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### Citation for published version:

Quilgars, D, Johnsen, S, Pleace, N, Beecham, J & Bonin, E 2011, *Supporting independence? Evaluation of the teenage parent supported housing pilot: Research Report DFE-RR158*. Department for Education, London.

### Link:

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### Document Version:

Publisher's PDF, also known as Version of record

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

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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.

### **Additional Information**

The full report can be accessed at <http://www.education.gov.uk/publications/>

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Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

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