine young people.

Table 6.5 summarises the data on the use of pilot services into three categories (see Table 6.4; floating support, other staffed support and specific supports) and includes the overarching project cost category, used by 100% of all participants. This table also shows the extent to which these young people were supported by other, more generally available services in the community. It is important to note that the young people may have been in contact with pilot services for different (sometimes quite short) time periods but even so the most commonly used services – the health visitor – was only seen by 20% of the sample. Children's Centres were relatively commonly used at 17% of the sample. Primary care, mental health and social care services were, perhaps surprisingly, rarely used by this sample.

Table 6.4 Use of pilot services; Wave 1, since joining the project

Support	Pilot A n=21 N using; %	Pilot B n=6 N using; %	Pilot C n=6 N using; %	Pilot D n=62 N using; %	Pilot E n=14 N using; %	Pilot F n=38 N using; %	Pilot G n=15 N using; %
Floating support	17; 81%	6; 100%		26; 42%	12; 86%	30; 79%	10; 67%
Other staffed support							
Life coach		6; 100%			3; 21%		
Mediation/counselling	2; 10%						
(Peer) mentor, (E) Buddy			3; 50%	15; 24%	2; 14%		
Group work		5; 83%				3; 8%	
Health drop-in							12; 80%
Training/course I	1; 5%			26; 42%	8; 57%		11; 73%
Training/course II					11; 79%		12; 80%
Specific supports							
Leisure activities							6; 40%
Child care							
Starter pack I	8; 38%						
Starter pack II	9; 43%						
Housing bond/advance rent	9; 43%		1; 17%				
Laptop					6; 43%		
Personal budget							

The final two columns in Table 6.5 show the summarised cost data. These are presented as weekly totals per person to adjust for the different amounts of time that young people have been supported by the pilot services. As all respondents are supported by the pilot projects they have all been allocated an Overarching Project Cost according to the number of days they reported being supported by the pilot.

Table 6.5 Use of pilot and non-pilot services since joining the project (TPS1), and weekly costs

Service	N using	%	Costs per person per week: Mean £ (sd)	Costs per person per week: Range £
Overarching project cost	162	100%	£30 (101)	£4 - £668
Floating support	101	62%	£21 (38)	£0 - £301
Other staffed support	82	51%	£51 (113)	£0 - £929
Specific supports	29	18%	10 (41)	£0 - £408
All pilot costs (n=162)			£112 (166)	£4 - £934
Hospital			£0 (1)	£0 - £11
Inpatient	n/a	n/a		
Outpatient	n/a	n/a		
A&E / MIU	8	5%		
Primary care			£1 (2)	£0 - £18
GP	11	7%		
Dentist	10	7%		
Optician	5	3%		
Child / teenage parent			£10 (59)	£0 - £681
Baby clinic	15	10%		
Health visitor	30	20%		
Family nurse	3	2%		
Children's Centre	25	17%		
Mental health			£1 (10)	£0 - £102
Counsellor	4	3%		
Other mental health	4	3%		
Social care			£10 (38)	£0 - £320
Drug / alcohol worker	3	2%		
Connexions	9	6%		
Social worker	5	3%		
YOT	0	0%		
Key worker	20	14%		
All non-pilot costs (n=147)			£22 (73)	£0 - £681

Looking at the mean costs per person per week, the pilot services are bearing the major part of the costs of supporting the teenage parents and their children. At £112 per week, mean pilot service costs are about five times higher than costs for other public sector services, and absorbed 84% of the total cost of pilot plus other services.[31]

The final column in Table 6.5 shows the range of costs; the mean cost disguises the way some teenagers make very little use of services and others require considerable support.

[31] Note that this is calculated for the 147 teenagers who reported use of both pilot and other services.

For example, costs for 50 respondents were less than £50, and for ten respondents total costs exceeded £400. Perhaps of concern is that some young people supported by the pilots report having no contact with the floating support workers (£0). Table 6.4 suggests this is most likely to occur in Pilot C (although note that half of the six TPS1 respondents from this area have had contact with peer mentors) and Pilot D where only 42% of the 62 respondents reported seeing their floating support worker.

6.4 What supports did the TPS2 respondents report using? What were the associated costs?

Respondents in TPS2 were asked about the various supports and services they had used. For this survey our period of interest was the three months prior to the interview. As with TPS1, the questionnaire included questions covering both specific supports provided through the pilots and the services usually available in the area. However, we only have data on use of these latter supports for those young people who also took part in TPS1 (60 young people). We know about the use of pilot supports by all TPS2 respondents (199).

The TPS2 data are dominated by respondents from two pilot authorities (D and F), with participants from these areas each forming about a third of the TPS2 sample (see Appendix 2).

Table 6.6 Number of TPS2 respondents with service use data

Wave 2 Survey data on…	Pilot A	Pilot B	Pilot C	Pilot D	Pilot E	Pilot F	Pilot G	Total
Weeks in pilot: mean	28.1	42.9	13.8	26.7	37.0	31.4	29.3	29.1
range	2-52	17-52	7-17	2-52	-	2-52	2-52	2-52
Use of pilot supports[1]	28	9	7	67	2	64	22	199
Use of non-pilot supports	7	4	1	28	2	12	6	60
Pilot & non-pilot supports	7	4	1	25	2	12	6	57

Notes

1.This includes 21 young people who did not use any pilot services

Table 6.7 shows that as with the first survey, most TPS2 respondents reported using the local form of floating support. The proportion drops to around a third for Pilot D, but this is supplemented by support from (peer) mentors (22%). Training courses were again used by relatively high numbers, 64 young people (32%). Use of other pilot services specifically asked about in the survey was more sporadic, although help when moving into a new home again formed a core of support in Pilot A.

Table 6.7 Use of pilot services; three months prior to TPS2

Support	Pilot A n=28 N using; %	Pilot B n=9 N using; %	Pilot C n=7 N using; %	Pilot D n=67 N using; %	Pilot E n=2 N using; %	Pilot F n=64 N using; %	Pilot G n=22 N using; %
Floating support	23; 82%	9; 100%		23; 34%	2; 100%	60; 94%	13; 59%
Other staffed support							
Life coach		9; 100%					
Mediation/counselling	3; 11%						
(Peer) mentor, (E-) Buddy			6; 86%	15; 22%			
Group work		8; 89%				1; 2%	6; 27%
Health drop-in							9; 41%
Training/course I				35; 52%	2; 100%		8; 36%
Training/course II	7; 25%				2; 100%		1; 5%
Training/course II							9; 43%
Specific supports							
Leisure activities							11;50%
Child care							
Starter pack I	7; 25%						
Starter pack II	9; 32%						
Housing bond/advance rent	9; 32%		3;43%				
Laptop					2; 100%		
Personal budget		7; 78%					

The first part of Table 6.8 summarises the information on use of pilot project services into three broad categories (floating support, other staffed services, specific supports), and the overarching project cost category. Across all projects, floating support was used by just under two-thirds of the respondents and other staffed support by four in ten respondents. About one fifth have used some of the specific supports recorded in Table 6.7. The last two columns show the costs for three months support by pilot service category, including the overarching project cost. At the mean, and despite the higher proportion of young people using the floating support, it is the 'other staffed support' category that absorbs at least half of the total pilot cost, driven by the cost of training courses for the teenagers (mean = £54 per person). These costs include the cost per trained peer educator and so are intended to provide benefits down-stream as they support other teenage parents.

Table 6.8 Use of pilot and non-pilot services 3 months prior to TPS2, and weekly costs

Service	N using	(%)	Cost per week Mean £ (sd)	Cost per week Range £
Overarching project cost	199	100%	£19 (45)	£4 - £372
Floating support	130	65%	£19 (30)	£0 - £288
Other staff support	83	42%	£54 (181)	£0 - £2,022
Specific supports	41	21%	£4 (20)	£0 - £125
All pilot costs (n=199)			£97 (186)	£4 - £2,026
Hospital			£30 (92)	£0-£513
Inpatient	5	8%		
Outpatient	14	23%		
A&E / MIU	18	30%		
Primary care			£7 (13)	£0 - £77
GP	33	55%		
Dentist	18	30%		
Optician	7	12%		
Child / teenage parent			£12 (23)	£0 - £159
Baby clinic	18	30%		
Health visitor	24	40%		
Family nurse	3	5%		
Children's Centre	32	53%		
Mental health			£1 (8)	£0 - £63
Counsellor	2	3%		
Other mental health	2	3%		
Social care			£38 (82)	£0 - £395
Drug / alcohol worker	1	2%		
Connexions	14	23%		
Social worker	11	18%		
YOT	0	0%		
Key worker	12	20%		
All non-pilot costs (n=60)			£88 (139)	£0 - £636

The second half of Table 6.8 shows the way 60 TPS2 respondents used services that are more generally available in the local area. There is a fairly high use of outpatient and

A&E/MIU services with nearly a third of the sample visiting at least once, and nearly a quarter using out-patient clinics.[32] Just over half the sample had visited their GP in the previous three months, and nearly a third saw the dentist; high figures compared to those reported in TPS1 (Table 6.5). By the point of TPS2, Children's Centres were used by just over half the sample (53%).[33]

The final two columns show the mean and range of costs, again as a cost per week. At the mean, hospital and social care services accrue the highest weekly costs after the pilot services.

Pilot services now comprise just over half (53%) of the total costs of pilot plus other services with hospital and social care services absorbing 16% and 20% respectively.[34] Compared to the full TPS1 sample (Table 6.5), total mean costs per week (pilot plus other services) appear to be about £50 per week higher. However, again we see a wide range of costs; 28 teenagers had support packages costing less that £85 and a further 21 with costs of between £85 and £250. Support for four teenagers was more than £700 over the three months prior to interview. Mean total costs (pilot plus other services) appear higher for TPS2 (Year 2) respondents compared with TPS1 (Year 1) respondents, but there is an indication that the costs of pilot supports were slightly lower at TPS2 (£97 per week compared with £112 per week). However, we cannot tell whether this is due to lower needs of the young people supported in Year 2 or lower levels of support provided because the pilots were more likely to be operating at a higher capacity.

6.5 What support and services did young people report using during the three months before joining the pilots? What were the associated costs?

Our fourth question looks at the services used to support teenagers prior to joining the pilot. Although we do not know whether the members of this sample are representative of all pregnant teenagers or teenage parents, these data will show a picture of support that more closely resembles what young people would usually receive by way of support, and the associated costs. The data are taken from the first telephone survey (TPS1) when respondents were also asked what services they had used in the three months *before* joining the pilot.

Table 6.3 showed the number of TPS1 respondents with service use data by pilot authority area. This survey provided a sample of 147 respondents who provided information on services used prior to joining the pilot; just over a third of whom came from Pilot D (36%) and

[32] We don't know whether these hospital service contacts were for the parents' or children's health.
[33] Many of the project proposals said they aimed to link more teenage parents to Children's Centres and, arguably this figure is quite low given that three pilots were based in Children's Centres.
[34] Calculated for the 60 teenage parents reporting use of both pilot and other services.

24% who came from Pilot F. Again, questions covered a range of services teenage parents might use such as the general practitioner, hospital in patient or outpatient services, health visitors, etc. The first column of Table 6.9 shows the proportion of respondent who used each of these services.

Table 6.9 Use of services in the 3 months prior to joining the pilots, and weekly costs

Service	N using in 3 months	%	Cost per person per week: Mean £ (sd)	Cost per person per week: Range £
Hospital			£36 (91)	£0 - £727
Inpatient	21	14%		
Outpatient	54	37%		
A&E / MIU	41	28%		
Primary care			£5 (7)	£0 - £54
GP	99	67%		
Dentist	25	17%		
Optician	18	12%		
Child / teenage parent			£13 (28)	£0 - £229
Baby clinic	34	23%		
Health visitor	63	43%		
Family nurse	12	8%		
Children's Centre	53	36%		
Mental health			£4 (15)	£0 - £115
Counsellor	16	11%		
Other mental health	11	7%		
Social care			£52 (133)	£0 - £906
Drug / alcohol worker	4	3%		
Connexions	50	34%		
Social worker	22	15%		
YOT	5	3%		
Key worker	32	22%		
Total cost per week			£110 (159)	£0 - £938

In the three months prior to joining the pilot project a high proportion (67%) of the young people used their general practitioner (GP) for general medical care, but perhaps it is surprising that this figure is not higher given they are pregnant of have very young babies. Dental services are free at the point of demand during pregnancy (and for a year after) it is perhaps also surprising that such a small proportion of the sample took advantage of these services, just one in six individuals[35]. Hospital in- and out-patient services were most likely to be related to pregnancy or giving birth, but one in four survey respondents had used an Accident and Emergency Department (A&E) or Minor Injury Clinic (MIU). Around one in eight of the sample saw a mental health professional and many already had a key worker or social worker, and had contact with a Connexions advisor.

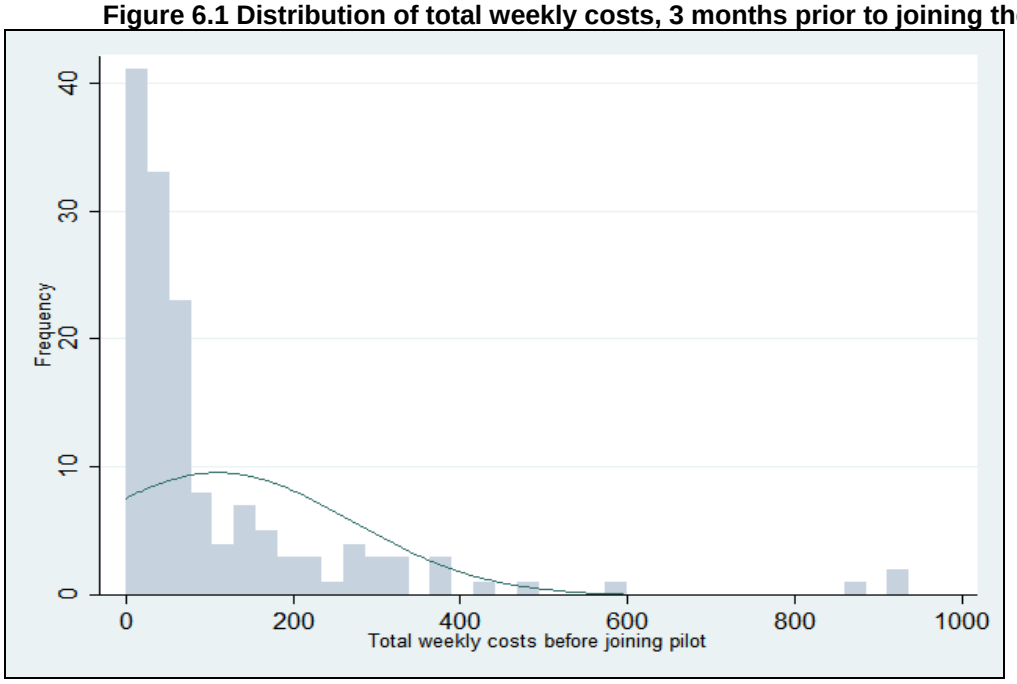
Compared to the TPS1 service use picture after the young people joined the pilot (see Table 6.5), much higher proportions visited their GPs or dentist and saw their health visitor pre-

[35] It may be that our three-month retrospective period is too short to gather the full utilisation rate.

pilot. The proportions having had some contact with social care services and using A&E/MIU services are also generally much higher. Pre-pilot utilisation rates are, however, more in line with those found at TPS2. We cannot tell what lies behind these different utilisation rates and, for example, whether they are driven by different patterns of pre- and ante-natal care prior to and since joining the pilot.

The service use data provide no evidence that pilot services improved access to generally available health and social care services. It is only in the use of Children's Centres that we see any major changes in the proportion of survey respondents reporting contact. Basing some of the pilot services within Children Centres may have contributed to these increased utilisation rates. As the contact rates with non-pilot services changed so little we can conclude that the pilot services were likely to have complemented rather than substituted for the existing service array, generally adding to the support available to this group of young people.

Figure 6.1 Distribution of total weekly costs, 3 months prior to joining the pilots



The final two columns of Table 6.9 show the summarised costs data, each show some young people with £0 costs (that is they did not use any services in that category) and suggests some high users at the top of the range. This is most easily seen by looking at the distribution of total costs (Figure 6.1) which, reflecting the large standard deviation, shows a considerable skew. Many young people have quite low support costs; 40 respondents with total costs over the three months of £25 or less, and a further 50 with support costs of between £25 and £100. A few of the respondents have high costs for their support packages; these are often driven by high inpatient hospital costs and Figure 6.1 shows that six of the TPS1 participants have weekly costs of over £400. Notably, hospital services absorbed nearly half the total costs (47%), social care absorbed a further third (33%) and 11% for the child/teenage parent services. Primary care and mental health services absorbed much smaller proportions, just 5% and 4% respectively.

7 Conclusions

This report evaluates 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 were funded by central government from early 2009 to March 2011. The evaluation had three main aims, these being to:

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

This final chapter reviews these three key areas, identifying key lessons learned from the TPSH pilot. It concludes with recommendations for local policy and practice.

7.1 What was the impact of the TPSH pilot on young people and their children?

Given that teenage parents can often be a difficult group to engage, the recruitment and engagement of young parents in the TPSH pilot projects was in itself a considerable achievement. The seven pilot projects received nearly 1,000 (973) referrals in total, the majority (80%) of whom went on to become project participants. Only a small proportion of young people declined the services available. Whilst numbers of young people participating in each project differed, all projects except the largest one achieved their target numbers of young people. The pilot monitoring revealed that the projects mainly worked with young women, with an average age of 18. Nearly two thirds (65% of) participants were already parents, and 35% expecting their first child, at point of referral. Most projects targeted disadvantaged young parents but the larger projects also worked with young parents with lower level needs. Projects attempted to work with couples wherever possible.

The evaluation recorded that 54% of those young people leaving the pilots had achieved a positive completion to their time with the project, either completing the programme or moving on for positive reasons such as returning to the parental home. Only in about one quarter of cases (26%) did the young person disengage with the service and/or decide that they no longer needed support. Some young people moved on for other reasons, for example because they moved away from the local authority area. However, overall, these figures suggest that the projects effectively engaged with the majority of young people and achieved a positive outcome in over half of the cases.

Teenage parents' assessments of the projects were generally very positive overall. Over seven in ten (72%) of TPS2 respondents thought that the pilot project had made either 'a big difference' or 'some difference' to their lives, whilst one in six (17%) thought it had made 'very little difference' and a further one in ten (11%) 'no difference at all'. Those that identified an impact noted that the project had assisted in three main ways: with accessing, setting up and/or maintaining accommodation; having someone understanding/non-judgemental to talk to or help when needed; and improvements in their self-esteem, developed via project participation. Slightly fewer young people (59%) felt that the project had made a difference to their children, identifying opportunities for social interaction with other children (and adults) and better parenting skills as key contributors to this.

A key positive outcome associated with the pilot projects was increased opportunities for young parents to achieve independent living. Monitoring data indicates that two thirds (67%) of young people were living independently at the point of leaving the pilot projects, compared to two in five (41%) at point of referral. Evidence from the Teenage Parent Survey 2 (TPS2), conducted toward the end of the pilot, also confirmed a pattern of young people moving towards independent living (among the two thirds of young people who moved over the course of the pilot, the proportion living independently increased from 22% to 46%). TPS2 also indicated that the vast majority of young people who moved preferred their new accommodation to previous living situations. Many young people participating in the focus groups suggested that help with housing was the 'best thing' about the pilot, and some grandparents also remarked on the positive shifts towards independent living for their children.

The projects were less successful in helping young people move into employment, education or training. The largest change in economic status involved the increasing number of young people who were looking after children, perhaps unsurprising given that 35% of young people were expecting their first child at point of referral. Many young people did however participate in a variety of courses as part of the pilot schemes. Teenage parent focus group participants consistently reported that involvement in courses had improved their self-confidence, and the majority of stakeholders agreed that involvement in education or training had enhanced young people's economic aspirations. Notably, only one in twenty TPS2 respondents hoped to be caring for children full-time in twelve months' time: with most aspiring to be involved in education/training or employment at least part-time. There was a strong consensus amongst stakeholders and staff that the timing of young people's reengagement with education was important and that they should not be pushed into education or training too quickly after the birth of a child. Reengagement with education and/or participation in paid employment should, they believed, be a longer term goal to be achieved once teenage parents' accommodation arrangements are stable and they have acquired the skills and confidence necessary to manage training/work alongside their role as a parent.

With regards to health outcomes, nearly one fifth (18%) of young people in TPS2 reported that their general health was 'better' at the point of survey than it had been before using pilot services – whilst only one in twenty (5%) felt it had got 'worse' (with 77% noting their general health was 'about the same'). A smaller gain in health status was also reported for children.

More generally, young people consistently reported improvements in their psychological well-being, especially improved self-esteem. Staff, stakeholders and grandparents also felt that increased self-esteem and confidence of young people was a key outcome of the pilot.

Across the pilots as a whole, all forms of informal social support had increased by the point at which teenage parents left the pilot services. In particular, one third (33%) of young people were reported to be receiving support from the other parent of the child compared to only one fifth (21%) at referral. Staff believed that the support offered to young people individually, and to couples, helped reduce the risk of relationship breakdown and/or difficulties. However, there were still widespread concerns about the volatility of some young people's relationships and concerns about the risks associated with domestic abuse. The evidence also suggested improvements in some young people's relationships with their parents. Grandparents sometimes remarked on the positive spin-offs of the support on the extended family unit although some would have liked more support for themselves from the pilot.

Feedback from stakeholders suggested that the pilots had had a positive influence on parenting. Many young people reported feeling more confident in their ability as parents, and felt reassured that they had someone (usually their support worker) to ask about parenting issues if they needed to. A few grandparents also reported that the project had helped their child to parent more effectively, particularly by helping them to achieve a more settled housing situation. Pilot interventions also appeared to have been pivotal in the early identification of, and response to, safeguarding concerns in some instances, indicating that there were some young people who were still struggling to cope with parenthood.

There was also evidence of an improvement in young people's financial situation: young people consistently reported being better able to manage their finances as a result of their involvement in the pilot projects. There were also some modest improvements in the proportion of young people in arrears with any housing or utility payments between referral and leaving the project. However, staff and stakeholders stressed that many young people were likely to need ongoing support in this area and a significant minority of young people were still struggling with debt. A better financial situation was identified by one third TPS2 respondents as the single thing that would improve their life.

The evidence presented above highlights the range of positive outcomes achieved by pilot participants. However, in the absence of evidence on the outcomes achieved by a comparable group of teenage parents not receiving pilot services, we cannot necessarily attribute these positive outcomes to the work of the pilot projects: it must be borne in mind that some of this change may have occurred without the enhanced pilot support.

The outcomes achieved by the pilot projects were compared insofar as possible to other specialist housing support services for teenage parents which were funded under the (prior) Supporting People programme. Whilst this provides a broadly useful comparison, it should be noted that it can only be a partial comparison chiefly because Supporting People data only records generic housing related support outcomes and not those of particular interest with regards to teenage parents, for example around health during pregnancy or parenting.

This said, the pilot projects appeared to be performing marginally better than the Supporting People funded specialist housing support services for teenage parents in the areas of debt reduction, choice and confidence, informal learning (and substance misuse management for the minority who were affected by this). The pilot projects and specialist housing support services for teenage parents were closer to one another in respect of income maximisation and training and education outcomes. In respect of maintaining accommodation, management of physical health, paid work and work-like activities, the performance of pilot projects seemed marginally worse. There was close similarity between the housing outcomes reported by the pilot projects and those reported for specialist housing support services for teenage parents, with just slight increases in the proportion of young people accessing the private rented sector and/or housing association tenancies as opposed to council tenancies in the pilot projects.

7.2 What are the key components of an enhanced support package?

The evaluation also aimed to provide greater understanding of what the key components of an enhanced support package should look like. A wide range of models was tested, and projects varied widely in terms of their structure, scale and operational approach.

The TPSH supported teenage parents to access housing in both the social and private rented sectors, with the latter being promoted in response to shortages of social housing in some areas. Dedicated bond schemes, with wider eligibility criteria than standard schemes, had improved teenage parents' access to the private rented sector. Social housing was however generally preferred by staff and service users, on grounds of its greater affordability, tenancy security, and provisions for home maintenance etc. Support staff expressed ongoing frustration with shortages of housing in their area generally. Pilots operating in rural areas encountered particularly acute difficulties locating appropriate housing near to teenage parents' social support networks.

Floating support schemes were widely regarded as highly effective for a very broad range of young people, albeit that some concerns had been raised about the duration of support offered, with this having terminated too early in a few individual cases. Teenage parents derived vast amounts of confidence from the knowledge that they could call upon a named staff member, with whom they had an established relationship, to help at any time.

An ability to support teenage parents to furnish their homes was regarded as an essential component of the enhanced support packages by staff, and was greatly appreciated by service users and wider family members. Support with budgeting and debt were considered equally valuable components. Accredited but flexibly implemented programmes preparing young people for independent living had been enthusiastically embraced. There was a substantial appetite for schemes such as the 'passport to housing' to be replicated elsewhere.

Supported accommodation schemes were considered a particularly valuable housing option for 16/17 year olds, teenage parents with high support needs, and/or those with weak social support networks. Staff and stakeholders called for the provision of more supported

housing, particularly schemes with capacity to accommodate couples. A number of issues regarding the accommodation of couples do nevertheless require further consideration, including: whether partners of teenage mothers should be accommodated if they are much older or have few support needs; the appropriateness of accommodating fathers if any other resident is a victim of domestic abuse; and whether each parent should have the same or different key workers, and shared or individual support plans.

Supporting teenage parents to remain in the family home was widely regarded as an excellent option for some teenage parents, but only if the family was in a position to offer a genuinely supportive environment. Such an option should not be pursued if remaining in the family home would generate overcrowding, raise safeguarding concerns, or where grandparents' influence might restrict a young person's ability to bond with, and effectively parent, their child.

A number of factors were identified as helpful in promoting young people's engagement in education and training. These included: flexible course delivery so that young people could take time out temporarily without 'wasting' work already conducted, dedicated group-work sessions to help them overcome any fears of education, provision of on-site childcare, funding to support travel, and 'celebration' of course completion to tangibly mark their achievements. The development of e-learning systems appeared to have had little impact on teenage parents' engagement with education and training

Teenage parents generally appreciated the support of mentors and these programmes were considered a valuable complement to existing provision by stakeholders. Many young people, especially those living in independent accommodation, valued organised opportunities to get out of the house, do 'normal everyday things', and interact with other adults. Peer mentors' proximity to teenage parents in terms of age and shared experiences gave them legitimacy in the eyes of young people and enabled them to 'translate' language used by professionals. The greatest beneficiaries from the peer mentor scheme were, however, the peer mentors themselves.

Peer education schemes had increased the confidence and aspirations of those training to be peer educators and delivering sessions in schools. There were, however, ongoing debates amongst stakeholders regarding the appropriateness of recruiting teenage parents with high support needs to be peer educators: some believed it would boost confidence and self-esteem whilst others feared it might put vulnerable young people in a stressful situation.

Life coaching was recognised as a valuable therapeutic innovation, but one that did not benefit all teenage parents: some found it very helpful; a few too personally intrusive. Providers concluded that life coaching should be optional, and implemented flexibly such that service users can determine the extent of their engagement with it. Any such provision is likely to encounter resistance from other stakeholders, in the beginning at least, given a widespread lack of familiarity with the approach. Some interviewees believed that improved access to conventional counselling approaches might achieve the same outcome as life coaching, but acknowledged that teenage parents may be wary of engaging with it.

Uptake of family mediation and relationship counselling services was poor, despite the belief amongst staff and stakeholders that there is an identifiable need for these. Many stakeholders believed that enhanced support packages should incorporate some sort of provision in this area, but further work is needed to explore why teenage parents (or in some instances their families or partners) are resistant to it. This should be accorded high priority given ongoing concerns amongst stakeholders regarding the prevalence of domestic abuse experienced by teenage parents.

7.3 What are the costs of the delivery of the pilot services for teenage parents?

Based on the available data it was not possible to conduct a full analysis of the cost effectiveness or value for money of the pilot projects. This would have required extensive analyses of on the costs and impacts of different services on individuals which were beyond the scope of this evaluation. However, it is possible to draw some tentative conclusions about the costs to the public sector of supporting teenage mothers via the support models piloted.

The central government grant to each of the seven pilot areas was, with one exception, similar to the resources requested in each of the local authorities' original proposals. The grants ranged from between £277,000 and £700,000 over the two and a half year period. An important part of the pilot services provided in each authority was some type of 'floating' staff group. They supported teenagers in a range of accommodation types; living with their parents, their own tenancies, and existing specialist hostels. The cost per contact hour for floating staff support ranged from between £46 and £60.

TPS1 data collected towards the end of Year 1 of the pilot were used to calculate the cost per service user of pilot and non-pilot services used since they joined the pilot. The mean weekly cost for pilot services was £112 (range, £4-£934) and was £22 (range £0-681) for non-pilot services such as health care, child/teenage parent services such as Children's Centres, and social care.

TPS2 data collected towards the end of Year 2 of the pilot were used to calculate the cost per service user of pilot and non-pilot services used in the previous three months. The mean pilot service cost for these young people was £97 per week, although again there was a wide range from those who had used no supports (at a cost of £4 for a proportion of the overarching project cost for a recent referral) to just over £2,000 per week.

The TPS1 data also reported use of generally available (non-pilot) services in the three months prior to joining the pilot for 147 young people. General practitioners (GPs) were commonly used (67%) as were out-patient services (37%), health visitors (43%) and connexions advisors (34%). Mean costs per week for all public sector services was £110 per person (range £0-£938).

Comparison between the pre-pilot, pilot Year 1 and pilot Year 2 data must be made with care, not least because the TPS1 and TPS2 surveys capture different samples but also

because the time period over which service use was measured was not consistent. Analysis of the available data suggests that the pilot services were likely to have added to the existing service array but there was no evidence to suggest that pilot services improved access to generally available health and social care services. Take up of these services was lower pre-pilot compared with TPS1 but about the same as pre-pilot as at TPS2. The reasons for this are unclear.

Although total costs (pilot plus other services) appear higher for TPS2 (Year 2) respondents compared with TPS1 (Year 1) respondents, there was some indication that the costs of pilot supports were slightly lower at TPS2. It is not possible to determine whether this is due to lower needs of the young people supported in Year 2 or lower levels of support provided because the pilots were more likely to be operating at a higher capacity.

7.4 Lessons for local policy makers and practitioners

Programmes developed under the TPSH pilot were well received by young people and were associated with improved outcomes for teenage parents in a number of areas, most notably by helping them gain and sustain suitable accommodation, and via improved confidence in their own abilities as young adults and parents. Whilst it was not possible to draw definitive conclusions regarding the impact or cost effectiveness of the specific interventions piloted, the available evidence indicates that enhanced support packages can be advantageous in helping vulnerable young parents to transition from their own childhood towards adult independence.

The evaluation highlights a number of lessons for those who are responsible for commissioning and/or delivering support services for teenage parents. Key lessons for local policy and practice include:

- *The need to support young people in a wide variety of housing types*. Availability of particular housing options varies significantly at the local level, but teenage parents should wherever possible be placed in the accommodation most suited to their needs. For those with high level needs or weak support networks this might be supported accommodation with on-site staff; for others an independent tenancy (ideally located near support networks) with floating support. Some may appropriately be supported to remain in the parental home in the short term. All should be equipped with skills for independent living.

- *The value of flexible service delivery*. Teenage parents' engagement in supportive interventions can be increased significantly by implementing programmes flexibly. Splitting courses into short 'bankable' modules can prove an effective way of increasing participation in education and training, for example. Similarly, enabling floating support workers to support teenage parents in all areas of their lives, not just those strictly 'housing-related', enables them to tailor support packages effectively. They may therefore valuably deliver support relating to health, education, or parenting, for example, but still signpost service users to specialist provision as appropriate. Delivering support in informal settings can also improve engagement.

- *The need to be realistic about readiness for employment, education or training*. It is important to balance the aim to support teenage parents' re-engagement with education or training with the need to allow them adequate time to establish a stable home environment, adjust to parenthood, and bond with their child. Participation in education or training courses improve teenage parents' self-confidence and economic aspirations substantially, but full reintegration into education, training or employment may necessarily remain a longer term goal for some, especially those with very high support needs and/or extremely negative prior experiences of school.

- *The critical role played by frontline staff*. The effectiveness of enhanced support packages hinges, in large part, on the quality of frontline support staff. Young parents greatly value, and derive substantial confidence from, relationships with support staff if they feel able to ask for help without being patronised. Further research is however needed to explore how support workers might avoid jeopardising their relationships with teenage parents when having to alert social services to child protection issues.

- *The value of 'stepping stones' and 'hand holding'*. For some young parents, participation in dedicated (teenage parent only) entry-level courses with on-site childcare, and/or being accompanied by support staff to appointments or groups on multiple occasions, serve as valuable 'stepping stones' to help them develop the confidence necessary to attend mainstream services independently. Substantial time is often required for young people to develop trusting relationships with support staff if they have had negative experiences of formal services in the past.

- *The call for further development of support for young fathers*. There remains a shortfall in support services able to engage with teenage fathers (and 'older' partners of teenage mothers). Efforts to facilitate the accommodation of couples have been welcomed, but further thought needs to be given to the circumstances in which this is appropriate and how service delivery might be modified to cater for fathers. Further, professionals in health and other sectors should be actively encouraged to refer young fathers (not just mothers) to relevant services.

- *The need to improve the evidence base on outcomes and costs.* Local authorities and service providers should continue to collect data on service outcomes and costs, ideally in a coordinated manner. This will strengthen the evidence base upon which commissioners and service providers can assess the impact and cost-effectiveness of different interventions, thus informing future policy and service delivery.

References

Allen, G. (2011) *Early intervention: The next steps*, An Independent Review to Her Majesty's Government, London.

Beecham, J., Ramsay, A., Gordon, K., Maltby, S., Walshe, K., Shaw, I., Worrall, A. and King, S. (2010) Cost and impact of a quality improvement programme in mental health services, *Journal of Health Services Research and Policy*, 15, 2, 69-75.

Berrington, A., Stevenson, J., Ingham, R., Borgoni, R., Hernandez, M. and Smith, P. (2007) *Consequences of Teenage Parenthood: Pathways which Minimise the Long Term Negative Impacts of Teenage Childbearing.* Teenage Pregnancy Research Programme Research Briefing 8. DfES and DH.

Bickman L and Leaf P (2000) Concordance between parent reports of children's mental health services and service records: the services Assessment for Children and Adolescents (SACA), *Journal of Child and Family Studies*, 9, 3, 315-331

Botting, B., Rosato, M. and Wood, R. (1998) Teenage mothers and the health of their children. *Population Trends,* 93, 19-28.

Byford S, Torgerson D, Raftery J (2000) Economic note; Cost of illness studies, *British Medical Journal*, 320, 1335.

Child Poverty Unit (2010) Draft Statutory Guidance for Local Duties on Child Poverty (Child Poverty Act 2010): Consultation Version March 2010, London: CPU

Curtis L. (2010) *Unit Costs of Health and Social Care 2010*, PSSRU, University of Kent.

Dennison, C. (2004) *Teenage Pregnancy: an Overview of the Research Evidence*, Health Development Agency, London.

Department for Communities and Local Government (2010) Department for Communities and Local Government: Draft Structural Reform Plan. London: DCLG

Department for Work and Pensions (2006) *Proportion of Teenage Mothers in Education, Training or Employment in England, 2004-06.* London: DWP.

Department for Work and Pensions/ Department for Education (2011) *A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives,* London: HM Government.

Evans, M. and Gardiner, K. (2011) *CPU Child Poverty Pilots: interim synthesis report*. Sheffield: Department for Work and Pensions.

Field, F. (2011) *The Foundation Years: Preventing Poor Children Becoming Poor Adults*, The Report of the Independent Review on Poverty and Life Chances, London.

Ford T, Hamilton H, Dosani S, Burke L, Goodman R (2007) The children's services interview: validity and reliability, *Social Psychiatry and Psychiatric Epidemiology*, 42, 36-49.

Harden, A., Brunton, G., Fletcher, A. and Oakley, A. (2009) Teenage pregnancy and social disadvantage: systematic review integrating controlled trials and qualitative studies, *British Medical Journal*, 339:b4254doi:10.1136/bmj.b4254 (bmj.com)

HM Government (2010a) *The Coalition: our programme for government.* London: Cabinet Office.

HM Government (2010b) *State of the Nation Report: poverty, worklessness and welfare dependency in the UK.* London: Cabinet Office

HM Treasury (2004) *Child Poverty Review.* London: HMSO.

Hoagwood K, Horwitz S, Stiffman A, Weisz J, Bean D, Rae D, Compton W, Cottler L, Kiernan, K. (1995) *Transition to Parenthood: Young Mothers, Young Fathers - Associated Factors and Later Life Experiences.* LSE Discussion paper WSP/113. London: London School of Economics.

Hosie, A., Selman, P., Speak, S., Dawson, N. and Meadows, S. (2005) *The Education of Pregnant Young Women and Young Mothers in England.* Teenage Pregnancy Unit.

Johnsen, S. and Quilgars, D. (2010) *Teenage Parent Support Housing Pilot Evaluation: Interim Report.* London: Department for Education.

Kiernan, K. (1995) *Transition to Parenthood: Young Mothers, Young Fathers - Associated Factors and Later Life Experiences.* LSE Discussion paper WSP/113. London: London School of Economics.

Liao, T. (2003) *Mental Health, Teenage Motherhood, and Age at First Birth among British Women in the 1990s.* ISER working paper 2003-33. Colchester: Institute for Social and Economic Research, University of Essex.

Mayhew, E. and Bradshaw, J. (2005) Mothers, babies and the risks of poverty, *Poverty*, No 121, pp13-16.

Office of the National Statistics (2011) *Teenage Conception Statistics for England, 1998-2009,* London: ONS.

Patel A, Rendu A, Leese M, Mann A, Knapp M (2005) A comparison of two methods of collecting economic data in primary care, *Family Practice*, 22, 323-327.

Pleace, N. (2008) *Changing Supporting People Funding in England: Results from a pilot exercise*, London: Communities and Local Government.

Quilgars, D., Johnsen, S. and Pleace, N. (2008) *Review of Youth Homelessness in the UK*, York: Joseph Rowntree Foundation.

Social Exclusion Unit (1999) *Teenage Pregnancy: Report by the Social Exclusion Unit.* London: HMSO.

Swann, C., Bowe, K., McCormick, G. and Kosmin, M. (2003) *Teenage Pregnancy and Parenthood: a Review of Reviews.* Wetherby: Health Development Agency.

Stewart-Brown, S. and Janmohamed, K. (2008) *Warwick-Edinburgh Mental Well-being Scale (WEMWBS): User Guide*. Warwick: University of Warwick.

Tenant, R., Hiller, L, Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J. and Stewart-Brown, S. (2007) The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5: 63.

Wiggins, M., Oakley, A., Sawtell, M., Austerberry, H., Clemens, F. and Elbourne, D. (2007) *Teenage Parenthood and Social Exclusion: a Multi-method Study.* Teenage Pregnancy Research Programme Research Briefing 7. DfES and DH.

Wiggins M, Rosato M, Austerberry H, Sawtell M and Oliver S. (2005) *The National Evaluation of Sure Start Plus: Final Report*, Social Science Research Unit, Institute of Education, London.

Appendix 1: Local Authorities Involved in the TPSH Pilot

Blackburn with Darwen Borough Council

Brighton and Hove City Council

City of York Council

Nottingham City Council

Somerset County Council

Wandsworth Borough Council

Worcestershire County Council

Appendix 2: Evaluation Methods

A number of different methods were employed in the evaluation. Details of each are described below. Research instruments (interview topic guides, survey questionnaires and project monitoring data collection tools) are provided in the survey and fieldwork material annex accompanying this report.

1. A review of the seven successful bids under the TPSH pilot programme

This involved analyses of each pilot project's aims, planned interventions, inter-agency context, and costs. The review was conducted at the beginning of the evaluation period.

2. Analysis of project-level monitoring data

The University of York developed a monitoring system for LAs to record information on the characteristics and support needs of young people using the pilot projects, the forms of support delivered, and key outcomes. Monitoring data was collated and analysed at two points during the evaluation: once covering the period from project inception until March 2010 ('year one'), and again covering the period until December 2011 ('year two').

Three data collection tools were used: a referral form to capture basic information about all young people referred to the project; an entry record to collect more detailed information on those who were formally accepted onto the pilot; and an exit form recording the services received by the young people as well as key outcome information.

A bespoke Microsoft Access database, developed by the University of York, was provided to LAs for the return of data to the research team. Five of the seven projects utilised this database; the other two utilised paper-based versions of the monitoring system. All data was anonymised before submission to the research team such that no individual service user was identifiable.

3. Telephone interviews with project co-ordinators

These were conducted at both the beginning and mid-point of the evaluation period: in June/July 2009 and May/June 2010 respectively. These 14 semi-structured interviews captured 'lessons learned' during the early stages of project set-up and implementation, and charted any subsequent changes in operational procedures. Project coordinators were also interviewed in the final round of qualitative fieldwork (see below).

4. Interviews with service providers and key stakeholders

Semi-structured face-to-face interviews were conducted during each of two visits to pilot projects: once between August and October 2009, and again between September and November 2010. A total of 72 individuals were involved in the first round of visits, and 95 in the second round. A breakdown of the numbers involved from each LA is provided in the table below. Please note that Pilot C peer mentors are included in staff figures.

Pilot	Interviewees	Wave 1 (Aug-Oct 2009)	Wave 2 (Sep-Nov 2010)
A	Staff	6	9
	Stakeholders	5	7
B	Staff	7	7
	Stakeholders	3	2
C	Staff (incl. peer mentors)	6	11
	Stakeholders	6	4
D	Staff	3	8
	Stakeholders	5	7
E	Staff	5	5
	Stakeholders	6	10
F	Staff	6	10
	Stakeholders	5	5
G	Staff	2	2
	Stakeholders	7	7
Total		72	95

The interviews explored staff and stakeholder views regarding the most and least effective elements of the support packages delivered, factors restricting and/or facilitating service delivery, and 'lessons learned' as regards best practice.

Interviewees were selected following the review of pilot bids (see above) and in consultation with the pilot coordinators in each of the seven pilot areas. Participants typically included staff within provider agencies (in managerial and frontline roles), as well as representatives of partner organisations, steering groups and/or other agencies supporting teenage parents in the local area.

5. Focus groups with service users

Service user focus groups were conducted during both of the pilot project visits, that is, once between August and October 2009, and again between September and November 2010. These discussions explored the young parent's experiences of accessing and utilising the schemes, the effects on their (and their children's) lives, and their views regarding the most and least helpful aspects of the support packages provided.

A breakdown of the number of young parents involved at each stage of the study is provided in the table below. Figures include peer educators in the case of Pilot D.

Pilot	Wave 1 (Aug-Oct 2009) No.	Wave 2 (Sep-Nov 2010) No.
A	8	7
B	5	7
C	0*	3
D	6	7
E	3	10
F	8	5
G	6	4
Total	36	43

* No service users were involved in focus groups in Pilot C during the first visit as no young parents had been recruited to the pilot programme at the time.

6. Longitudinal survey of teenage parents

A longitudinal telephone survey of service users was conducted to give all young people utilising the pilot projects an opportunity to comment on the services they had received. The first teenage parent survey (TPS1) was conducted between November 2009 and February 2010; the second (TPS2) between September and December 2010, i.e. 3 months before the end of the pilot. TPS1 was piloted with 11 service users (from a sample of 25) before going live, and TPS2 tested via a live trial with the first 11 interviewees.

All the young people recruited to the projects by early February 2010 and early December 2010 respectively were included in the two samples, subject to them consenting to their contact details being forwarded to the evaluation team. 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 to the research team using an encrypted file transfer system. Before young people were contacted by an 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. Young people were also sent text messages reminding them that they would be contacted by TNS-BMRB before TPS2.

As the table below shows, a total of 162 young people participated in TPS1 (representing a response rate of 54%), as did 199 (34% response rate) in TPS2. Only a small proportion of young people refused to participate in either survey (5% in TPS1, 11% TPS2), but many of the telephone numbers provided by the pilot projects were incorrect or no longer valid at the point of survey (16% TPS1, 36% TPS2), and interviewers were unable to make contact with many others (17% TPS1, 19% TPS2) despite repeated attempts to do so. TPS1 survey interviews averaged 23.5 minutes in duration; TPS2 23 minutes.

	TPS1		TPS2	
	Number	%	Number	%
Interviews achieved	162	54	199	34
Refusals	14	5	66	11
Unavailable during fieldwork	23	8	0	0
Incorrect number	49	16	215	36
Called many times without success	50	17	114	19
Total sample	298	100	594	100

Only sixty service users responded to both surveys, the majority of whom were from a small number of the seven pilot LAs. The amount of longitudinal analysis that could be done on the experiences of this 'cohort', comparing the change in their experiences since the start of the pilots, was therefore severely restricted. For this reason, the final report focuses on the results of TPS2. Respondents to this survey were asked both about their current situation and their situation prior to joining the pilot. It is therefore possible to look at the progress made by respondents since the beginning of the pilot. Detailed findings from TPS1 were published in the interim report (Johnsen and Quilgars, 2010).

A profile of the young people responding to the surveys, including their demographic characteristics and housing circumstances at the point of interview, is provided below. This indicates that that their demographic composition was broadly similar to that recorded in the TPSH project monitoring data (see Chapter 3), with the exception that BME young people were slightly under-represented in TPS2 (3% of respondents were BME, as compared with 9% of TPSH pilot recruits overall)[36].

The relative proportion of respondents from each pilot project also generally reflected the numbers recruited to each, with the exception of Pilot E (accounting for 13% of all TPSH recruits but only 1% of all Wave 2 respondents) which was unable to provide as comprehensive a sample as other local authorities. Due to the low number of respondents from this pilot (and some of the other smaller projects), most of the analyses are necessarily undertaken for the TPSH pilot as a whole.

[36] This is probably a consequence of the poor response rate amongst young people using Pilot E, which had a much higher proportion of BME clients than other pilot areas (see Chapter 3).

	TPS1 (%)	TPS2 (%)
Pilot project		
A	13	14
B	4	5
C	4	4
D	38	34
E	9	1
F	24	32
G	9	11
Gender		
Male	12	7
Female	88	93
Age		
<16	1	1
16-17	30	15
18-19	47	58
20+	22	26
Ethnicity		
White	95	97
Asian or Asian British	1	1
Mixed	3	1
Other	1	1
Parent	78	92
Number of children (of those with children)		
One	87	86
Two	13	13
Three	0	1
Pregnant (women only)	25	12
Household composition (i.e. respondent lives with...)		
Child(ren)	65	68
Partner	35	40
Parent(s) or step-parent	17	19
Other members of family/relatives	3	4
Partner's parent(s) or step-parent	1	2
Other members of partner's family	0	1
Friends	1	1
Current accommodation type		
Flat or house rented by respondent and/ or respondent's partner	67	75
Living with friends or family (including parents or foster carers)	19	19
Bed and breakfast hotel	1	1
Supported lodgings	4	2
Hostel, foyer, women's refuge, mother and baby unit or other supported accommodation	10	4
Other	0	1
Current main economic activity		
Going to school or college	20	21
Paid work	8	11
Training course or apprenticeship	12	2
Looking after children or home	43	54
Unemployed and looking for work	12	10
Other	4	3
Base	162	199

7. Interviews with parents/carers of service users

Telephone interviews were conducted with a total of 21 parents/carers of TPSH service users across the seven pilot projects. These semi-structured interviews explored parents'/carers' perceptions of the impacts pilot projects had had on their daughter/son, as

well as the nature of any impacts on young parents' wider family networks. The parents of TPSH service users are referred to throughout the report as 'grandparent' interviewees.

The aim had been to interview a total of four grandparents in each pilot area (that is, a total of 28 overall). Parents/carers were only included in the sample for these interviews if their daughter or son had consented to them being contacted and provided relevant contact details in TPS2 (see above). While 42% of TPS2 respondents overall gave permission for the research team to contact their parents/carers, very low numbers gave such consent in some pilot areas. Where this was the case frontline staff sought permission from additional service users and forwarded details on to the research team. Three LAs provided additional contact details, but it was not always possible to make contact with these individuals. At least three calls/ messages were left with each named contact. In addition, the researchers attempted to call potential respondents at different times of the day, and offered to call back at a more convenient time where necessary.

It is acknowledged that the sample will potentially be biased to include a greater proportion of those parents that have more positive relationships with their children. TPS2 data was however cross-tabulated to ensure that parents of service users who reported both positive and mixed outcomes were sampled.

Grandparent interviews were conducted at the very end of the pilot period, between March and May 2011. A breakdown of the numbers involved in each pilot area is provided below.

Pilot	No. of grandparent interviews
A	4
B	2
C	2
D	4
E	2
F	3
G	4
Total	21

8. Analysis of the Supporting People Outcomes Framework Database

The methods utilised for the Supporting People analysis, with additional background material, are presented in Appendix 4.

9. Analysis of the costs of the enhanced support packages

The analysis of the costs of the pilot projects is presented in Chapter 6.

Appendix 3: Key Demographic and Other Data, Pilot Participants

Table A3.1: Project participants, key data from pilot projects

	Pilot A	Pilot B	Pilot C	Pilot D	Pilot E	Pilot F	Pilot G	Total
Gender								
Female	90 (92%)	16 (80%)	34 (85%)	162 (94%)	101 (99%)	283 (97%)	40 (77%)	726 (94%)
Male	8 (8%)	4 (20%)	6 (15%)	10 (6%)	1 (1%)	9 (3%)	12 (23%)	50 (6%)
Total	98 (100%)	20 (100%)	40 (100%)	172 (100%)	102 (100%)	292 (100%)	52 (100%)	776 (100%)
Age								
Under 16	0 (0%)	2 (11%)	0 (0%)	6 (5%)	6 (6%)	13 (6%)	0 (0%)	27 (4%)
16 -17	26 (29%)	12 (63%)	17 (45%)	48 (40%)	29 (30%)	79 (34%)	12 (26%)	223 (35%)
18-19	57 (63%)	5 (26%)	15 (40%)	59 (49%)	57 (59%)	134 (58%)	27 (57%)	354 (55%)
20 or over	7 (8%)	0 (0%)	6 (16%)	8 (7%)	4 (4%)	4 (2%)	8 (17%)	37 (6%)
Total	90 (100%)	19 (100%)	38 (100%)	121 (100%)	96 (100%)	230 (100%)	47 (100%)	641 (100%)
Ethnicity								
White	74 (93%)	18 (100%)	29 (85%)	137 (99%)	42 (49%)	222 (99%)	48 (98%)	570 (91%)
Mixed	3 (4%)	0 (0%)	4 (12%)	1 (1%)	13 (15%)	1 (<1%)	0 (0%)	22 (4%)
Asian / Asian British	3 (4%)	0 (0%)	0 (0%)	0 (0%)	7 (8%)	1 (<1%)	0 (0%)	11 (2%)
Black/ Black British	0 (0%)	0 (0%)	1 (3%)	0 (0%)	14 (16%)	0 (0%)	0 (0%)	15 (2%)
Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	10 (12%)	0 (0%)	1 (2%)	11 (2%)
Total	80 (100%)	18 (100%)	34 (100%)	138 (100%)	86 (100%)	224 (100%)	49 (100%)	629 (100%)
Parental status								
Parent	56 (64%)	7 (54%)	27 (79%)	149 (99%)	61 (61%)	79 (35%)	23 (61%)	402 (62%)
Parent and expecting child	4 (5%)	1 (8%)	0 (0%)	1 (7%)	1 (1%)	11 (5%)	1 (3%)	19 (3%)
Expecting first child	27 (31%)	5 (39%)	7 (21%)	1 (1%)	38 (38%)	136 (60%)	14 (37%)	228 (35%)
Total	87 (100%)	13 (100%)	34 (100%)	151 (100%)	100 (100%)	226 (100%)	38 (100%)	649 (100%)

{Table A3.1 cont.)

	Pilot A	Pilot B	Pilot C	Pilot D	Pilot E	Pilot F	Pilot G	Total
Accommodation								
Council – own tenancy	8 (10%)	0 (0%)	6 (13%)	17 (13%)	27 (31%)	43 (19%)	10 (19%)	111 (17%)
HA – own tenancy	5 (6%)	0 (0%)	2 (4%)	18 (13%)	2 (2%)	34 (15%)	3 (6%)	64 (10%)
PRS – own tenancy	20 (24%)	0 (0%)	6 (13%)	34 (25%)	9 (11%)	22 (10%)	1 (2%)	92 (14%)
Parents' home	26 (31%)	5 (9%)	15 (33%)	41 (30%)	26 (30%)	100 (44%)	5 (9%)	221 (34%)
Foster carer	2 (8.4%)	0 (0%)	0 (0%)	3 (2%)	0 (0%)	2 (1%)	0 (0%)	12 (2%)
Other friends or relatives	6 (7%)	0 (0%)	3 (7%)	4 (3%)	0 (0%)	6 (3%)	2 (4%)	23 (4%)
B&B	0 (0%)	2 (11%)	0 (0%)	5 (4%)	2 (2%)	3 (1%)	0 (0%)	10 (2%)
Hostel	0 (0%)	0 (0%)	2 (4%)	7 (5%)	2 (2%)	2 (1%)	30 (57%)	45 (7%)
Foyer	2 (2%)	2 (11%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (<1%)
Supported accomm for TPs	4 (5%)	3 (17%)	10 (22%)	2 (2%)	11 (13%)	2 (1%)	0 (0%)	32 (5%)
Supported lodgings	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (2%)	1 (<1%)	0 (0%)	3 (1%)
Other supported accomm	0 (0%)	3 (17%)	0 (0%)	1 (1%)	1 (1%)	6 (3%)	2 (4%)	13 (2%)
Other	5 (6%)	0 (0%)	1 (2%)	4 (3%)	4 (5%)	8 (4%)	0 (0%)	22 (3%)
Total	83 (100%)	18 (100%)	45 (100%)	136 (100%)	86 (100%)	229 (100%)	53 (100%)	650 (100%)
Main economic activity								
Employed FT (24+ hrs)	6 (8%)	0 (0%)	1 (2%)	1 (1%)	1 (1%)	18 (8%)	1 (2%)	28 (5%)
Employed PT (<24 hrs)	1 91%)	0 (0%)	3 (7%)	3 (2%)	9 (13%)	18 (8%)	2 (4%)	36 (6%)
FT student	13 (18%)	5 (28%)	3 (7%)	25 (19%)	4 96%)	31 (14%)	2 94%)	83 (14%)
Govt training	2 93%)	0 (0%)	2 (4%)	1 (1%)	2 (3%)	6 (3%)	0 (0%)	13 (2%)
Job seeker	18 (25%)	4 (22%)	9 (20%)	17 (13%)	35 (49%)	57 (26%)	22 (43%)	162 (26%)
Caring for children	21 (29%)	6 (33%)	22 (49%)	73 (54%)	17 (24%)	72 (32%)	19 (38%)	230 (37%)
Unable to work due to illness/disability	2 (3%)	3 (17%)	0 (0%)	4 (3%)	0 (0%)	5 (2%)	3 (6%)	17 (3%)
Other	5 (7%)	0 (0%)	4 (9%)	5 (4%)	1 (1%)	6 (3%)	1 (2%)	22 (4%)
Pregnant	3 (4%)	0 (0%)	0 (0%)	6 (4%)	1 (1%)	5 (2%)	1 (2%)	16 (3%)
PT student	1 (1%)	0 (0%)	1 (2%)	0 (0%)	2 (3%)	5 (2%)	0 (0%)	9 (1%)
Total	72 (100%)	18 (100%)	45 (100%)	135 (100%)	72 (100%)	223 (100%)	51 (100%)	616 (100%)
Qualifications								
5 + GCSEs A*-C	27 (33%)	2 (15%)	5 (11%)	26 (16%)	5 (6%)	40 (17%)	9 918%)	114 (17%)
1-4 GCSEs A-C	17 (21%)	3 (21%)	7 (16%)	21 (13%)	10 (11%)	66 (28%)	11 (22%)	135 (20%)
NVQ, City and Guilds or other vocational qual.	17 (21%)	0 (0%)	8 (18%)	11 (7%)	3 (3%)	60 (26%)	4 (8%)	103 (15%)

Source: project monitoring. Bases vary due to missing data.

Appendix 4: Supporting People Analysis

This Appendix describes the Supporting People databases and the approach utilised to compare data on pilot outcomes with Supporting People data for England.

The main findings of the analysis are presented in Chapter 5. Below, the databases utilised are described, and then key data on the profile of Supporting People service users and the extent to which they are similar to pilot participants are presented. The Appendix also provides an overall description of outcomes for Supporting People services for teenage parents.

An overview of Supporting People funded housing support service use by teenage parents in 2009/10

Two databases have been used for the purpose of comparison; the "client record" and "outcomes data". Each record in each of these databases describes a period of *service use,* a service-use episode, by an individual or household. The data recorded centres on the following:

- the age, gender and ethnicity of an individual service user or household using the service (client record and outcomes data);
- the client group of the individual service user or household using the service (client record and outcomes data);
- the support needs that an individual service user or household using the service had (client record and outcomes data);
- what forms of support were provided to an individual service user or household using the service (outcomes data);
- whether the support needs of an individual service user or household were met by the service (outcomes data).

Each individual record describes an 'episode' of service use for example a stay in an accommodation based service or the entire period for which an individual or household received floating support services. This means the outcomes data are best described as a record of service use, including details about the individuals and households using services, the range of support provided and the outcomes achieved. As the records are about episodes of service use and service users are not individually identifiable in the data released for analysis, there is a possibility of some "double counting" (i.e. an individual or household using two services over the course of a financial year would be counted twice, because data record episodes of service provision).

The client record and outcomes data can be described as covering four sets of housing support service provision with respect to teenage parents. These four sets of service provision were:

- Records of service provision to teenage parents using accommodation based services designed specifically for teenage parents.
- Records of service provision to teenage parents using floating support services designed specifically for teenage parents.
- Records of service provision to service users whose primary client group (i.e. the way that household was described by service providers) was 'teenage parent' but who were using accommodation based services *not primarily designed* for teenage parents.
- Records of service provision to service users whose primary client group (i.e. the way that individual or household was described by service providers) was 'teenage parent' but who were using floating support services *not primarily* designed for teenage parents.

The data reviewed below cover all four forms of service use by service users who were placed in the "teenage parents" primary client group by service providers. This means that the data are about service use by young people in the teenage parent client group and cover both their use of housing support services specifically designed for teenage parents *and* the use of housing support services by teenage parents that were not specifically designed for teenage parents. The Supporting People outcomes data refer only to England[37].

Table A4.1 shows the total use of Supporting People funded services by teenage parents during 2009/10. The data cover 4,158 individual episodes of service use by teenage parents. In 2009/10, 15.2% of all housing support service use by teenage parents was in specialist housing support services for teenage parents (632 episodes of service use by teenage parents out of a total of 4,158 episodes of service use by teenage parents). In another example, 60% of total use of housing support services by teenage parents in 2009/10 was in floating support services or 2,494 episodes out of the total of 4,158 episodes of service use by teenage parents.

[37] The Centre for Housing Policy did not have direct access to the Supporting People Outcomes Data. A range of analysis was undertaken by St Andrews University (who hold the Supporting People data for DCLG) for CHP.

Table A4.1: Supporting People service use by teenage parents 2009/10

Specific type of service used by teenage parents	% of total service use by teenage parents	Broad type of service provided
Refuge	0.2	Accommodation based
Foyer	0.3	Accommodation based/floating support
Supported lodgings	0.4	Accommodation based
Other type of Supporting People funded service	0.4	Accommodation based/floating support
Resettlement service	1.1	Floating support service
Direct access service	1.3	Accommodation based/floating support
Outreach service	1.6	Floating support service
Specialist housing support for teenage parents	15.2	Accommodation based/floating support
Other supported housing	19.5	Accommodation based
Floating support service	60.0	Floating support service

Source: Supporting People Client Record. Analysis by St Andrews University. Percentages are rounded. Base: 4,158 episodes of service use.

Table A4.1 makes a distinction between accommodation based and floating support services. **Accommodation based services** deliver housing support services on a fixed site or group of sites. The support is tied to specific accommodation, i.e. someone has to be resident in the accommodation provided by the service to receive support from the service. **Floating support services** employ mobile staff who deliver housing support to wherever an individual or household is living[38].

[38] The services shown in Table A4.1 were as follows:

- **Refuges** are an accommodation based service designed primarily for women and women with children at risk of domestic violence.
- **Foyers** can be accommodation based, employ floating support services or provide a combination of both types of service provision. They are primarily targeted at vulnerable young people.
- **Supported lodgings** provide accommodation, usually for one or two individuals in housing in which a landlord is resident and provides an element of support to the tenant. These arrangements might be used for young people leaving care and are sometimes supported by social services as well as through Supporting People funding.
- **Resettlement services** provide floating support services and are designed for homeless people and people with mental health problems and provide floating support services that are intended to help them acquire the skills and resources to live independently.
- **Direct access services** are primarily designed for rough sleeping populations and provide emergency accommodation and sometimes floating support services to address immediate housing needs and also to provide sustainable exits from street homelessness.
- **Outreach services** are a form of floating support service primarily designed for homeless people and people with mental health problems and sometimes problematic drug use that are intended to work with street using and rough sleeping populations using direct access services and

The profile of teenage parents using Supporting People funded services

Age, gender and ethnicity

A detailed breakdown of the age, gender and ethnicity of the teenage parents using housing support services during 2009/10 by the type of service that the teenage parents were using was not available to the research. Data were however available on age, gender and ethnicity of all the teenage parents using all forms of the housing support services shown in Table A4.1.

Almost all the service users receiving housing support services in 2009/10 were young women. Overall 96% of teenage parents using housing support services were women, which was very similar to the 94% of the teenage parents using the pilot services in England. There was no significant variation in gender by region among teenage parents using housing support services, the lowest proportion of female service users was in the South West (95%) and the highest in the North East (98%).

The average age of teenage parents using housing support services was 17.8, with no significant variation by region. Again this was close in profile to the pilot service users' average age of 18.3 years. The youngest age reported in the Supporting People data was 14 and the oldest was 20. This contrasted with data from the pilot projects showing service users ranging from 14 to 22.

The Supporting People client record and outcomes data record a client group categorisation of 'teenage parent' but do not contain data on whether or not a person was pregnant or had given birth at the point of referral to a service. It is therefore not possible to compare the rate at which services were dealing with pregnant young women as opposed to those who had given birth in the way it was for the pilot projects.

---

daycentres. These services both provide an element of direct support and are designed to encourage highly vulnerable people with complex needs to use other housing support services.

- **Specialist housing support services for teenage parents (**highlighted) are a form of housing support specifically designed for teenage parents. These services closely mirror the various pilot projects in their design and operation.
- **Floating support services** are designed primarily for homeless people though they can be used for groups like people with mental health problems and/or problematic drug use. These services provide floating support to households who have been homeless or who are at risk of becoming homeless because they have support needs. They may often have a 'brokering' role which involves arranging access to required welfare benefits, health, education, training and social services for the people they support, alongside providing direct support with housing related matters.

Table A4.2 shows the ethnicity of the teenage parents using housing support services during 2009/10. As can be seen, these service users were collectively very similar in ethnic origin to the teenage parents using the pilot projects. Overall, 88% had White ethnic origins, compared to 91% of the service users of the pilot projects. There were however some regional variations, most notably in respect of London, where less than half the teenage parents using Supporting People services had White ethnic origins and there was much stronger representation of people with Black ethnic origins than in other regions. While White teenage parents still predominated in the Midlands, there was a slightly lower representation of this ethnic group than in the other regions outside London.

Table A4.2: Ethnicity of teenage parents using housing support services

Region	White (%)	Mixed (%)	Asian or Asian British (%)	Black or Black British (%)	Other (%)	Total (%)	Base
North East	99	1	0	0	0	100	288
Yorkshire/Humber	95	2	1	2	1	100	537
East Midlands	90	4	1	4	1	100	557
East of England	93	4	1	1	1	100	292
London	48	10	3	35	4	100	449
South East	95	2	0	1	1	100	532
South West	93	3	0	3	1	100	424
West Midlands	86	8	1	6	0	100	384
North West	95	3	0	1	0	100	666
England	88	4	1	6	1	100	4,129

Source: Supporting People Client Record. Analysis by University of St Andrews. Percentages are rounded.

Housing situation

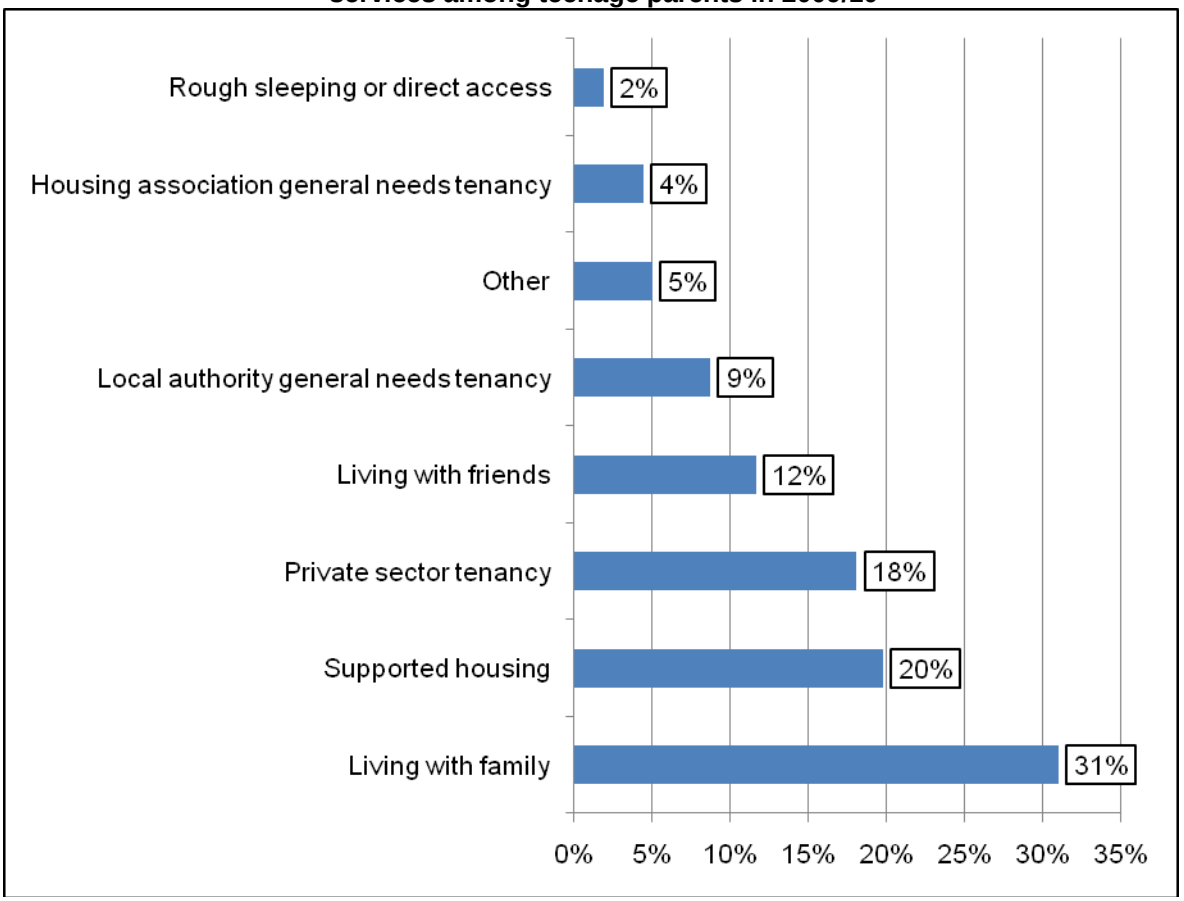
Data were collected on the housing situation of teenage parents who moved into accommodation based housing support services. Figure A4.1 shows the pattern of accommodation at referral among teenage parents using *accommodation based* housing support services[39].

As can be seen, housing situations at referral to accommodation based services were diverse, but there were commonalities with the accommodation at referral among pilot service users (see Figure 4.6). The largest group of teenage parents using accommodation based services in 2009/10 were living with their parents at referral (31% compared to 34% living with their parents among the pilot service users). The teenage parents using accommodation based services were however more likely to be living with friends than the service users of the pilot projects (12% compared to 4%) and were less likely to have their own social rented tenancy (13% compared to 27%). There were slightly higher levels of private rented sector tenancies at referral (18% compared to 14%) and teenage parent users

[39] These data were not collected on teenage parents using floating support services.

of accommodation based Supporting People services were also more likely to already be in supported housing at referral (20% compared to 14% of service users for the pilot projects).

Figure A4.1: Accommodation at referral to Supporting People funded accommodation based services among teenage parents in 2009/10



Source: Supporting People Outcomes Data for users of accommodation based services. Analysis by St Andrews University. Percentages are rounded. Base: 1,545.

Equivalent data were not collected on the teenage parents using floating support services. This may have been because although they might change housing during the time they received floating support services, the service was always delivered to wherever they were living. Data on the eventual housing situation of teenage parents using all forms of housing support service were however recorded as part of the outcomes data and this is reviewed below.

The Supporting People data collect information on whether or not a household or individual is homeless. Many housing support services funded through Supporting People have a primary or secondary function to prevent homelessness from occurring and to prevent the recurrence of homelessness. The types of homelessness recorded in the Supporting People data are as follows:

- Statutorily homeless people who are found homeless and in priority need under the terms of the homelessness legislation by a local housing authority and who are owed the main duty to be provided with temporary accommodation until (with assistance if necessary) they can secure suitable and affordable housing.

- 'Non-statutory' homeless people can include people not formally assessed by a local authority, as well as other found to be homeless but not owed the main duty because they are not in priority need or have become homeless through deliberate action or inaction (known as 'intentionally' homeless).

Levels of statutory and non statutory homelessness among the teenage parents using housing support services were quite high. However, this is to a large extent a function of what the pattern of Supporting People service provision was in England at that time, i.e. many services were focused on providing support for homeless people and thus the teenage parents they worked with were often homeless. Overall, 29% of the teenage parents using housing support services were recorded as statutorily homeless households, another 7% were homeless households not in priority need and 59% were recorded as 'not homeless'[40].

Service outcomes for teenage parents using Supporting People funded services in 2009/10

The remainder of this Appendix looks at the service outcomes for teenage parents using Supporting People funded housing support services in 2009/10. In order to facilitate a more direct comparison with the pilot projects, St Andrews University were requested to separate out the service outcomes for teenage parents using specially designed teenage parent housing support services and service outcomes for teenage parents using housing support services that were primarily designed for other client groups. The comparison with pilot projects, using just data on teenage parents using specially designed teenage parent housing support services is presented in Chapter 5.

It is important to note that service 'outcomes' are recorded at the point at which someone *leaves* a housing support service. What this means is that the extent to which positive achievements in respect of housing, employment, training, health and social support are sustained *after* housing support service contact has ceased is not ascertainable from the outcomes data. The second point is that the outcomes data uses a generic set of indicators that are designed to be applicable to a wide range of people with differing support needs. This means that not all service outcomes are recorded. The third point to note is that outcomes are based on assessments recorded by support staff as pat of funding contracts so there is a built-in incentive to record outcomes however partially achieved.

Improving and sustaining well-being

Table A4.3 shows the outcomes on various measures of well-being for teenage parents using housing support services in 2009/10. The table shows outcomes for teenage parents using specialist teenage parent supported housing services and outcomes for teenage parents using other types of housing support service. The table also shows the proportion of

[40] The status of 4% of teenage parents was not known.

teenage parents that these services identified as having a specific support need and the proportion of those teenage parents *with that identified need* who had that support need met.

Table A4.3: Services outcomes for teenage parents using Supporting People funded services 2009/10

Type of need	Specialist housing support for teenage parents		Other housing support services used by teenage parents	
	% of service users with identified need	% with need identified who had that need addressed	% of service users with identified need	% with need identified who had that need addressed
Maximise Income	93	95	92	95
Reduce Debt	38	37	34	76
Obtain paid work	5	41	6	30
Enter training/education	60	69	56	68
Achieve qualifications	60	56	56	63
Leisure/Cultural/Faith/Informal Learning	60	84	42	84
Work-like activities	8	72	9	68
Contact External Services Friends/Family	69	89	68	66
Promotion of physical health	40	88	39	95
Promotion of mental health	24	75	22	76
Manage substance misuse	7	58	7	64
Maintain accommodation	65	80	61	82
Secure or obtain settled accommodation	83	87	80	88
Show confidence and choice	70	85	69	87

Source: Supporting People Outcomes Data. Analysis by St Andrews University. Percentages are rounded. Base: 581 users of specialist housing support for teenage parents and 2,226 users of other Supporting People funded services (data were incomplete).

There were strong similarities between the need recorded among teenage parents by specialist accommodation based services and the needs recorded by non-specialist housing support services. Outcomes were also comparable, with high rates of success being reported by both specialist housing support for teenage parents and the other housing support services being used by teenage parents.

Housing supports were generally unlikely to report that substance misuse was an issue (only 7% of teenage parents in specialist and non-specialist housing support services were identified as having this need). Mental and physical health problems were more common. Twenty-four per cent of teenage parents using specialist housing support for teenage parents, and 22% of teenage parents using other types of Supporting People funded housing support services were reported as needing support with a mental health problem.

Services were unlikely to identify the presence of a need for paid work or for work-like activities among teenage parents. By contrast service providers were much more likely to identify a need for education or training. This may be ascribable to the presence of often very young children and might also have resulted from limited access to childcare.

The majority of teenage parents were identified as needing help in relation to exercising choice and control. There was also a widespread need for support in securing and sustaining suitable housing.

No significant regional variation in service outcomes was found in the analysis conducted by St Andrew's University.

Housing outcomes

Data on housing situation were recorded as part of the outcomes data for all services. In the case of teenage parents using floating support service, their housing situation at the end of service provision was noted in the outcomes data. In the case of teenage parents using accommodation based services, the *intended* housing 'destination' on leaving the service was recorded.

Table A4.4 shows the housing outcomes for teenage parents using different types of housing support service. The data have been subdivided between three types of service for comparative purposes. The first type of service is specialist housing support services specifically for teenage parents, the second type is accommodation based services not primarily designed for teenage parents and the third is floating support services not primarily designed for teenage parents.

Council tenancies were the single largest housing option taken up by teenage parents, although collectively less than a third of teenage parents stayed within or moved into this form of accommodation, the pattern being repeated across each service type. Teenage parents who had used floating support services were reported as being within private rented sector housing or housing association tenancies in relatively high numbers. By contrast, teenage parents leaving accommodation based services and specialist housing support services for teenage parents were less likely to be reported as moving into the private rented sector or housing association housing.

A minority of service users from the three broad types of services shown in Table A4.4 either returned to, or remained with, their parent or parents. While the figure was only around one in ten for each broad type of service, independent living was not always being achieved for teenage parents using Supporting People funded services. A smaller proportion were reported as living with, or intending to live with, friends.

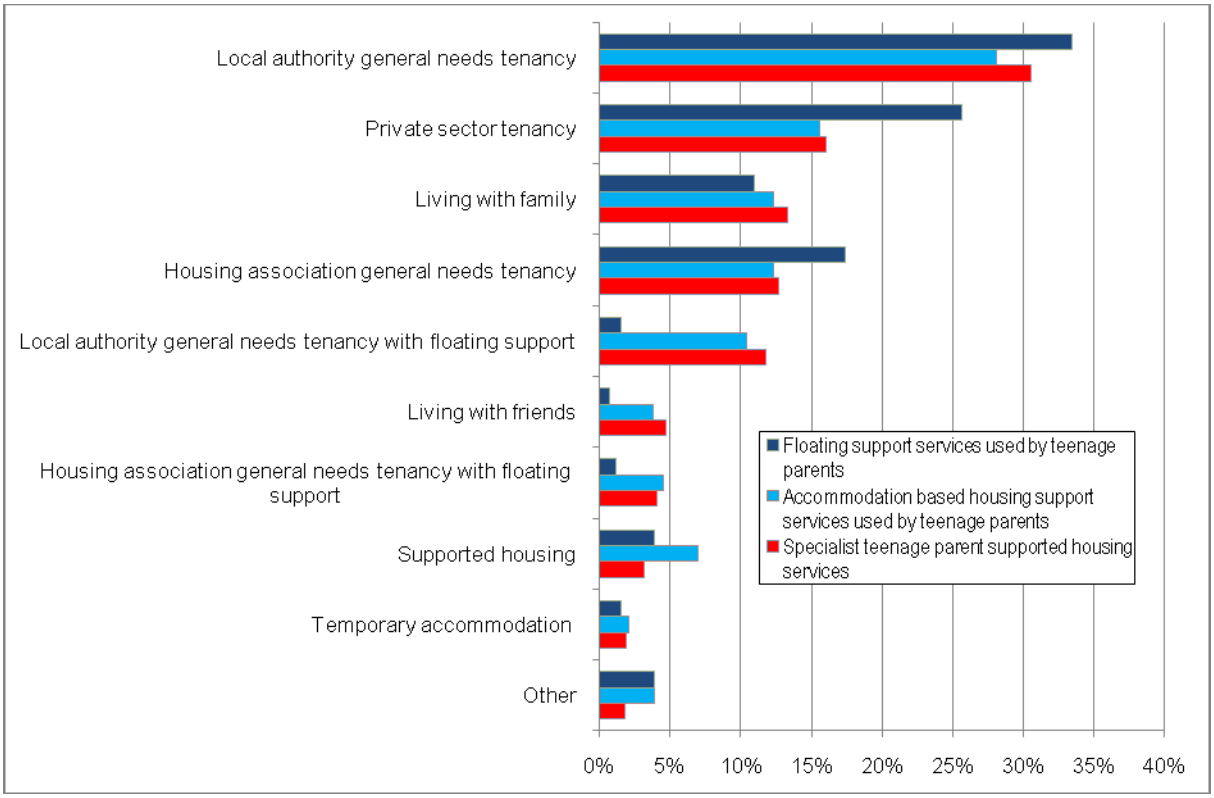
Table A4.4: Housing outcomes for teenage parents using Supporting People funded services 2009/10

Housing type intended to occupy or were occupying when service provision came to an end	Specialist teenage parent supported housing services (%)	Accommodation based housing support services used by teenage parents (%)	Floating support services used by teenage parents (%)
Local authority general needs tenancy	31	28	33
Private sector tenancy	16	16	26
Housing association general needs tenancy	13	12	17
Living with family	13	12	11
Local authority general needs tenancy with floating support	12	10	2
Living with friends	5	4	1
Housing association general needs tenancy with floating support	4	4	1
Supported housing	3	7	4
Other	2	4	4
Temporary accommodation	2	2	2
Base	569	1,378	2,183

Source: Supporting People Outcomes Data. Analysis by St Andrews University. Percentages are rounded.

Figure A4.2 summarises accommodation outcomes graphically.

Figure A4.2: Accommodation outcomes for teenage parents using Supporting People funded accommodation based services in 2009/10



Source: Supporting People Outcomes Data for users of accommodation based services. Analysis by St Andrews University. Percentages are rounded. Base: 1,403.

Ref: DFE-RR158

ISBN: 978-1-84775-998-6

September 2011