

New Deal for Communities

The National Evaluation

Research Reports

Supporting Teenage Parents: The potential contribution

Research Report 8

The Neighbourhood Renewal Unit is currently sponsoring the 2002-2005 national evaluation of New Deal for Communities. This evaluation is being undertaken by a consortium of organisations co-ordinated by the Centre for Regional Economic and Social Research at Sheffield Hallam University. The views expressed in this report do not necessarily reflect those of the Neighbourhood Renewal Unit.

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Sheffield Hallam University

Supporting Teenage Parents: The potential contribution

Research Report 8

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Executive Summary

Background: Although NDC areas have high local rates of teenage pregnancy, the issues of teenage pregnancy and supporting teenage parents have been identified as important because they are national priorities rather than as issues of local concern. Many NDCs have included supporting teenage parents as an objective in their programmes. However in most NDCs, reducing teenage conception has been tackled first and teenage parent support programmes are only just being established.

Identifying appropriate interventions for the support of teenage parents: To increase the chance of success, projects need to consider how they can best meet the needs of teenage parents, ideally considering the needs of fathers as well as mothers. Effective interventions are likely to include improving:

- support for continuing education
- access to appropriate housing

Successful educational interventions usually include flexible and accessible childcare. There is some evidence that successful peer support groups will empower teenage parents to use their experience to support others.

Understanding the importance of clear objectives for evaluation: There are few clear objectives for NDC teenage pregnancy support projects. This may reflect the lack of specific national targets related to teenage parents. Local evaluation of teenage parent support projects has been slow to get established and programmes need to consider what outcome data they can realistically obtain, particularly on educational and employment outcomes amongst teenage mothers.

Working with Sure Start Plus and Connexions: In many NDC areas there are active Sure Start and Sure Start Plus programmes with links to Connexions. There are likely to be opportunities for “early wins” in terms of developing services to support pregnant teenagers and teenage parents in NDC areas by working with these nationally supported programmes

Building on pre-existing local initiatives: In other areas, NDC programmes have built on longstanding local initiatives and voluntary groups that support young parents locally. Further follow up is needed to identify whether new NDC programmes to support teenage parents are successful when they are established in areas where there are only limited programmes already in place with which they can work .

Ensuring local provision: Local provision of services is essential, as young people are unlikely to travel to receive the help and support they may need. This is particularly true of young fathers.

Barriers to effective working: The short-term nature of funding and secondments for some of the key projects results in low staff morale and difficulty in long term planning especially in limiting partnership working. Lack of suitable community buildings in the NDC areas is also a significant issue.

Supporting teenage parents, increasing teenage pregnancy rates? In understanding the impact of interventions it is worth being aware that rates may be highly sensitive to whether an area has appropriate supported accommodation for pregnant teenagers: in some areas up to half of births may be to teenagers who have moved into the area during the pregnancy.

Introduction

The relationship between early parenthood and socio-economic deprivation has long been an issue of public health concern.

However the inevitability of poorer health outcomes amongst both teenage mothers and their children has more recently been questioned. There is a very limited evidence base for the effectiveness of specific targeted interventions, but there is more general evidence that support for parents of all ages can improve outcomes for both the parents and their children and this evidence is now being used to target interventions for teenage parents.

This report therefore focuses on identifying how interventions that aim to support teenage parents and reduce the chance of negative impacts on both parents and children are being introduced in NDC areas. Since few projects are yet well established this report will draw on information about plans for the development of NDC initiatives and from the Teenage Pregnancy Unit as well as current activity in three case study areas (highlighted in Box 1, Box 2 and Box 3).

Interventions to reduce teenage conceptions are common features of NDC programmes and these programmes are the subject of a separate report.

Research Approach

The research consisted of 4 main elements:

- A review of the current policy literature
- A review of existing documents such as delivery plans and partnership reports available from the partnerships or on the CRESAR web pages
- Supplementing this available information by telephone calls and emails to partnerships where information was difficult to obtain
- Case study visits

Initial research to determine the major health themes through out the NDC partnerships identified teenage pregnancy as a key theme present in many NDC plans (see Appendix 1). It is likely that that other relevant initiatives exist or are currently developing in NDC areas that we did not contact.

Many NDC projects related to teenage pregnancy have initially focused on using different approaches to address the issue of preventing teenage conception. However many of these areas are also now starting to look at addressing the needs of pregnant teenagers and teenage parents. Subsequent to mapping all teenage pregnancy projects ongoing in NDC areas we have selected, visited and studied in depth three NDC partnerships with planned initiatives that aim to support pregnant teenagers and teenage parents.

Case studies were selected to include a variety of approaches and innovative ways of working. They were also selected to reflect projects that were building on pre-existing initiatives and projects in areas that did not already have well established initiatives. Three neighbourhoods were visited to conduct in depth interviews with health theme leads and other relevant staff from both NDC and (where possible) key partner agencies.

The case studies reported here are from East Manchester, Nottingham and Knowsley (North Huyton). More details about projects aiming to reduce teenage conceptions in these areas are available from the associated report.

Box 1: Nottingham (Radford and Hyson Green)

Radford and Hyson Green is a residential area close to the city centre. Much of the areas housing is in multiple occupation and includes a significant student population as well as a 28% BME community.

In this NDC like many others the teenage pregnancy agenda has been imposed by the NDC health theme who are aware of the social and financial limitations on teenage parents and their families. Although the residents did not highlight teenage pregnancy as an issue they will continue to be involved in negotiations through residents voice – a new 500 strong citizens panel.

In East Nottingham, the NDC has chosen to build on the Sure Start programme by appointing a Sure Start Plus worker to develop projects in the NDC area. The projects will provide services for teenagers who think they are pregnant, as well as supporting pregnant teenagers both before and after the birth. Sure Start will provide support for the NDC appointee to help with managing casework. They will have a specific role in local networking. This could involve developing relationships with local hostels, for example. There are also plans to train a number of local peer educators from different ethnic backgrounds who can relate to the diverse range of different ethnic groups in the NDC area.

The NDC is working very closely on this project with the city-wide Sure Start Plus programme. The advantages of this collaborative approach are seen as relating both to the opportunity to develop appropriate partnerships with other organisations and the opportunity to mainstream successful projects much more easily than if a separate team is set up within the NDC. The local team is very positive about the support and opportunities represented by the Sure Start Plus Programme However the risk that the NDC agenda will not be met has also been recognised. This will need to be addressed through NDC management structures and kept under review.

Background

Teenage pregnancy is a result of many factors including lack of education, poor perceived outlook and ingrained local culture. There is a significant inequality in teenage pregnancies, and a tenfold increase in teenage pregnancy rates between the lowest and highest social classes. Teenage pregnancy is also associated with poor educational achievement, which again is greater in deprived neighbourhoods. Teenage fathers are also more likely to come from a lower socio-economic group, and to have left school at the minimum age and without qualifications. Young people in care, those who are homeless, those involved in crime, those who have been excluded from school, children of teenage mothers and members of some ethnic minority groups are particularly vulnerable to becoming teenage parents. Caribbean and Pakistani and Bangladeshi women are more likely to have been teenage parents than white women, but Indian women are well below the national average and rates in South Asian communities are generally falling (Health Development Agency 2002). There is also much regional variation, but variation due to socio-economic factors is significantly greater than regional variation.

Although teenage parenting can have a positive side, creating a renewed sense of purpose and increased motivation for education or work, the health risks to both mother and baby are well documented. These include poor mental health, poor housing, and low educational attainment for teenage parents, and low birth weight, higher infant mortality, and higher risk of poverty for children. The economic and employment outcomes for young fathers are also poor.

Children of teenage mothers are more likely to have the experience of being in a lone parent family, and are generally at increased risk of living in poverty, poor housing and suffering poor nutrition. They are also more likely to become teenage parents themselves (Health Development Agency 2002).

National policy context

The Social Exclusion Unit's (SEU) report on teenage pregnancy, published in 1999, set out a national strategy for England to:

- halve the rate of conceptions among under 18s and set a firmly established downward trend in the conception rates for under 16s by 2010
- increase the participation of teenage parents in education and work.

To some teenagers this may appear as a rather “mixed message” as some projects aim explicitly to increase understanding of the negative aspects of teenage pregnancy, whilst others explicitly aim to make teenage pregnancy a more positive outcome when it does occur.

Local context

In practice, this national “twin track” approach to the socio-economic and health risks associated with teenage pregnancy has been successfully reflected in most local teenage pregnancy programmes which are led by a single Teenage Pregnancy Co-ordinator in most areas. Where NDCs have plans to appoint Teenage Pregnancy staff it is not always entirely explicit whether their responsibilities are limited to programmes to reduce conceptions or whether they are also going to be responsible for developing interventions that provide support for teenage parents, particularly for teenage mothers.

It maybe helpful if projects that support pregnant teenagers and projects that support teenage parents identify distinct outcome measures since appropriate measures of success will be different from programmes with the aim of reducing the number of teenage pregnancies in the area. This may be particularly important where, for example, success in providing appropriate housing, education and childcare for teenage mothers results in an increase in the number of teenage mothers living in the NDC area as they may move into the area as a result of re-housing. It is also important to avoid the type of controversies that have been reported nationally where programmes have been accused of encouraging terminations to reduce the number of teenage pregnancies.

Box 2: East Manchester (Beswick and Openshaw)

The Beacons for a Brighter Future Partnership provides strategic direction to the regeneration of East Manchester across the NDC area of Beswick and Openshaw and also neighbouring Clayton. The partnership is responsible for the management of the New Deal for Communities and Single Regeneration Budget initiatives across the area and aims to ensure these programmes complement each other and also support the other regeneration initiatives occurring across East Manchester (Sure Start, Education and Sports Action Zones and New East Manchester Limited).

Generally when asked about priorities for the area, health issues don't come up as residents main concerns, these tend to be housing and crime problems. The issues around health which do arise are more focused, e.g. dissatisfaction with information about provision at, or location of, the new health centre. Local perception of the areas health problems tend to be around issues with NHS access, not wider issues. When asked about their concerns residents think of their own health not the health of community. Teenage pregnancy is not an issue unless it has specifically affected them or their family, and the views of those affected tend not to be represented on the residents committees. But there are still large problems with nuisance behaviour, teenage drinking, etc - these issues can be related to teenage pregnancy and especially to measures which are being taken which will address all these issues. Clearing derelict housing will have impact on drug and alcohol use by removing the location where teenagers tend to go, this may in turn impact on teenage pregnancy as the feeling locally is that it is related to problem behaviour in many cases.

East Manchester NDC neighbourhood had about twice the average Manchester rate of teenage pregnancy and the NDC has worked with the city wide Teenage Pregnancy Co-ordinator to produce an East Manchester Teenage Pregnancy Plan. NDC funding has been used to match Department of Health Local Implementation funding. The Discus Project, part of the youth programme, aims to identify and meet the needs of young parents who do not access mainstream services. The group provides outings, education and employment opportunities. Relationships are very strong between the NDC and the project workers, who see the NDC partnership as supporting to and contributing to their shared aims, rather than imposing an agenda or "interfering".

The NDC is also involved in development of supported housing for young mothers. The intention is to provide not only a full time warden and staff team but also training and community services. One and two bed-roomed flats would be available for two years, followed by a planned transfer to mainstream housing. The project depends on identifying a suitable property and this was the main problem, with plans falling through after a significant investment of individuals' time and energy. However building work has now started and acceptance of the project by residents has apparently increased.

Objectives of projects to support pregnant teenagers and teenage parents

There are three groups of teenagers for which different types of intervention will be appropriate and for which there will be different, equally appropriate, objectives.

- All teenagers, including teenage parents, may benefit from advice about sexual health and access to contraception and the main objective will be reduction in sexually transmitted infections and unwanted pregnancies
- Pregnant teenagers need support and advice in decision-making, and the main objective is to ensure appropriate information and support is provided
- Teenage parents need support in terms of appropriate housing and support to continue their education. They need practical support with child-care, as well as more general social and psychological support, with the explicit objective of increasing the proportion in education or in employment

Early advice and suggestions for teenage pregnancy initiatives, in the form of a resource pack including case studies, has been provided to all NDCs by the national Teenage Pregnancy Unit. They identified a number of examples of schemes to support teenage parents. These included several that have not been revisited in the health theme evaluation and which are therefore briefly summarised in this report in Appendix 2. More details are available from the Teenage Pregnancy Unit pack produced by the Teenage Pregnancy Unit with support from the Neighbourhood Renewal Unit (Teenage Pregnancy Unit 2002).

The three case studies reported here do reflect a range of different strategies which are both supporting the development of pre-existing programmes and working with partners with similar aims to develop new projects. They include two areas with Sure Start Plus and well-established programmes where NDCs are able to build on pre-existing programmes (Nottingham and Manchester) and one area where the NDC is working with the mainstream services and Sure Start in the absence of a local Sure Start Plus programme.

The objectives of the projects generally include the general social support of teenage parents as well as more specific practical elements of support. However it is difficult to identify specific objectives in terms of measurable outcomes. This is in contrast to teenage pregnancy prevention programmes for which the relevant outcome – reduction in teenage conceptions – is clearly identifiable. Generally speaking, NDC areas still need to develop explicit objectives and outcome measures for projects that support teenage parents.

Process Issues

Local support

Teenage pregnancy was not one of the main concerns for NDC residents despite high rates of teenage pregnancy in all NDC neighbourhoods. In some cases, residents' health concerns are focused around access to services, in other areas wider social issues and factors such as housing, transport, environment, and drugs are seen to be affecting the health of neighbourhood.

Community consultations for the NDC delivery plans were often the first time the community had been consulted on issues surrounding teenage pregnancy and teenage parenthood. The fact that teenage pregnancy is not perceived by the community as a high priority is perhaps

not surprising in light of the many other indices of poverty and deprivation present in the community.

“The teenage pregnancy issue isn’t resident led, it is top down... and imposed by the government agenda”. (local NDC worker).

There may also still be concerns that providing material support for teenage parents is seen as inappropriate by some in the community as it may be seen as “encouraging” teenagers to become teenage parents. However there are exceptions to this: one of Knowsley NDC’s main strengths is the enthusiasm of the community and the extent to which they have been involved in planning initiatives. The development stage has taken much longer than many other NDCs but has been thorough and should ensure strong direction and purpose for each of the projects including a well developed network of resident groups and community organisations.

At the time of writing the NDC delivery plans, teenage pregnancy was particularly topical in many cities as the teenage pregnancy strategies were being developed at the same time. Despite a lack of initial community concern, teenage parenthood appears to be regarded as a highly appropriate priority for these neighbourhoods due to the high numbers of teenage parents.

Identifying appropriate interventions

A wide range of interventions have the potential to improve health, educational and employment outcomes for teenage parents. To increase the chance of success, projects need to consider how they can address the complex needs of teenage parents, ideally considering the needs of fathers as well as mothers. Effective interventions are likely to include improving support for continuing education and improving access to appropriate housing. Information on good practice in provision of supported accommodation for young parents has been provided by the Teenage Pregnancy Unit and DTLR (Teenage Pregnancy Unit 2002). Successful educational interventions usually include flexible and accessible childcare. There is some evidence that successful peer support groups will empower teenage parents to use their experience to support others.

Identifying appropriate outcome measures

NDC areas that aim to improve outcomes for teenage parents need to consider how they can appropriately measure the success of their programmes. Whilst many NDC areas have identified outcome measures related to reducing teenage conceptions, few outcome measures relate to improving outcomes for teenage parents. Since routine information on the educational, employment and health outcomes of teenage parents has not been collected at baseline and is not routinely available, programmes will need to consider what outcome data they can realistically obtain, particularly on educational and employment outcomes.

Most NDC areas have high local rates of teenage pregnancy whether rates are compared to rates for England as a whole or to neighbouring areas. Programmes are both aiming to support teenage parents and reduce teenage conception rates. It is therefore very important to understand potential reasons why initiatives improving outcomes for teenage parents in an area may apparently inflate local teenage pregnancy rates and make it appear teenage pregnancy is increased by such initiatives. For example, pregnancy rates may be sensitive to whether an area has appropriate supported accommodation for pregnant teenagers: in some areas up to half of births may be to teenagers who have moved into the area during the pregnancy.

Working with Sure Start Plus and Connexions

In many NDC areas there are active Sure Start and Sure Start Plus programmes. These may already have links with educational and employment opportunities through the Connexions Service. These may represent opportunities for “early wins” in terms of developing services to support pregnant teenagers and teenage parents in NDC areas that have built on these well developed nationally supported programmes

NDCs should be able to identify their closest Sure Start Plus programme (see Appendix 3). There several geographical overlaps between Sure Start Plus and NDC areas, including in Nottingham and Manchester where there is NDC involvement with Sure Start Plus. For example, the Nottingham NDC has appointed a joint worker who will work with the local Sure Start Plus team. In Manchester Sure Start Plus is involved in the overall strategy group alongside the NDC.

Building on other pre-existing initiatives

In other areas, NDC programmes have built on longstanding local initiatives and voluntary groups that support young parents locally. Some lessons can already be drawn from experience in NDC and Sure Start Plus areas where programmes are already supporting teenage parents. Knowsley is an NDC area with a high rate of teenage pregnancy which plans related initiatives based on health authority and Sure Start initiatives, although the nearest Sure Start Plus is in Liverpool/St Helens.

Further follow up is needed to identify whether new NDC programmes to support teenage parents are successful when they are established in areas where there are only limited programmes already in place for them to work with.

Funding

In areas where teenage pregnancy initiatives cover both prevention of teenage pregnancy and support for teenage parents, the published planned expenditure generally represents the total budget for teenage pregnancy related initiatives. It is not explicitly specified what proportion will be allocated to support initiatives for teenage parents, relative to prevention initiatives at the outset. The table below therefore gives overall expenditure on teenage pregnancy initiatives for the three case study areas.

Table of planned expenditure

NDC	NDC funding	Match funding source	Matched funding	Total funding	Project time scale
Manchester	£300,000	HAZ Sure Start Plus Local fund DfEE Mainstream	£300,000 £83,000 £630,000	£1,313,000 +	3 years
Nottingham	£61,160	Connexions Sure Start	£39,238 £21,000	£121,389	3 years to 2005
Knowsley	£15,990 £32,940	Public money	£10,000 £10,300	£69,230	2002-4

Box 3: Knowsley (North Huyton)

North Huyton in the borough of Knowsley on Merseyside is bounded to the north and west by the M57 motorway, the A57 to the south, which is the main arterial route into Liverpool and to the east by residential areas within the city of Liverpool's jurisdiction. It incorporates all of Princess ward and parts of Longview and Knowsley Park wards with an estimated population of 11,310. The Index of Multiple Deprivation score for the area is 78.77, which places it in the most deprived 10% of wards in England. Just over half of the population lives on low incomes (as measured by receipt of Income Support and Job Seekers Allowance). Only 36% of young people stay on at school beyond compulsory education. Its standardised mortality and illness and disability ratios are 178 and 274, respectively (against national indices of 100).

This NDC area has much higher teenage conception rates (47/1000) than either the national rate (27/1000) or the rest of the borough (28/1000). As this was one of the last NDC areas to secure its funding, the projects are at a relatively early stage of development, however they plan to invest £136 000 of NDC revenue in their Teenage Pregnancy Support Programme. The planned investment includes a borough-wide Teenage Pregnancy Co-ordinator employed by the PCT who will provide both advice on avoiding conception and support to young parents and their families. They explicitly plan to build on previous health authority and Sure Start initiatives. The NDC programme will also employ 1.5 teenage pregnancy youth workers with the part time post aimed specifically at young males and young fathers.

At this stage it is unclear what the eventual balance will be in these roles between the twin aims of prevention of teenage pregnancy and support to pregnant teenagers and teenage parents. The need for services to support young fathers as well as mothers has already been recognised locally.

This case study is an example of an area that, in contrast to the other case study areas, does not have a local Sure Start Plus programme or equivalent well developed projects to support teenage parents. The nearest Sure Start Plus area is Liverpool and St Helens. However social services have contributed equipment to support small mother and baby unit and despite the lack of specific ring-fenced funding for working with teenagers in an area without Sure Start Plus funding, Sure Start has locally acknowledged the need for specific services for teenage parents, funding the Community and Youth Service to develop appropriate ways of helping teenage parents locally. There is a weekly drop-in teenage pregnancy youth advice session which already attracts up to 50 young people over a two hour session and two additional sessions are planned, including one on a Saturday evening. The intention of the NDC is to develop projects that also address the needs of pregnant teenagers and teenage parents

Potential barriers to implementation

Local perceptions of the need for support for teenage parents

Because the potential poor long-term outcomes for teenage parents and their children are indistinguishable from the poor outcomes more generally related to poverty and lack of opportunities for education and employment, teenage parents may not be initially seen by local residents as a particular priority. The introduction of Sure Start Plus programmes has started to raise awareness of the specific problems facing teenage parents, but this is still perceived as a central government target to get teenage parents back into education or jobs, rather than a local priority.

Competition for financial and multi-agency support from teenage pregnancy prevention initiatives

Because projects to support teenage parents are often managed and overseen by the same multi-agency groups responsible for teenage pregnancy prevention initiatives, there is a risk such projects will lose out. Falling teenage conception rates in NDC areas, if they follow the trends currently being seen nationally, may make provision for teenage parents appear less of a priority. It is also more difficult to measure the success of initiatives, because the impact of interventions is likely to be reflected in long term outcomes as a result of better educational and employment opportunities. In contrast, teenage conception rates are routinely collected, analysed and reported and the impact of interventions would be expected within a short period as less unprotected sex is reflected in fewer teenage pregnancies.

Need for multi-sectoral collaboration

Because practical support for teenage parents is needed in many areas including education, housing, employment and childcare as well as in specific health-related interventions, comprehensive support for teenage parents will need very broad-based collaboration. This can be compared with the collaborations required for successful teenage pregnancy prevention work, which is largely within the health and education sectors and may need relative small investments to develop effective projects.

Funding and accommodation

An important issue acting as a barrier to success was identified by a number of NDC staff as the short-term nature of funding and secondments for some of the key projects results in low staff morale and difficulty in long term planning especially in limiting partnership working. A key issue for the health themes was the untimely initiation of many projects to coincide with the massive NHS structural re-organisation. In most cases progress in the health theme, most notably around partnership working and appointment of seconded staff, has been severely delayed by the slow establishment of local Primary Care Trusts. Other problems included a lack of community buildings in the NDC areas that were suitable as accommodation for the projects. Many projects are therefore now established in NDCs to build suitable facilities or to renovate and adapt existing buildings.

Conclusions

It is too early to report on the outcome of projects in the NDC areas visited. More work needs to be done by the theme teams to identify the links between education, housing and employment programmes and how the needs of teenage parents can be met. More work is also needed to identify and collect appropriate outcome measures to assess the success of these programmes.

This overview of projects supporting teenage parents and the three case studies reported here have raised a number of issues that other NDC areas developing such projects will need to consider. Local project development will always need to consider the local context and expressed local needs, but there are some general issues that should be considered. These include:

- **What projects and programmes already exist in the NDC area or in neighbouring areas?** Much can be learnt from local pre-existing programmes such as Sure Start, both in terms of barriers and difficulties and in terms of successful approaches, to understand what is likely to work locally.
- **What are the main support needs of local teenage parents?** Specific education, housing and employment programmes may all be needed, as well as more general provision of advice and social or psychological support. Projects need to consider whether they will also involve and support teenage fathers.
- **How will success be measured?** There is a need to identify appropriate outcome measures that will reflect the success of programmes in improving health, housing, education and employment outcomes for teenage parents.

Key messages to partnerships

A key to successful projects, what ever the topic, is local NDC staff with strong knowledge of the local area and the specific needs of the local community

Be aware of the possibility of presenting mixed messages if prevention of teenage pregnancy and support for teenage parents are both being tackled.

Supporting teenage parents is not an isolated issue - Ensure cross cutting work in association with other NDC themes where ever possible

There seems to be a lack of understand of the difference between quantitative monitoring and qualitative evaluation, and the need for both.

Mainstream funding of the voluntary sector may ensure that those who are difficult to engage are still reached – e.g. those who are cautious of statutory services.

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These documents are available from www.renewal.net or from the Teenage Pregnancy Unit (www.teenagepregnancyunit.gov.uk or 020 7972 5073)

Appendix 1: NDC areas reporting projects that support pregnant teenagers and teenage parents

NDCs	Teenage pregnancy prevention
Aston, Birmingham	Sure start model
Bradford	Teenage pregnancy work ongoing
Leicester Braunstone	Peer educators Sure Start. Raise self esteem life choices for young women, positive and negative aspects of parenthood.
Brighton East	Increasing access to family planning services. Changing attitudes, peer educators
Bristol	Teenage pregnancy project
Coventry	Teenage sexual health programme
Derby	Get your kit on -safe sex advice and support
Haringey Seven Sisters	Health education programme - responsible relationships.
Hartlepool	Sure start extension in NDC area
Hull	Teenage pregnancy project
Islington	Young peoples sexual health services.
Clapham Park Lambeth	Teenage pregnancy and sexual health work beginning
Liverpool Kensington	Teenage pregnancy and education
Norwich	Collecting background data
Manchester	Teenage pregnancy action plan
Nottingham	Teenage pregnancy officer: Sure Start Plus Advisor in the New Deal Area
Knowsley	Sure Start development to identify needs of teenage parents
Oldham	Young peoples sexual health and peer education
Plymouth	Children and Families including Pregnancy and Early Life. Promoting positive sexual Health
Heywood Rochdale	Sexual health including teenage conceptions
Salford	Salford and Trafford sexual health strategy
Sheffield	Sure start extension in NDC area
Southampton	Family support Health and Well being
Walsall	Teenage pregnancy. Community partnership

Appendix 2: Examples of early case studies identified by the Teenage Pregnancy Unit

Birmingham (Kings Norton, Three Estates)

The Community Advice Team also provides long-term support to young parents and has a highly proactive approach with its case load and an emphasis on re-housing. The Young Parents Project was established in 1996 by the South Birmingham Family Services Unit and NDC support has helped it to extend its programme and to produce a video and resource pack to look at the issues facing teenage parents. The project promotes peer support with young mothers contributing by supporting others. It is a good example of a well established project which the NDC has been able to support.

This is also an example of an area where re-housing pregnant young women in the NDC neighbourhood has had an impact on local teenage pregnancy statistics – successful support for pregnant teenagers may artificially reduce the apparent impact of prevention programmes by increasing the number of births to mothers who might otherwise move to other areas.

Leicester (Braunstone)

The local plan produced by the Braunstone NDC recommended fast-tracking Sure Start and Sure Start Plus programmes to be the driving force in the development of programmes and services within the NDC area. Sure Start Plus was already developing training programmes for young parents. A Parent and Family Support Group has been set up which planned to use Sure Start resources to develop local services with an emphasis on outreach and home visiting, additional childcare spaces and primary health care and special needs services. Teenage pregnancy is one area of concern to the group.

London, Southwark (Aylesbury)

The Aylesbury Plus Young Parents Project is a voluntary peer-led group which aims to empower pregnant teenagers and young parents by providing information and sign-posting to relevant support services. The group was initially funded by the Aylesbury Plus Small Grants Scheme and meets weekly in NDC funded premises. However the group is concerned not to lose its independence and local credibility with in the community. There is clearly a perceived trade-off between getting longer term financial support and maintaining independence. Members of the group feel strongly that large well-funded government initiatives are not to be trusted and are likely to impose their own agenda on such small groups.

Plymouth (Devonport)

The Plymouth Tuition Service Young Mothers Centre funded by DfES is an example of a unit where teenage mothers are offered both childcare and educational facilities on the same site. Sure Start funding has been used to provide on-site antenatal and postnatal care from a dedicated midwife and health visitor so mothers can access services without missing classes. This is a model that might be appropriate in NDC areas where teenage mothers have difficulty accessing mainstream education and the practical or social barriers are not easily overcome.

Appendix 3: SURE START PLUS

The following information about the Sure Start Plus programme is taken from the Regional Co-ordination Unit website (<http://www.rcu.gov.uk>)

The aim of Sure Start Plus is to reduce the risk of long term social exclusion and poverty from teenage pregnancy

Sure Start Plus is an innovative three-year pilot programme in 20 areas in the UK, launched in April 2001. The programme provides support for pregnant teenagers and teenage parents under 18 years of age. Sure Start Plus is a key element of the Government's ten-year Teenage Pregnancy Strategy (launched in 1999) which is being implemented by the Teenage Pregnancy Unit, Sexual Health and Substance Misuse Business Area, at the Department of Health.

Sure Start Plus pilot programmes are located in areas covered by a Health Action Zone which have at least one Sure Start Programme. The main components of SSP are: personal advisors to support and advise pregnant teenagers in making informed choices about the future of the pregnancy; and tailored support packages for young parents to help them access healthcare, parenting skills, education, childcare and housing. The importance of the role of young fathers is also acknowledged.

All pregnant teenagers and teenage parents will be offered advice on contraception. Sure Start Plus also: reshapes existing local services to make them more user-friendly and sensitive to the needs of teenagers; will identify gaps in services and develop proposals for filling these; and seeks to improve co-ordination between local agencies.

Sure Start Plus partnerships include representation from local Sure Start partnerships, local teenage pregnancy co-ordinators, and Health Action Zones, plus other agencies and voluntary organisations involved in the provision of services related to teenage pregnancy and teenage parenthood. In all Sure Start Plus areas, the Sure Start Plus partnership have to be represented on the Connexions local management committee.

The cost of individual pilot programmes varies depending on the size of the area covered. Grants range from £125,000 to £255,000 per year. The grant is paid from within the existing provision for Sure Start, which is currently £499m up to March 2004. As part of the 2002 Spending Review outcome, Sure Start Plus was awarded funds to extend the lifetime of the pilot from three to five years, demonstrating the Government's commitment to supporting pregnant teenagers and teenage parents. The pilot is now funded until March 2006.

In January 2002 the Sure Start Unit commissioned an evaluation of Sure Start Plus in order to establish how far the pilot programmes are achieving its aim, objectives and targets and how successful it has been in contributing to the Governments Teenage Pregnancy Strategy. This evaluation is being undertaken by a team of researchers from the Social Science Research Unit, Institute of Education, University of London. It is due to report in Autumn 2004. Sure Start Plus programmes are also carrying out individual local evaluations.

The Sure Start Plus pilots were planned for 20 Health Action Zone areas:

Tyne and Wear
South-east London (Lambeth, Southwark and Lewisham)
South Yorkshire Coalfields
Manchester and Salford
East London and The City
Teesside
Leeds
Liverpool and St Helens,
Bradford
Sheffield
Sandwell
Nottingham City
Kingston on Hull
Wakefield
Walsall
Leicester
Stoke on Trent
Wolverhampton
Plymouth
Rochdale

These Health Action Zone geographical areas include many, but not all, NDC areas.