Good Practice In Supported Housing for Young Mothers

Report prepared for the
Teenage Pregnancy Unit, Department of Health and
Office of Deputy Prime Minister

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Health Action at Crisis is a specialist research and policy team within Crisis. It aims to improve homeless people’s access to the full range of quality health and social care services. It undertakes research and evaluation work for voluntary and statutory agencies and produces reports, practice guides, leaflets and a newsletter to promote awareness of new solutions and share good practice.

Health Action at Crisis have produced various reports on the issue of mothers who are homeless or in housing need. This report was commissioned by the Teenage Pregnancy Unit and the ODPM (then DTLR) in the light of the policy initiative that from 2003 all lone parents aged under 18 who are not living with a partner or with their family should be placed in housing with support.

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The views expressed in the report are those of the authors and are not necessarily those of the Teenage Pregnancy Unit (TPU), Department of Health or the Office of the Deputy Prime Minister (ODPM).
Executive Summary

Introduction

The report on Teenage Pregnancy published in 1999 by the Social Exclusion Unit identified that, although a half to two-thirds of teenage parents live with their families, those that do not can be isolated, unsupported and face long-term social exclusion. The report sets the objective that from 2003 all lone parents under the age of 18 who cannot live with family or partner should be placed in supervised semi-independent housing with support, not in an independent tenancy.

This document summarises research on good practice in current supported housing for young mothers to guide the development of new and existing schemes. It does not advocate one model of provision but presents the principles on which developments should be built and the various ways in which they can be put into practice. It is based on material gathered from three sources:

- visits to 9 schemes across the UK representing different models of provision;
- a focus group with managers;
- a consultation event for young mothers living in supported housing in London.

Altogether the researchers spoke to 126 young women, 48 managers and other staff and 16 representatives from agencies working in close partnership with schemes.

Establishing Schemes

Consultation, ensuring adequate revenue funding and appropriate staff recruitment policies are key in setting up high quality accommodation with support. In addition, because housing providers cannot provide for all the needs of residents, it is essential to forge effective partnerships with other agencies as a basic premise of good practice.

Consultation with teenage mothers and local statutory and voluntary agencies is required to ensure that schemes can tailor provision to their target group locally. This will allow them to offer appropriate levels of support to residents, access move-on accommodation and on-going revenue funding and ensure the provision is integrated into local strategies for teenage parents. Consultation can be carried out through focus groups and questionnaires with young parents and the agencies that work with them.

Funding. The main sources of revenue income are housing benefit and Supported Housing Management Grant. These revenue funding streams will be consolidated within the Supporting People Grant from 1st April 2003. Additional income can come from resident service charges, spot purchasing by social services departments, block funding from housing authorities and cross-subsidies from registered social landlords. A multitude of sources provide smaller sums, including Health Action Zones, Sure Start, charitable trusts, SRB and churches. Putting an adequate funding package together can be problematic and time consuming and there are difficulties in matching the completion of capital works with guaranteeing adequate revenue income. Funding opportunities in areas without special initiatives can be very limited.
Supporting People provides an important opportunity to improve housing support services for teenage parents and to raise awareness of the issues within local authorities. Clearly, as the programme is still in development, it is too early to make a judgement as to its impact. It will be important for providers of teenage pregnancy services to engage fully with their local Supporting People partnerships.

**Staffing** levels depend on resident need and vary from 24-hour waking cover to weekday office hours. Support workers are overwhelmingly female and schemes are keen that they should mirror the diversity in resident communities. A key part of offering an effective service is having staff with the right approach and skills. This means they are recruited more for their personal qualities than qualifications. These are commonly agreed to be communication and people skills, flexibility, a non-judgemental approach and experience of working with young people. Attracting staff with these skills can be problematic and there are concerns that as the ability of schemes to pay competitive salaries decreases shortages will become more acute. Staff retention and stability has a significant impact on the nature of relationships with residents and on-going contact with ex-residents. Retention can be encouraged through offering effective supervision and training. This also fosters a consistency of approach in the work which can be bolstered by a framework of firm policies and procedures so that all staff operate with the same standards.

**Partnerships** enable schemes to provide a more holistic service for residents but their ability to forge them successfully varies enormously in different parts of the country. Those with **health visitors and midwives** are described as the most successful. They can provide regular on-site sessions, foster access to mainstream health services and be a good source of training for staff. But workloads often prevent them from doing more pro-active as well as re-active work. Relationships with **social services** are more problematic. Some schemes work closely with them, operate monitoring and observation packages and attend case conferences. Others complain about a lack of pre-placement information and little post-placement input from social workers. Good partnerships with **housing authorities** can mean smoother transitions for residents into independent tenancies. When relations are poor schemes have little control over the timing, location and quality of move on accommodation which can have a big impact on the sustainability of tenancies. Other key partnerships are those with **parenting and family support** services, **education and training** initiatives and the local **Teenage Pregnancy Co-ordinator**. Schemes were keen to emphasise the value of **stakeholder groups** that regularly bring together the agencies involved in supporting young parents. This fosters good communication, oversees the development of schemes and ensures all agencies accept responsibility for throughput.

**The Residential Environment**

Schemes aim to provide an environment that will enable young mothers to become ‘good enough’ parents and successfully sustain an independent tenancy. Both the quality of accommodation and the approach and attitude of staff are crucial in fostering an empowering atmosphere offering an appropriate balance between independence and privacy, support and intervention which residents find acceptable and which allows effective work to take place.

Women are usually accepted from the second or third trimester of pregnancy or with a child up to 6 months old. Lengths of stay average 7-12 months although they can continue for two years or more depending on the availability of move-on accommodation. The volume of referrals can be affected by the continuing legacy of
the traditional mother and baby unit where potential residents are unwilling to engage because of negative images of disciplined and inflexible regimes.

Most schemes in practice are providing for a range of levels of need – young women with good support from their families and minimal support needs and those who are very vulnerable, lack any other support and may have mental health, drug, alcohol and child protection issues. Mixed resident groups can be problematic for residents and for staff who may need to impose different kinds of regimes. This means that continuing input and support from referring agencies can make a big difference to a scheme’s ability to provide for a range of needs. Schemes have therefore developed ways of encouraging on-going support from referrers by producing clear, accessible referral information, building up more effective working relationships, establishing written agreements about input and timing of move-on and setting up steering groups or allocations panels to oversee referral and allocation decisions.

Providing Support

Schemes are more effective if they operate a formal system of needs assessment, keyworking, care planning and review. Keyworkers meet with residents weekly or fortnightly to devise and oversee individual care plans that enable residents to move on to independent living and empower them to achieve their aspirations through a structured programme of action plans and clear targets and goals. Support programmes should cover the following:

- **Independent living skills** like budgeting, cooking, shopping, maintaining a healthy lifestyle;
- **Parenting skills** through keyworking or access to support and parentcraft groups;
- **Childcare.** Many schemes are unable to provide any form of childcare. This leaves unsupported mothers with no respite 24 hours a day. Others have nomination rights to nursery provision or regular crèche and play sessions on site which gives mothers a break and can facilitate access to education and training opportunities;
- **Health promotion** work is often left to health practitioners like health visitors. However schemes are involved in discouraging smoking and encouraging breastfeeding, promoting healthy eating, offering sexual health and relationship programmes, distributing condoms and promoting access to leisure facilities and exercise. They also provide informal counselling and access to professional counselling if required;
- **Empowerment and self-esteem.** Low self-esteem is identified as a key issue for many residents that affects their ability to maintain a tenancy. This makes promoting confidence a priority for schemes who are concerned to encourage an empowering environment where residents retain as much control as possible. This might be backed up by assertiveness training and promoting user involvement work;
- **Access to Training and Education** is a priority for residents but they are frustrated by the lack of affordable childcare, particularly for those with children under one year old. One approach is to bring tutors into schemes with childcare support. Staff also recognise that some residents wish to delay their re-entry into education until their child is older and that this desire should be respected;
- **Peer support** is highly valued by residents and schemes will pro-actively promote it, particularly as it can provide support networks once they move into independent tenancies. Floating support schemes may need to be innovative in
finding effective ways of promoting peer support in the absence of shared accommodation;

- **Supporting diversity** is assisted by mixed staff groups that reflect the population from which residents are drawn. There are also schemes that specifically cater for particular minority ethnic groups. Schemes are concerned to provide equal opportunities training for staff and project positive images of different races and cultures. Racist incidents are described as rare but schemes make it clear that racism and discrimination are unacceptable;

- **Dealing with tensions and conflicts.** Sharing facilities like kitchens and bathrooms and restrictive visitors policies can be major sources of tension in schemes. To deal with them schemes operate harassment policies, complaints procedures, clear systems of written and verbal warnings and ultimately eviction. Ideally they would hope to settle disputes through early mediation and creating environments where there is respect for the individual.

**Working with Male Partners and Families**

Most schemes operate visiting policies for families and particularly for male partners; where either no overnight stays are allowed or they are restricted to two nights a week. Schemes offering self-contained accommodation are able to be more flexible than those with shared facilities where staff have to protect the safety and security of other residents. Few schemes are able to offer joint tenancies, which include the father or male partner.

Restrictions can have a negative impact on the family unit and the father's ability to bond with his child. They are covertly flouted which creates a lack of openness in relations with staff and can lead to eviction. At the same time restrictions also offer protection to women involved in difficult relationships and give them more control in the relationship. Most schemes wish to work more positively and pro-actively with young men to promote the family unit. Approaches include offering couple accommodation, inclusion of men in support programmes and parenting groups and establishing young men's or fathers groups.

Schemes frequently acquire a role in building bridges with families. Some young mothers may have supportive relationships with their own families and the father of their child, others have no contact or very difficult relationships. This is seen as a key factor in building support for the young women once she moves into her own tenancy.

**Resettlement**

The main aim of schemes is to prepare residents for independent accommodation. This is built into care plans and entails activating housing claims, assistance with applying for grants and loans, accompanying young women to view properties, helping with the move and with connecting utilities and purchasing furnishings.

Move-on accommodation is commonly accessed through housing authority and housing association stock and the quality varies enormously. Sub-standard accommodation, high rise, one-offer-only policies and policies of offering one-bedroomed accommodation only in areas of acute housing shortage all impact negatively on a young woman’s ability to sustain the tenancy, particularly when it is located a long way from support networks. Smooth transitions are promoted by fostering good relationships with housing authorities which leave room for flexibility
and negotiation. Delays in moving on or being moved before being ready can have a severe impact on the well being of both mothers and children.

Resettlement and outreach work is very under developed in schemes and few can offer a comprehensive service. Although most operate open door policies where women can make contact when they wish, most are unable to visit or stay in touch more pro-actively. Many residents complain of isolation once they are in their own tenancy. An increase in the availability of outreach floating support would increase the throughput in schemes and better meet the resettlement needs of young mothers.

**Evaluation**

Schemes gather information about referrals, levels of need, throughput and move-on and many will also conduct exit interviews with residents. However few are able to conduct any longer-term monitoring of outcomes including tenancy sustainability and evaluation mechanisms generally are considerably underdeveloped. This research however did identify the key issues for women in providing an effective service:

- good quality, well-designed accommodation, which is either self-contained or only involves sharing with one other person and has access to communal facilities;
- safety and security;
- support from peers;
- support from staff which maintains a balance between independence and privacy, intervention and support;
- learning opportunities and occupation;
- access to childcare;
- ability to control contact with male partners and families;
- good quality move-on accommodation at the right time and close to support networks;
- resettlement support.

**Implications for Good Practice**

A number of themes and lessons for good practice can be drawn from the research.

**Models of accommodation with support.** There is no one model that fits all needs and having choice and a diversity of provision should be the aim. The currently preferred option is self-contained accommodation with access to communal areas to foster peer support and groupwork on site. However models offering shared facilities can also be effective, as can floating support depending on the level of need and access to one-stop-shop support facilities. Foster care might be the most appropriate for some at the younger end of the age range.

**Design.** Both residents and staff consider schemes that house 6-10 young mothers as ideal. Accommodation should also be of good quality and well maintained, low rise with outdoor space and separate sleeping areas for babies. If women face longer stays in schemes facilities appropriate for toddlers will become increasingly important.

**Support** is best provided through a keyworking system with structured support and action plans in an atmosphere that is respectful, empowering and offers confidentiality. Schemes should capitalise on opportunities to work pro-actively with
residents, their families and partners and promote peer support. They should also foster opportunities for childcare and access to education and training.

**Staffing** policies should prioritise recruiting staff with the right attitudes and the ability to build empowering relationships with residents. This can be promoted through training, supervision and guidelines that encourage consistency in approach while retaining the flexibility to respond to individual needs.

**Working with men.** Schemes need to explore how best to support the family more holistically by offering couple accommodation and if desired, involve men in the life of the scheme.

**Partnership working** should be prioritised in order to provide a more comprehensive and effective service to residents. Joint working can be assisted by raising the profile of this kind of provision and by making full use of teenage pregnancy co-ordinators and local strategies.

**Resettlement** services are significantly underdeveloped and moving-on can mean leaving a very supportive environment to no support at all. As well as accessing resources to provide resettlement services, schemes need to forge good relationships with housing providers to smooth the transition to move-on accommodation. These services might include pro-active home visits, support groups for ex-residents, and initiatives to exploit their potential as volunteers and mentors for scheme residents.
1. Introduction

Aims

This report presents material for providers of housing and support for teenage lone parents which is practical and useful in developing good quality accommodation and support. It was jointly commissioned by the Teenage Pregnancy Unit at the Department of Health and the Department for Transport, Local Government and the Regions (now the ODPM). The work was undertaken by Health Action at Crisis and took place between November 2000 and March 2001. Specifically it aimed to:

- secure the participation of a representative range of schemes for lone mothers;
- collect qualitative information from staff, residents and partner agencies about their experiences of working in, working with, and living in accommodation and support schemes for lone parents;
- demonstrate examples of good practice in working with teenage lone mothers and the implications for policy and practice.

The report will enable current and new providers to gain an insight into potential pitfalls in developing this type of scheme and alert them to examples of practice that have been found to be helpful and successful from the perspectives of both staff and residents. The work has not identified one model of good practice that can serve as a blueprint for all future housing developments. However it will assist providers to think about the principles on which developments should be built and to reflect upon a number of ways in which these principles can be put into practice. In order to promote this examples of good practice are presented throughout the report that can be replicated in both new and existing projects.

The report is divided into a number of sections. It can be dipped into and used as a reference for designing particular aspects of a scheme or it can be read as a whole to gain a picture of the current state of provision for teenage parents.

Policy Context

The report on Teenage Pregnancy\(^1\) published by the Social Exclusion Unit addresses the fact that the UK has the highest rate of teenage pregnancy in Western Europe. Whilst teenage pregnancy rates have been falling in other European countries, they have remained consistently high in the UK where teenage parents are more likely than their peers to be trapped in poverty and unemployment through a lack of opportunity and encouragement. The policy set out in the report has twin goals:

- to halve the rate of conceptions among under 18’s by 2010;
- to achieve a reduction in the risk of long term social exclusion for teenage parents and their children.

Many of the policy initiatives now in place are aimed at achieving the first of these goals through better sex education in schools, better access to advice and contraception and special help aimed at groups at high risk of teenage pregnancy. Measures aimed at supporting teenage parents and preventing social exclusion include assisting moves back into education and training, improved access to childcare for 16 and 17 year olds and intensive support from personal advisers for some pregnant teenagers. Local implementation is led by Teenage Pregnancy Coordinators in each local authority area who audit and monitor service provision and lead the development of a local teenage pregnancy strategy.

Extrapolating from the annual figures for the numbers of live births to teenagers and the proportion who do not reside with their families there may be approximately 18,000 teenage mothers at any one time who do not live with their families. According to 1997 figures 7,000 of these will be 16 and 17 year olds. Housing measures are based on findings that show that these teenagers run a high risk of being isolated and unsupported and represent a particularly disadvantaged group. Significant numbers have complex needs, which can include difficult family relationships, lack of schooling and histories of abuse, domestic violence, homelessness and living in care. The policy states that, from 2003, all under 18 teenage lone parents who cannot live with family or partner should be placed in supervised semi-independent housing with support, not in an independent tenancy. It is assumed that this will not be implemented through any legislative change but will be reflected in a change to the Homelessness Code of Guidance issued to local authorities.

All housing authorities were asked in April 2000 to audit provision and need in their area and local Housing Investment Plans are expected to reflect the national policy and have a strategy for housing teenage parents. Current evidence suggests that progress is slow in developing local strategies and that 41 percent of councils have not started on this process. This also means that, at present, there is no comprehensive estimate of what the potential demand for supported housing is likely to be. The Housing Corporation has funded six housing association pilot supported housing projects in areas with high rates of teenage pregnancy and offering a range of different models of accommodation and support. Both capital and revenue (Supported Housing Management Grant) funding is available from the Corporation’s Approved Development Programme (ADP). In the Comprehensive Spending Review 2000 the Government announced the Safer Communities Supported Housing Fund (SCSHF), to meet the housing and support needs of those client groups most at risk of social exclusion, including teenage parents. The fund was allocated over 2001 and 2002 and provided capital and revenue to RSLs to develop new services. It also enabled additional floating support services for teenage parents to be delivered in Local Authority owned accommodation.

From 2003 the revenue funding streams will all be consolidated within the Supporting People Grant, which will be administered by local authorities. Supporting People Plans will need to demonstrate the provision of housing and support for lone teenage parents. Teenage pregnancy co-ordinators have been asked to ensure that those plans do reflect national policy on teenage parents at a local level (see Box 2, page 11 for further information on Supporting People).

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2 Op cit 1
3 ‘Councils slow to hatch teen pregnancy plans.’ New Start. 27.04.2001.
Current evidence shows that 70 percent of 15 and 16 year olds and approximately half of 17 and 18-year-olds stay at home\(^4\). Yet one London authority, with a high rate of teenage pregnancy and only fourteen units of supported housing for young mothers, estimated that more than 370 young women aged between 15 and 17 are likely to become pregnant in the coming year\(^5\). These figures demonstrate the considerable challenge the policy will present in many areas. Part of that challenge will be to develop a range of options that are flexible and responsive enough to meet different needs. Recent research\(^6\) found that young women’s priorities were a reduction in mobility and insecurity. They also wanted a range of models of housing and support offering choices, the right balance between independence and privacy and help with meeting their needs around parenting, budgeting, childcare and peer support.

Housing organisations alone cannot provide for all needs and working in partnership with other agencies is a basic premise of good practice in residential care for young mothers. There are a number of government pilots underway which, taken together, aim to provide a co-ordinated response. The Sure Start programme is part of the overall programme of support for parents in designated areas of poverty and deprivation. It helps to co-ordinate help for families with children under 4 years of age with the aim of ensuring that parents can access the type of support they need to give their children a good start in life. Sure Start Plus is a pilot programme for pregnant teenagers and parents under 18 years of age currently operating in 20 areas that are covered by Sure Start and Health Action Zones. Special pregnancy advisers in these areas will help young women make choices about their pregnancy, and offer new support packages to help with housing, health care, parenting skills, education and childcare. In the same areas there are also pilot schemes offering subsidised childcare for 16 and 17 year olds whose families are unable to support them so that they can participate in further education or training. Young mothers receiving Income Support or Education Maintenance Allowance (EMA) will be eligible. Education Maintenance Allowance is another pilot scheme encouraging young people whose families are on a low income to stay in education by the payment of a cash allowance of up to £40 a week.

It is too early to know what kind of impact these pilots will have but initial feedback from a scheme in an area with access to the EMA and the childcare support was very positive. It reported that access to a wide range of educational courses with childcare had a transforming effect on the young women it housed.

Voluntary sector agencies such as Homestart and Newpin operate in a large number of areas throughout the country. Homestart offers a befriending service to new mothers staffed by volunteer parents. Newpin offers intensive parenting support and work around issues on self-esteem. Both agencies have a lot to offer schemes for young lone parents.

Other policy changes taking place relate specifically to young women who are looked after by local authorities. Local authority Quality Protects plans will outline programmes designed to lower the rate of conceptions among young women in care and to better support those who do become pregnant. The Department of Health has also been working on a set of minimum standards for residential family centres and supported living for teenage parents. These will apply to accommodation regulated

\(^4\) Op cit. 1
\(^5\) Housing Teenage Mothers, London Housing, October 2000
under the Care Standards Act 2000 and where places are purchased by local authorities or health authorities. The standards will cover a whole range of issues such as confidentiality and privacy, care planning, staff training and quality of accommodation. Most providers of supported housing for teenage parents will fall outside the regulations. Nevertheless where schemes are concerned with good practice it will be useful to have regard to the standards contained in the document.

Research Methodology

The research team visited a sample of nine schemes providing supported accommodation for teenage lone parents. They were identified from the Really Helpful Directory and data from the Housing Corporation’s Supported Core. The original intention was that the majority of the sample should be in areas within the top 20 percent of teenage pregnancy rates and include a regional spread and a spread in terms of inner city and small town, rural and coastal locations. However an analysis of the above data sources indicated that the rate of teenage pregnancy appeared largely irrelevant to the services existing in any one area and to the range of service models which were represented. Therefore the sample selection concentrated on having a regional spread and a number of different models of provision; core and cluster, floating support and the more traditional hostel style model with the aim of identifying schemes which would throw up elements of good practice. The research explored provision for ‘typical’ teenage mothers rather than those where there are child protection concerns. This meant that high support schemes set up as family assessment centres and used by social services were excluded from the study. However those that do carry out family assessments as a small part of their role were invited to take part. Schemes that fitted the selection criteria were paired in anticipation of some projects not being in a position to participate in the study.

The interest and co-operation shown by schemes was very high, and although a small number did have practical obstacles in the way of participation, the majority who were approached agreed to take part.

Participating schemes were asked to send documentation in advance of a three-day visit by the research team. This included annual reports, policies, and statistics on the characteristics of residents and throughput. Although the pattern of each visit varied it generally included a lengthy interview with the project manager, interviews with staff individually or in a group, a focus group for residents and the opportunity for them to request individual one-to-one interviews. Contact was also made with two or more ex-residents in each project. All residents and ex-residents were paid £10 for their time. Finally we spoke with those agencies that worked most closely with the schemes to gather an external view. Interviews were guided by a semi-structured interview schedule and extensive notes were taken. Focus groups and some interviews with residents and ex-residents were taped and subsequently transcribed. Altogether the research team spoke to:

- **27 on site staff.** Interviews concentrated on care and support issues as well as the nature of the work from a staff perspective including support, supervision and training available.

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11 managers – mostly off site. These were lengthy interviews covering the history and development of the project, funding and management issues, referrals and relationships with external agencies, support services, user participation, resettlement, culture and ethnicity, staffing and recruitment, evaluation and future developments.

16 representatives from external agencies; 6 health visitors/midwives, 4 housing department officers, 4 social services staff, a researcher and a hostel manager. A number of these interviews were conducted on the telephone and were designed to elicit opinions about the effectiveness of schemes in promoting the well-being of residents and preparing them for independent living.

47 residents and 34 ex-residents (see Appendix). Both individual interviews and focus groups aimed to draw out their experiences of what had been helpful or unhelpful in using the schemes and the impact it had on being a mother, other relationships, their self esteem and their ability to settle into independent living.

In addition to visiting sample schemes, the researchers organised a focus group for managers from Registered Social Landlords (RSLs), Managing Agents and two local authorities involved in developing supported housing for young mothers. Its purpose was to explore the issues that arise in developing schemes, including funding streams, partnership working and the pitfalls, barriers and successes that agencies had experienced. The discussion was attended by nine managers from across the country and was very useful in informing the background to this report.

An event on behalf of the Teenage Pregnancy Unit was also organised specifically to hear the views of young lone mothers living in supported accommodation projects across London. Approximately 45 young mothers attended and participated in workshops to air their views. The views of the young women expressed at that event have been incorporated into the report and fit closely with those gathered in the course of visits to schemes.

Information from all sources has been collated and a thematic analysis undertaken to identify particular perspectives, patterns and behaviours. As the work is of a qualitative nature, the prevalence of any particular view cannot be quantified. However clear themes emerged which enabled the writers to capture key issues and concerns. These are illustrated by the use of quotes throughout the text. When the majority of scheme managers and staff held a particular view this is attributed to ‘schemes’ in the report although it is recognised that it is respondents that hold these views rather than schemes.

Participating Schemes

In selecting schemes to visit the intention was to identify a range of different models rather than hope to compile a representative sample. This meant taking a large number of variables into consideration; self contained or shared facilities, staff on site or office based, the range of services offered, keywork systems and the involvement of male partners to name a few. In addition there were issues about the type of resident that the service was aimed at, couples or single parents, the level of their support needs, and their ethnicity.
The sampling frame for identifying schemes to participate was the Really Helpful Directory\(^8\) and the Housing Corporation's Supported Core data. These sources listed approximately 80 schemes offering a range of different models. A subsequent exercise to compile a more comprehensive database of all supported housing schemes for teenage parents found 148 schemes across England and Wales offering 1,000-1,500 beds to young mothers. The majority stated that they provided for pregnant women and mothers aged 16-25 years. Only a handful limited their clientele strictly to teenagers and a number said that they catered for vulnerable single mothers of any age. Half a dozen also said that they catered for under 16s as well although the subsequent research revealed a strong feeling that younger teenagers required foster care rather than supported housing. In addition there are also an unknown number of projects that house teenage parents alongside other groups.

This section briefly describes the main features of the nine projects visited.

- **Scheme A** was established in 1990 and is based in a coastal area in a deprived part of England with a high rate of teenage pregnancy. It provides a hostel for eight mothers aged 16-25 years and their children and access to a larger project offering services from a day centre base to young families spread over a much wider geographical area. The hostel is staffed by a hostel worker and resettlement worker and each tenant has their own room and shares a kitchen and bathroom with three others. They also have their own individual personal programme and action plan for the duration of their stay. Male partners are allowed to stay two nights a week by arrangement. Although the hostel is for women with low support needs they have taken those with child protection issues. Stays average seven months and most residents are moved on into local authority housing. Of particular interest to the researchers was the impact on young mothers of being linked into a community facility. The day centre offers a nursery, a range of education courses in partnership with local colleges, a sexual health project incorporating peer education in schools, antenatal and parent craft groups, and resettlement work.

- **Scheme B** began in 1987 in an inner city area with one of the highest rates of teenage pregnancy in the country. They now run four low and one medium support hostels catering for forty-one women and children aged 13-24 years with different levels of support need and primarily, although not exclusively, offer a culturally specific service for young black women. Because they see role modelling as important they have been committed to appointing staff from a similar background and community as their residents. The low support hostels have staff on site during office hours. The medium support unit provides 24-hour staff cover and accepts funded referrals from social services. Both low and medium support hostels offer individual rooms, kitchens and bathrooms shared with one other resident and a key worker system with individually tailored care plans. Fathers and other male partners are not allowed to stay overnight. Because hostels are sited across several housing authorities, lengths of stay vary and are determined by access to move-on accommodation in that area.

- **Scheme C** is sited in property that has been used for single mothers for over one hundred years located in an inner city area with a high rate of teenage pregnancy. It offers seventeen flats with their own lounge, bedroom and bathroom and six bedsits to mothers from the age of 16 years. Each resident shares a kitchen with three others. It serves an ethnically mixed client group and

\(^8\) Op cit 6
currently twenty percent are Muslim. One of the reasons it was chosen for the sample was to observe the impact of having a mixture of residents with low support needs and those referred and funded through social services with child protection issues and a full observation and monitoring package in place. The project also offers a service for women with children up to the age of 5 years, which is unusual. There is 24-hour staff cover, a key worker system and a children’s worker who offers a specialised service to children and works in the crèche and on parent craft sessions. Men are not allowed to stay overnight although the project hopes to move towards an ‘overnight contract’ for those in settled relationships. The project takes women from a wide geographical area covering ten housing authorities who provide the bulk of the move-on accommodation. The average stay is twelve months and a resettlement officer will visit women for up to a year after they have left the project.

**Scheme D** was established in 1991 in a city with a medium rate of teenage pregnancy. It offers a communal house for five mothers and babies and ten self-contained flatlets for women aged 16-25 years. Residents initially move into the shared house and on into a self-contained flat when one becomes available. They do take women with additional needs such as those with drug issues, mental health problems or backgrounds in care but with no additional funding from social services. There is 24-hour staff cover, a key work system and a weekly play session on site. Male partners are allowed to stay one night a week but staff like to get to know them first so that they are confident about the safety of other residents. The move-on accommodation available through the local authority can be of poor quality and although there is no funding to do specific resettlement work some residents keep in touch over a long period of time.

**Scheme E** is run by a black-led women’s housing association and was set up in 1989 for mothers aged 16-21 years. It provides hostels with shared accommodation for seven young mothers and eight second stage move-on self-contained flats for two sharers with a large communal garden where women can stay for up to two years. There are no staff on the premises and support is provided through one project worker based in the Head Office. Unlike other schemes in the sample who take referrals from a wide range of sources, this project takes referrals exclusively from the local Homeless Persons Unit to ensure that the local authority takes responsibility for re-housing residents at the end of their stay. There is no keywork system or care planning in place and support is provided mainly through a support group run weekly at a local family centre. It is located in an area with a high rate of teenage pregnancy and a very high ethnic population that is reflected in the make up of the resident group. They have recently designated one of the hostels as specifically for Somali women.

**Scheme F** has been running since 1990 and is situated in a coastal town with a medium to high rate of teenage pregnancy. It was chosen specifically as an example of floating support. Up to ten tenants are offered daily assistance in a temporary tenancy held on licence by the scheme from the City Council which can then become a permanent home at the end of the two year support period. It is a complex scheme offering a range of facilities to families at risk of homelessness or family breakdown. The target group is pregnant young women or young mothers on their own or with partners. Families may initially be housed in a hostel where an action plan is agreed which might involve work on a variety of life skills including parenting. A whole range of educational and life skills courses are open to them through a day centre, including budgeting, cooking,
health and hygiene, and learning through play. Tenants also have access to free places in a registered nursery and a summer play scheme. Unlike other schemes in the sample there are few opportunities to encourage peer support.

- **Scheme G** was recently established in 1998 for young mothers aged 16-29 years. It is situated in an urban area with a low to medium rate of teenage pregnancy. It consists of seven self-contained flats and one community resource flat for informal drop-ins and group sessions. Joint tenancies with male partners are possible and this has worked well. The accommodation is purpose built, attractive and of a good quality. The scheme is staffed from the communal flat during weekday office hours and runs a keywork system. All residents must agree to undertake a support programme during their stay which involves other statutory and voluntary agencies delivering support on an individual and groupwork basis. A local college provides a basic skills course on site and provides a crèche while mothers attend. Similarly other agencies initially arrange sessions on site and then women are assisted to go out and access community facilities. Fathers are encouraged to be involved, whether they live with the mother or not, and a young fathers group has been established. Stays average six to nine months and most residents are re-housed by the local authority. The scheme currently do not have any outreach support to help with resettlement but are bidding for resources to develop it.

- **Scheme H** was established in 1994 in a country town with a low to medium rate of teenage pregnancy and is run by a one-faith organisation working explicitly to a Christian ethos. It employs only Christian staff who give part of their time voluntarily. It can take eight single women and women with children who are experiencing a crisis in their life. About a quarter of residents are young lone parents and they also take referrals from social services where there are child protection concerns as well as self referrals where the main need is for accommodation. The scheme is run as a community where full board is provided, everyone eats together and the managers are resident. There is a full time nursery on site that is used by both residents and the local community and which has received impressive reports on its quality. Residents are expected to participate in in-house training courses on parenting and self-esteem, IT, sewing, and retail through the charity shop. Residents also work on a piece of land owned by the scheme. The scheme does not have resources to do outreach work but many ex-residents attend a support group and come into the project for meals and company.

- **Scheme I** was established in 1992 in a small town with a low rate of teenage pregnancy. It consists of seven self-contained flats for parents aged 16-21 years and their babies, one communal flat, and is situated above a nursery. The nursery mainly caters for the community but there are some bursaries available for women living in the project to have one day a week nursery care for their children. The project caters for single fathers as well as mothers and male partners can stay overnight two nights a week. Staff are on site in the communal flat during the day and in the evenings but not at weekends. All residents have personal plans that cover issues such as independent living skills, child development, childcare, and education. They have good links with voluntary and statutory agencies in the community including two housing authorities who will re-house residents within an average of ten to fourteen months of their arrival in the scheme.
Much of the supported housing for mothers and babies has developed in the last decade. A significant proportion of the current provision was established in the early 1990s with further developments in the last three years as teenage pregnancy has gained a higher profile. There is now a big government backed drive to increase both the amount and quality of provision available.

Yet the way in which provision has developed has been ad hoc and often dependent on the drive and commitment of charismatic individuals to get schemes off the ground. This has meant that many have had to learn on their feet and have come through difficult times before developing clear aims and tighter structures which can more effectively meet the multiple needs of young mothers.

This section explores four key issues identified by managers in getting schemes established; consultation, funding, staffing and partnership working. It draws upon data collected during individual interviews with managers and a focus group discussion with managers from RSLs, managing agents and local authorities (see research methodology on page 4).

**Consultation**

Many existing schemes carried out needs assessment work to establish levels of demand for the service prior to setting up (see Box 1). However few undertook consultation exercises with their potential client group. This meant they were less able to clearly target their provision to the needs of young mothers and had to ‘learn on the hoof’. Several described problems in ‘getting it right’ initially and had struggled to develop a more appropriate and better quality service.

**Box 1: Consultation Mechanisms**

Consultation exercises promote both clear targeting of new services and begin to forge partnerships with relevant organisations. They can cover issues such as the most appropriate model of provision, location, ethnicity and support services. Methods might include:

- focus groups with young women who are pregnant or with babies to explore perceptions of the range of needs and levels of support required;

- focus groups/self-completion questionnaires with front line practitioners working with young mothers. This might include GPs, health visitors, community midwives, housing and social services staff, voluntary sector workers;

- identifying and collating consultation work carried out by other local agencies and forums. This might include information from current local authority audits of provision.
Funding

The majority of schemes rely on housing benefit and Supported Housing Management Grant (SHMG) as their main sources of revenue income. These revenue funding streams will be consolidated within the Supporting People Grant from 1st April 2003. Most will also ask their residents to pay a service charge from their income support which usually covers electricity, gas and water rates. Service charges average approximately £6-10 per week.

Additional income may be received from social services where schemes are contracted to provide specialist services; for example care and monitoring packages for children on the at risk register or looked after young women, additional crèche and play facilities or a nursery. With the exception of high support units that can be entirely funded through social services placements, funds from this source are usually small. Social services prefer to spot purchase for cases as and when they arise rather than guaranteeing revenue and will usually only pay for a set package of observation and assessment for a limited period of time. This can set up difficult dynamics within schemes that then feel they are policing young mothers rather than meeting their needs over a longer period of time. There are also numbers of social services clients who are referred into lower support schemes with no accompanying funding due to a shortage of resources. This means that Registered Social Landlords (RSLs) are at times acting as a buffer for social services departments in providing placements for their clients at low cost.

Funding can also be available from housing departments who may block fund a number of placements and from housing associations who may cross-subsidise schemes from general needs revenue.

Other funding for specific pieces of work or specific posts can come from a multitude of sources; health authorities and health action zones (HAZs), Sure Start, Children in Need, the National Lottery, single regeneration budget (SRB), trusts, companies, legacies, faith groups and churches. Teenage pregnancy strategies may have money available and one scheme had used this source to develop family planning services on site. Another scheme in inner London charges bed and breakfast rates in agreement with housing and social services locally and despite the fact that this prohibits residents’ ability to take up employment. However in areas which do not have SRB or HAZ status funding opportunities can be very limited.

The Safer Communities Supported Housing Fund (SCSHF) was announced by Government in the Comprehensive Spending Review 2000, to meet the housing and support needs of those client groups most at risk of social exclusion, including teenage parents. The fund was allocated over 2001 and 2002 and provided capital and revenue to RSLs to develop new services. It also enabled additional floating support services for teenage parents to be delivered in Local Authority owned accommodation; as it overcomes the restrictions imposed by SHMG which is limited to tenancies in housing association properties. It requires matching funding for capital costs but provides a real opportunity to get schemes up and running.

For schemes funding can be very time consuming and one manager described it as ‘a nightmare and always hard work’. Although larger organisations may have dedicated development workers or fund-raisers to assist, establishing relationships and getting agencies to sign up requires time and energy and can be particularly frustrating when bids are unsuccessful. It can be especially difficult for those who are working across district boundaries and struggling to keep up with local strategies and circumstances.
Supporting People provides an important opportunity to improve housing support services for teenage parents and to raise awareness of the issues within local authorities (see Box 2 for more information about Supporting People).

**Box 2: Supporting People**

Supporting People is a new programme, which will fund housing related support services for vulnerable people- including teenage parents, from 2003. Current housing support services are funded in a variety of ways, including grants from the Housing Corporation (SHMG), probation (PAGs) and Housing Benefit. After April 2003, all housing-related support will be funded through a Supporting People Grant, paid directly from the local authority to the support provider.

As part of their new responsibilities, Local Authorities will be required to strategically plan the development of services, within partnership arrangements which include housing, social services, health, probation and the voluntary sector. Supporting People Partnerships are required to draw up their shadow strategies by September 2002, in readiness for the scheme becoming operational from 1 April 2003.

The main focus of Supporting People Partnerships will be on preventative schemes and on promoting independence. For teenage parents, the right kind of housing support, can help them to sustain their tenancies, and therefore prevent them from becoming homeless. This can also help them to access other services, such as health care for the teenage parent and the child, education, training, and employment advice, which might help them to achieve, and develop independence.

Subsequent service reviews and systems for accreditation will allow local authorities to monitor the quality and standards of services and ensure that service users get value for money and quality of service. Monitoring and review will ensure user consultation enabling users to alter services to suit their needs. Users rights will be at the forefront of the Supporting People programme.

Supporting People will separate charges for support from tenure. This means that for the first time floating support services can be funded separately from accommodation, for example providing support services to young single parents to help protect children at risk and relieve the stress of a new family.

It will be important for local teenage pregnancy co-ordinators, and service providers to engage fully with the Supporting People process, to ensure that strategic planning and commissioning of services make due allowance for local needs.

Clearly, as the programme is still in development, it is too early to make a judgement as to its impact. Fears were expressed by some scheme managers that teenage pregnancy services may not be protected within the Supporting People programme. This had led one scheme to explore future exit strategies so that they could convert the provision back into general needs housing if necessary.
As one manager said:

‘Panels may not be able to prioritise this kind of scheme against other priorities and social services do not have a good track record of supporting preventative projects rather than responding to crisis. Funding for these services will be up in the air then including revenue for existing schemes. They will have to include a strategy for teenage pregnancy but they are not required to honour existing funds.’

(Focus group discussion for managers)

However, the interviews took place in March 2001 when the Supporting People programme was still in its infancy, since this time more detailed guidance has been issued to local authorities and their partner agencies on the administrative framework in which the policy will operate. In the longer term ODPM will monitor local authorities’ Supporting People strategies to ensure that due recognition is accorded to all vulnerable groups including teenage parents.

**Staffing**

**Staffing Levels**

These vary considerably between schemes. They depend on the amount of funding available, the kind of accommodation being provided and the level of need among residents. Some projects accept referrals for women with complex problems and where there are child protection issues. These require more intensive staffing levels and 24-hour cover. Those that are able to offer resettlement and outreach services also require additional specialist staff. Others providing low support accommodation in small units – for instance 6-10 beds – may have only one support worker covering office hours or working more flexibly to provide some evening sessions. Out of hours emergency cover during the evenings and at weekends is met by on call policies. Staff carry mobiles or schemes operate an emergency intercom system or connect flats to the council alarm system. They try to ensure that all tenants have access to out of hours numbers and emergency services.

Security can be an issue for staff and most schemes offer panic alarms often linked directly to the police station. There may also be CCTV cameras on site.

**Recruitment**

Respondents said that they recruited staff more for their personal qualities and outlook rather than any particular professional background. Schemes are concerned to appoint those with the right approach and personality and listed a number of essential qualities.

Overwhelmingly they look for people skills and communication skills. Experience of working with young people is valued as well as common sense, life experience, the ability to work autonomously as well as part of a team and time management skills. Staff should be able to diffuse potentially volatile situations and some schemes tested their ability to be calm and level headed in a crisis at interview. They should be non-judgemental, compassionate, diplomatic and flexible with good listening skills.

Schemes differ over the extent to which they want staff to have experience with babies and small children. Some consider that unless they have this experience

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9 DTLR (2001) Supporting People Administrative Guidance
residents are unlikely to have confidence in them. This is also felt to be true of drug, alcohol and mental health issues. Others feel that these are areas that can be picked up by health visitors and other professionals and that staff should concentrate on being generalist workers able to bring in specialists when necessary:

‘The criteria are very hard to meet by the best of us. It is essential that people are competent. We have had qualified social workers who have been abominable, very judgmental and not right for the job. We have unqualified staff who have been working in community work and worked miracles. It’s the skills you’re equipped with and it’s all about your approach. A lot of our staff are similar to the girls. They haven’t had time to study or they’ve had to quit studying because they had to parent their children. A lot of our staff have very good people skills and are aware of the culture and community and able to get in touch with it and reach it.’

(Focus group with staff in Scheme B)

The ability to build up trust and empower residents to do things for themselves as well as being able to set boundaries and say no was key. Staff need to make themselves available and approachable and able to give support so that residents can reach their own decisions:

‘Flexibility is the most important. The ability to get alongside people, empathise and understand and the ability to listen. When they come here they have all been through some kind of trauma and are upset and need to talk. They often come feeling you have already judged them and they need to know they are not being judged. It requires maturity, tolerance and a respect for others. You befriend them but you are not their friend. You have to maintain that distance but not be a professional who has no time.’

(Support worker in Scheme H)

The majority of staff are female. If male staff are appointed it tends to be in a management rather than a keyworking role. Although most feel that it is very important to have positive male role models, especially for the children, entering women’s flats unaccompanied can place male staff at risk of false accusations of inappropriate behaviour.

Efforts are also made to ensure staff reflect the communities from which the majority of residents come and that posts are advertised within those communities.

Concerns were expressed that the recruitment of staff with the right qualities will become more of an issue. Although pay for support staff remains reasonably competitive, the plethora of new initiatives in related fields offering better financial rewards has raised anxieties about staff morale and retention. One scheme had recently had to rely heavily on agency staff because there were difficulties in paying competitive salaries. Smaller towns and rural areas have more of a recruitment issue because the combination of skills required is in shorter supply. Shortages can be particularly acute for night and weekend staff as working these hours with rigid rota is not popular in the longer term.

Recruitment and retention issues can have a big impact on the nature of provision. High staff turnover affects a scheme’s ability to develop positive relationships with both residents and external agencies and to offer an ‘open door’ to ex-residents and support them once they have moved on. However many schemes manage to retain stable staff teams over long periods of time. This is thought to be due to the adequacy or otherwise of working conditions and also to the high levels of
commitment expressed by staff to their work. Despite the nature of the work often being emotionally exhausting and frustrating it is also deeply rewarding, particularly when staff witness a resident successfully moving on and managing their own lives:

‘This is probably one of the hardest jobs I’ve done to date and there have been days when I’ve wondered what I’m doing here. But there is something about this type of work that keeps you coming back for more. It’s probably the residents, the care, the trust, the bond and seeing them move on. They come back with news and for help. Some think it’s their home and the office door is always open and they can come back when they want. They do appreciate us and that is what touches your heart. You get a high self worth and you work miracles sometimes and there is a strong sense of belonging.’

(Support worker Scheme B)

Training and Supervision
Larger schemes with several staff will offer monthly supervision, annual appraisals and regular team meetings as well as more informal on-going supervision. There may also be opportunities to input into business plans and operational developments. However there can also be difficulties with distant and hierarchical management structures and being asked to implement policies and procedures that are not designed for this client group. This is particularly the case in those schemes that have recently changed ownership and moved to new management.

Staff in smaller, low support schemes may be working with a considerable amount of autonomy but with little in the way of supervision or peer support beyond knowing that the lines of communication are open. This can be both rewarding and isolating.

Schemes also vary in their ability to offer training. Many do have training budgets and are able to offer core training and individual development programmes for staff. Others are constrained by a lack of funds and an inability to provide staff cover for courses. They may be able to negotiate free access to training offered by other local organisations and offer induction periods that involve shadowing established workers. Staff identify key training needs as child protection, assertiveness training and dealing with difficult tenants. They also feel that training on working with people and capacity building, setting realistic objectives, understanding motivations and drug, alcohol and mental health issues are valuable.

One difficulty when training and supervision are not structured is the lack of consistency this can encourage among staff. Every worker will have different skills and deal with things in a different way. This can be confusing to residents. It can be tackled by operating close supervision within a framework of firm policies and procedures so that all staff operate with the same standards.

Partnerships

Working in Partnership
Although schemes are aware that they ‘can’t do it all on their own’ there is a great diversity of experience in working with mainstream partners in different parts of the country. In some areas schemes state that they have been able to develop very effective working relationships with other agencies which allow them to offer a more holistic service to their residents (see Box 3). In others they are marginalised by statutory services and are struggling to carve a niche for themselves and to access
local services for young women. A lack of involvement with external agencies impacts on staff workloads as they become the only continuous presence in residents’ lives.

**Box 3: Working in Partnership**

Two schemes have used stakeholder groups as a way of bringing agencies together to work in partnership. They are keen to emphasise that raising the profile of the scheme generally can be very productive in that other agencies will then make the first approach to initiate work because the scheme can offer a captive audience. This has a very positive impact on staff workloads.

- **Allocations Panel in Portsmouth.** The panel brings representatives from health, social care and the voluntary sector together on a 6-weekly basis to discuss referrals to the scheme, social services involvement, allocations and the progress of residents. This means that there are good lines of communication between the main agencies. Efforts have been made to foster continuity of attendance from key individuals.

- **Multi-Agency Steering Group in Solihull.** This is made up of representatives from the local authority, social services, the police, health visitors, midwives, young mothers, family centres and voluntary groups – all those agencies relevant to those the scheme wishes to house. It meets quarterly to oversee the development of the scheme and give cross-professional input into referral, allocation and support processes and the quality of service. Although there is no formal signed partnership agreement it is described as a very real partnership where all participants accept responsibility for achieving throughput and their part in the jigsaw puzzle. Efforts have been made to ensure an appropriate balance between strategists and practitioners on the group.

Partnership working can be based on relationships between particular individuals. At the same time there are very few common protocols or written agreements on joint working. This means that staff turnover can have a major impact on the way in which organisations work together. The plethora of initiatives which currently provide support to teenagers and the time involved in communicating and linking in with them can also operate as a barrier and schemes described young people being ‘workered out’. This has led to over provision in some areas while gaps remain in others; for example funding being available for young parents to return to education, but none to cover childcare.

Schemes describe certain moral perspectives which may be held by sections of the general population as affecting partnership working; for example providing services for teenage parents is seen as encouraging teenage pregnancy. High rates of subsequent pregnancies can be perceived by external agencies as an indication that the service has failed in its sexual health and prevention work. However it could also be an indication of success, in that women are making informed choices and deciding to complete their families whilst they are young (see Chapter 8, page 45).

**Health Visitors and Midwives**

Out of all the relationships with external agencies, schemes are happiest with the health visiting service and often describe it as ‘invaluable’. Health visitors will visit
regularly after a birth and encourage attendance at the local baby clinic for follow up and development checks. They can provide an enhanced service for children on the at risk register and an individual programme of contact. Notification schemes have been successfully set up whereby health visitors are routinely informed about resident admissions and departures. They may also provide some continuity by keeping in contact with residents if they are moved on within the health visitor’s patch. The health visitor can pop in and out more informally, undertake group work sessions covering sexual health, child development and other issues with residents and is often seen as a good source of training for staff. They do not carry the same fear of stigma and labelling as social workers and their support is therefore much more acceptable to young women.

In one scheme the community midwife visits weekly for an open-house session where residents can talk privately or in a group about their pregnancy or other family planning concerns. She would like to establish a regular in-house family planning clinic and bring together pregnant women with those with babies to introduce client led peer group teaching.

Certainly health visitors and the schemes they work with feel they could be doing much more pro-active work with residents but are frustrated by high workloads and staffing shortages.

Social Services
Relationships with social services are usually based on liaison with individual social workers allocated to residents. Some are very supportive, others ‘dump’ their clients and provide very little input. Schemes commented on the difficulties they encounter in getting appropriate pre-placement information about potential residents and social services input when child protection issues are identified in low support schemes. Getting funds to transfer residents to higher support units is described as rare. In general they perceive social work support as something they can only access in a crisis, although some did describe improved relationships since teenage pregnancy had gained a higher profile.

‘Once they have placed their client you have to continually chase them for meetings and reviews and we have to do the work. It’s laid out who is responsible for what but it doesn’t stop it happening and you have to keep them on the case. Very rarely there’s a phone call to ask how they are getting on, are there any changes. But usually we have to do all the communicating. If we identify child protection issues and ask for social services to take that on, it can be near impossible because they are looking at the financial implications. We are a preventative service and although social services may be glad of our service they are also not prepared to take it on. They are happy for us to deal with it and not them. But their caseloads are high and they don’t have the time.’

(Support worker Scheme B)

In some areas relationships are more positive. One scheme which met regularly with social services through a 6-weekly allocations panel said that they are now very aware of the service they provide and that ‘we have proved to them what we are about and are now considered to be good’. The scheme together with social services is now considering establishing a formal system to ensure that workers can involve social workers when necessary and exploring how this should be conveyed to the mother. Another scheme is now part of the induction period for new social workers and teenage pregnancy staff in the area. However one more rurally based scheme
has encountered difficulties in their relationships with both housing and social services. Here the majority of residents who come through social services are not referred by the local office. This has caused difficulties as women often do not wish to return to their area of origin because they are fleeing former problems and have made links locally. It has caused resentment both with social services and housing locally as the scheme is seen as increasing their workload of problem families.

**Parenting and Family Support**

Young mothers can be reluctant to access mainstream parenting and family support services and may need assistance in order to feel comfortable in using them. One scheme has developed a very positive and mutually valuable partnership arrangement with the local family centre where their weekly support group is held. It has improved their relationship with the health visitor service and opened up a range of services to their clients, including more intensive support for those who require it and which they were quite happy to access. Others may organise ‘buggy pushes’ to mother and toddler groups or local playgroups so that women can attend together until they feel able to go on their own.

Schemes will introduce residents to Sure Start/Sure Start Plus advisors and to Newpin (see Chapter 1, page 3) if that is considered to be appropriate. Homestart, even in those areas where it is well established, appears to be little known by schemes (see Chapter 1, page 3).

Concerns were raised about the lack of access young parents have to community facilities because of inadequate childcare provision generally. There are also concerns that what facilities do exist have developed in a ‘scatter gun’ way with no exit strategies to integrate them into mainstream services. The fear is that with short term funding they will all disappear in the next few years with nothing to replace them.

**Education and Training**

The main barrier to forging links with education and training services is the lack of funding to cover childcare. Some schemes have made very successful arrangements with local colleges, training centres and community training initiatives. Residents are visited by the local careers services and New Deal advisors. In some instances tutors will come onto the site to provide in-house sessions which encourage young women back into mainstream education and training.

Elsewhere it has proved difficult to forge relationships with the education service. Lack of funding can prevent on-site initiatives and strict criteria for who training agencies work with can exclude many young parents. Some staff also consider that there can be too much pressure on young women to get back into education and training when their child is very small. This is inconsistent with other policy strands; for instance the move to lengthen maternity leave for those in work.

Education Maintenance Allowances (EMAs) are a pilot scheme to help young people fulfil their learning potential, by giving them up to £30 a week (£40 in two areas – Oldham and Nottingham) to stay on at school or college, with additional bonuses for achievement and retention. Within the pilot programme, some areas are testing additional approaches to support vulnerable young people, two areas are piloting offering additional support to teenage parents (Cornwall and Stoke). Teenage mothers are able to take maternity leave for the birth of their babies, receive help with childcare and will receive a ‘bonus’ to encourage them to return to education after the birth. One scheme in such an area described how this new allowance had transformed its provision and the aspirations of its residents.
Other Partnerships
Some schemes have developed useful links with volunteer bureaux’s so that residents can get involved in volunteering and volunteers can come into schemes; for example to do work around lifeskills.

Schemes did highlight particular difficulties in working around issues to do with housing benefit, community care grants and the Benefits Agency. Staff are often required to accompany residents and guide them through the system when they claim income support and/or housing benefit. This can be especially important in order to ensure they get the receipt for housing benefit so that rent is payable. However it is also time consuming for staff and can de-skill residents. The need for proof of estrangement from families in order to claim higher rates of benefit payment can also be difficult. Both the young woman herself and/or her family may find it very hard to admit that relationships have broken down. This then means that they forfeit the higher payments.

Schemes note considerable variation in the amount of community care grant paid at different times of the budget year and in whether a grant or loan is awarded from the Social Fund.

Teenage Pregnancy Co-ordinators
Many schemes are well linked into the local Teenage Pregnancy Strategy, have contact with the co-ordinator and attend local strategy group meetings. They feel that the strategy has enabled people from across the sectors to focus on teenage pregnancy and make it an issue in their area.

Others have little contact and commented that the housing sector was marginalised in their area and that health, education and social care had taken priority. They felt that this was partly determined by the background of the co-ordinator.

Supporting People
Supporting People will be based on effective Partnership working. The programme will provide an opportunity for both Teenage Pregnancy Strategies as a whole, and individual schemes which may have been marginalised in the past, to be better integrated into mainstream planning and service provision. Supporting People will help to encourage and develop closer working between housing, social services and health, in the provision of a range of services for teenage parents.

In the preparation for Supporting People, ODPM (then DTLR) and DH jointly organised a series of regional workshops to demonstrate the links between teenage pregnancy strategies and Supporting People, in order to encourage partnership working (see Box 1, page 11 for more information about Supporting People).
3. The Residential Environment

Aims

Schemes aim to provide a good standard of furnished or part-furnished accommodation and a homely and relaxed environment that will enable young mothers to become ‘good enough’ parents and successfully sustain an independent tenancy. They want residents to enjoy their stay, feel comfortable, safe and secure and willing to work alongside staff to address their needs and achieve their goals and potential.

This means that the approach and attitude of staff is vital in fostering a welcoming atmosphere. Creating a non-institutional, non-judgemental environment is seen as key in building up relationships with residents and enabling effective work to take place and is certainly appreciated by the young women themselves. It gives them an oasis free from the judgements of the outside world. Commitment and consistency among keyworking staff so that they have the same keyworker throughout their stay is particularly important and for many represents the only consistent presence in their lives:

‘They are like friends and never like social workers. You can chat with them about anything. There are not just there for the job but are dedicated and treat you like a human being with respect. You can just be yourself. They don’t care what you look like or what nationality you are or what colour you are. They don’t judge you by your age and think because you’re young you can’t cope. You get frightened but they take your fear away from you. You feel at home and you don’t have to be grand.’

(Resident Scheme G)

One scheme managed by a black housing association also considered that staff provided significant role models for residents:

‘They are seeing their own kind. It’s a black organisation seeing black women being strong. A lot do not respect their own mothers and here they find someone to respect who doesn’t lash out at them, call them names. If a teacher likes you you get better results and it’s the same here.’

(Manager Scheme B)

However a friendly and informal atmosphere did not mean a lack of intervention or challenge and several schemes spoke about maintaining a careful balance between providing support and empowering young women to help themselves:

‘The ethos is to treat people with respect and speak to them honestly and frankly so they understand the bottom line and that it is an intrusive scheme and it will be challenging. They always have a choice and there are no hidden agendas. Our aim is to produce confident, independent people who know where to get help.’

(Manager Scheme F)

Too much intrusion into residents’ lives could set up barriers for them in accepting the support available. For instance concerns are expressed about routine room and
flat checks when not enough notice is given by staff. Residents regularly commented on situations where the balance is not quite right or where different standards are operated by different members of staff. This is confusing and meant that some residents appeared to be getting more than others:-

‘Some staff continually tell you how to bring up a child. They want to know everything and check your flat when you’re not there. You feel watched and observed and can feel they are judging you. I could talk to two of them without them taking notes for my file. The others all took notes and put it in my file so I couldn’t talk to them informally’

(Ex-resident Scheme C)

Conflicts can arise between providing support and managing housing. Larger organisations may be able to operate with clearly defined roles so housing management tasks are not undertaken by support workers. This is not possible in smaller organisations where support workers also have to oversee voids management and rent arrears recovery, petty cash, maintenance and housing benefit claims. This not only detracts from the time available to support residents but also impacts on the nature of the work. Some have put this to good use by involving residents in chasing housing benefit claims and familiarising them with the system. It also means that they know when to be more lenient; for example they are unlikely to chase rent arrears when a child has been ill:

‘It’s hard to have a warm and trusting relationship with women when you are sending warnings for rent arrears and it can create a distance which means residents avoid us. But it’s all part of their training for independence; if you don’t pay your rent there are consequences. It’s a learning exercise for the real world.’

(Support worker Scheme A)

Although an all-embracing, homely environment can be very comforting, for many it can also mean that provision becomes inward looking and one scheme described a ‘boarding school atmosphere’ where residents’ main focus is life in the house rather than the world outside. This means schemes have to be pro-active in encouraging external links which can require a big commitment of staff time. Residents can be unwilling to access services elsewhere unless positively encouraged or even accompanied by staff:

‘We work hard to make sure they do attend the group but some are lazy. It’s five minutes walk but I go and pick them up and sometimes have to wait for them to get out of bed and get dressed. They always say it’s been good and they’ll come again but when it comes to it they need pushing to get there.’

(Support worker Scheme E)

Facilities

Schemes offer a range of accommodation from self contained flats to hotel or hostel style provision. At one end of the spectrum is unfurnished council accommodation with access to day centre support and which, after a specified period, can become a permanent tenancy.

Some of the provision currently considered to be most effective offers self contained, furnished or part-furnished accommodation with access to communal facilities, like a living room, communal flat and/or garden, play areas, payphone and laundry. Each resident has their own flat with bedroom/sitting room, a kitchen, a bathroom and a
baby or cot room. They may have their own fuel meters or pay a flat rate service charge to cover gas, electricity and water rates. They are also responsible for their own TV licence and council tax. This offers a balance between privacy and independence, support and company. One scheme provides only ‘white goods’ so that from day one residents begin to build up the furnishings they will need when they move on. They are also open to the possibility of joint tenancies with the father of the baby or mother’s partner. Another asks residents to provide their own cutlery, bedding and crockery.

At the other end of the spectrum are hotel models with full board and hostel models offering a fully furnished room shared with the baby and shared kitchen, bathroom and living room facilities. Sharing can cause a lot of difficulties and be a major focal point for disagreement and tension within schemes. This is lessened when only two people are required to share. It is then more possible to negotiate use and standards and maintain a reasonable balance between privacy and having company:

‘You share a kitchen with four others. Not many people use them because they are so dirty. Washing up is really bad. I like places clean but every time you go to eat, stuff is caked onto the plates, it’s filthy. The cookers are left messy and it does create rows. You do get fed up sharing and you want your own house.’ (Resident Scheme C)

The nature and condition of the accommodation is very important to residents. If it is in good condition it lifts their spirits:

‘The house was beautiful and the property done up. There was enough equipment and any problems were fixed very quickly. The room is big and clean and the furniture nice. I’d come back tomorrow. As soon as I saw the flat I was going to have I thought it was beautiful, nothing like I had imagined. It had its own privacy and you were given your independence and all the pressures were gone from home’ (Ex-resident Scheme I)

If it is poor it is undermining and has a big impact on their ability to cope:

‘The bed was rock hard, walls very plain, no dining table. There were high chairs in the kitchen but you don’t want to use what other people have. There were bin rotas and cooker rotas, but it was dirty. The flats were very small with a very very uncomfortable sofa. You could hear other people and the walls and floorboards were very thin. The alarm went off if someone was cooking. It was too small and stressful for me and her so I had to be out all the time. The size was a nightmare. It’s not really a place where you can feel at home.’ (Ex-resident Scheme C)

Referrals and Levels of Need

There are a number of routes into supported housing schemes for young mothers and it is not necessary to become statutorily homeless to get into one. Schemes take referrals from a variety of statutory and voluntary agencies including social services and housing departments, health visitors and midwives, GPs and other housing providers as well as voluntary agencies. They may also be taking those referred from refuges, the probation service, advice centres and self-referrals. Some residents are introduced by friends. They may apply for help because of conflict with
their families caused or exacerbated by the pregnancy, homelessness or a history in care, overcrowding or eviction by private landlords.

Women are usually accepted from the second or third trimester or with a child up to 6 months old and most schemes accept young women who are vulnerable from the age of 16 up to 25 years or more. Their length of stay varies from six months to two years but most women will have moved on after one year in a scheme. All the schemes included in this research stated that voids are rare and usually the result of refurbishment rather than a lack of referrals.

Because provision is not consistent across the country and some areas may lack any schemes at all, referrals can come from a wide geographical area and cross a number of housing authority boundaries. A scheme in Manchester takes residents from ten different local authority areas. This means that residents are often separated from their support networks and families. This may also be the case when they are re-housed. Most projects are keen to emphasise that all referrals are routed through the homeless person’s section of their local housing department so that the authority will then take responsibility for providing move on accommodation at the end of the stay. One scheme in inner London had previously accepted referrals from several authorities but encountered difficulties in persuading them to take responsibility for re-housing. They were then forced to evict which was expensive for them and traumatic for the women involved. They now only consider placements from the local homeless persons unit.

How far are schemes able to match the levels of need of potential applicants with the service they provide? Although most would, in their referral criteria, specifically exclude sex offenders, arsonists or those with a history of violence they could be taking women with a range of different support needs not all of which would necessarily be identified before placement. Schemes require a completed application form and some interview all applicants and carry out an assessment in consultation with other relevant professionals including the referring agency to establish whether the scheme can effectively meet their needs. One operates a multi-agency allocations panel with representatives from the scheme, housing and social services to make placement decisions. Others rely solely or in part on information provided by referring agencies. This is often described by schemes as problematic. Information can vary in quantity and quality and key information on support needs may be missing; for example they might not be informed that an applicant was on probation or had mental health issues - essential information particularly in shared housing environments (see Box 4, page 24).

A number of schemes describe social services referrals as particularly problematic. The need to find placements for young women and a shortage of funding and resources means that those with complex needs may be referred to low or medium support schemes. Most have experience of refusing referrals with high support needs. Taking those with child protection issues can mean participation in case conferences and a potentially significant impact on the culture of the scheme which can generate tensions between residents with differing levels of need. As one worker said:

'We are now loathe to take social services referrals. If they do refer I ask a lot of questions and explain exactly what we provide. You have to be firm with social workers and when they are desperately looking for a placement they may not be so concerned about whether it’s appropriate. We do say we don’t take people with complex needs. Statutory agencies can be the enemy for girls in these situations and
this would make the relationship with staff very different and that isn’t what our staff are there for.’

(Manager Scheme G)

When those with child protection or other issues requiring higher levels of support are accepted the offer is often made dependent on co-operation from the prospective resident, and on the referring agency formulating an individual care package with specific requirements and expectations. However this does not necessarily mean that the promised support materialises and schemes often report problems in maintaining levels of communication and input from referring agencies. Once a placement has been made the referring agency may abdicate any responsibility for meeting needs and ‘dump’ the client. This means that low support projects are trying to meet the needs of women with high support needs who are then difficult to move into appropriate accommodation. This has a significant impact on the time and energy of staff.

Most schemes in practice will be providing for a range of levels of need. At one end of the spectrum there are young women with good family networks who need virtually no support and whose difficulties are more about age and maturity. At the other end there are those who are very vulnerable, who may have spent periods of their own childhood in care, who have no family and few independent living skills. There may be mental health issues, drug and alcohol problems and learning difficulties. Some may have care orders and the placement represents their last chance to prove they can cope with a child. This sort of mix can mean that women require very different kinds of regime and routines which can be difficult to manage within one project. It can also have a negative impact on the local reputation of the scheme; taking those on methadone programmes can compromise a profile as somewhere for young mothers to feel safe and secure. Schemes are concerned to ensure a balance of tenants with different needs:

‘We keep a balance of having one or two who need more support and balancing the group there is. We turn people away when we know they make the (resident) group more vulnerable and we would have to do more for them.’

(Manager Scheme I)

And a mixed environment can be difficult for many young women:

‘I was surrounded by people I didn’t know, drunks, druggies. You always had to lock your door. I stayed in my room and I felt I didn’t have the problems they had. You never knew who was moving in and out and there was always some sort of upheaval. They tried to involve you in everything, but not everyone needs or wants everything. There was too much support and I don’t like that because I’m very independent.’

(Ex-resident Scheme C)

The consequence of providing for different levels of need impacts on the role of support staff and they need to be different things to different people. Some young mothers have been through the care system, they may have experienced abuse and have little or no knowledge of family life. They need to be parented themselves before they can effectively manage their own child. They may require an environment which can hold and contain them. Others are there, not because they have problematic relationships with their children, but because they have a housing need and require some support, advice and mentoring. Others again may see the scheme as a route into permanent housing which they are unable to access and require very little support:
'There is not a hat we don’t wear and it varies incredibly. You can’t do this job like it was a set role, it’s a real hotch potch. Residents want to know you’re in control and it’s about setting boundaries. They want to know someone is listening and that they are getting some respect from someone. It’s important not to judge them and to be seen to be doing something for them. You befriend but you are not their friend and you have to maintain that distance but not be a professional that has no time. We are not social workers, so they trust us and a lot of stuff comes up for the first time here.'

(Support worker Scheme D)

Box 4: Working with Referring Agencies

Schemes have put a lot of effort into improving relationships with referring agencies to minimise the difficulties they have encountered in gathering pre-placement information and in eliciting regular support and input from other agencies during placements. This has included:

- producing clear and accessible referral information which outlines referral criteria and what the scheme can and cannot offer;

- developing close working relationships with agencies so that misunderstandings are minimised and external agencies appreciate the professionalism of the service offered and are prepared to share more information;

- establishing contract placement meetings within 10 days of a resident arriving to define expectations on both sides in relation to the placement, allocate responsibilities and set dates for review meetings;

- scheme staff taking the initiative in keeping in contact with referring agents and eliciting their input;

- asking referrers for a written social and personal history of the applicant, an outline of support needs and commitment to provide an agreed level of regular support throughout the placement;

- drawing up agreements with referring agencies so that they will take responsibility for moving residents on if it appears they are not appropriate for the scheme;

- using pre-formulated observation and monitoring packages to define the amount of scheme and external agency staff time devoted to individual residents;

- establishing a steering group or allocations panel with representatives from involved agencies to oversee referral and allocation decisions and ensure the participation of key agencies in providing support during the placement.

The Expectations of Residents

The local profile of schemes and their reputation has a crucial impact on the volume of referrals and potential residents’ willingness to work with staff. Out of the 81 residents and ex-residents we spoke to many had very negative images of supported housing for young mothers before they went. There are particular difficulties with the
words ‘hostel’ and ‘unit’ both of which suggest a problematic group and/or an assessment centre. This sets up barriers to accessing the service. Some may already know residents and therefore have a realistic idea about what the provision offers. Others are put off either by the local reputation or by the terminology:-

‘I expected it to be prison like with someone there 24 hours, formal with everything sterile. It was the word unit. But when it was explained it was only 6 beds and there was a garden I felt better about it.’

(Ex-resident Scheme B)

‘I was expecting it to be like a hostel so I wasn’t happy to come. I didn’t want a baby so I was scared, shocked and upset. I was worried about sharing with others and leaving home and I thought it would be like a prison camp and I expected it to be dirty. I thought it would be ten times worse than it actually was. There were so many rumours going round about this place, you have to be in by 10 PM, you have to share a kitchen. I was told all the girls were really bitchy and that your food got eaten and things taken out of your room. I didn’t want to move in and sat there crying.’

(Resident Scheme C)

‘I’ve heard it called a house of fallen women. You are aware there is stigma and prejudice and you do sometimes think about what people are thinking.’

(Resident Scheme H)

Schemes need to be aware that much of this kind of provision is still over-shadowed by the spectre of the traditional mother and baby unit and its visibility and negative image within smaller communities may be a particular issue for many potential residents.
4. Providing Support

Assessing Needs and Care Planning

Although not all schemes operate a formal system of needs assessment, care planning and review many do and find that it is an effective way of working.

Information about needs is initially gathered from the application form and from supporting statements from referral agencies. This might include details of backgrounds, housing histories, physical and mental health problems and other support needs. One scheme backs this up with two or more home visits prior to placement to establish whether it is appropriate or not for that individual. In addition interviews when residents first arrive will identify a range of needs that need to be addressed during the stay including money management, independent living skills and future housing options. Schemes are aware that, despite any initial assessment, further support needs are likely to emerge during the placement as residents and staff get to know each other. One scheme operated a six week assessment period which explored how well residents are able to manage themselves and their child. It is during this period that a rapport is built up with residents so that staff are able to work effectively with them.

Most schemes operate a keywork system where, on arrival, each resident is allocated a keyworker to work with them, identify areas of need and set up a support programme with an action plan, goals and targets. Keywork sessions are offered weekly or fortnightly in the resident’s own room or flat with more informal support available outside of the keywork structure. Each keyworker works with 4-6 residents. The first task is to build a relationship of trust so that support work can take place. Residents can be wary of all figures of authority, resent any involvement and find it difficult to see the benefits. So although few are openly hostile to keyworking, many need time to relax. Co-operation with keyworking and with a care plan may also be written into the tenancy agreement together with a requirement to adhere to house rules and attend resident meetings. In Scheme F where residents move straight into a temporary council tenancy, they are required to attend a minimum of two keyworking sessions per week at a local family centre. Regular attendance over a two-month period qualifies them for a permanent tenancy.

A good care plan is geared to enabling the resident to move on to independent living and empower them to fulfill their educational and employment aspirations. It provides a structured programme tailored to the individual with clear targets which allow them to succeed in small steps and is developed in discussion with the resident. It covers their personal, social and educational development and their resettlement goals. It is regularly reviewed to assess the support levels required and an individual’s readiness to move on. Most residents are very appreciative of keyworking systems and support programmes:

‘Keyworking is really good. If you’ve got something to talk about and it’s really personal you know you have a slot where she comes to your flat and you can speak privately. The money support with budgeting was brilliant because I didn’t have a clue. They are there when you need them but don’t interfere and they treat you with respect. I was depressed and they made me go out. I was only young and they guided me.’

(Ex-resident Scheme I)
Several are keen to point out that they do not appreciate a lack of confidentiality which they consider is prevalent in a few of the schemes. As one resident said ‘if you tell them something private the whole house knows.’

Some schemes that accept those with child protection issues or where there is a legal order in place will be operating comprehensive observation and monitoring packages funded by social services. Packages will stipulate the amount of staff time which should be devoted to the resident concerned and include daily log keeping, supervised contact, individual care plans, report writing for child protection conferences and regular liaison with involved agencies. One scheme which takes some social services referrals is providing a similar service involving intensive assessment and support but without social services funding.

Where there is no keywork system in operation residents requiring higher levels of support can be missed altogether especially if they do not find it easy to ask for help and where staff are not pro-active in identifying need.

Independent Living Skills

Living skills, like budgeting, cooking, shopping and maintaining healthy lifestyles, are mainly promoted through keyworking and the personal support plan. Schemes may do most of this work on site and/or bring in support from outside agencies; to facilitate cooking sessions for example (see Box 5). Success in gaining life skills can be very dependent on the nature of the relationship with the keyworker. As one worker said, ‘when they know someone is offering support it makes them want to achieve’. Some residents are quite capable of determining their own lives and can lead their own care plan. But although they may be very capable practically they are often naïve emotionally. Others require much more assistance with day-to-day tasks, particularly those that have been in care; for instance they may find it difficult to make telephone calls. Many find it problematic to admit their lack of skills and are likely to say they can do things when they cannot.

Schemes try to encourage their residents to face problems themselves and although they will assist them they will try not to do things for them. This is considered to be a crucial aspect of promoting independence but also involves a careful balancing act where judgements about how much support an individual requires can have a big impact on the keywork relationship and the relationship with staff generally. Too little support leaves residents feeling isolated, too much is experienced as an intrusion and is deskilling. Both can lead to residents being reluctant to engage with the keyworking system:

‘The philosophy is one of choice so that staff give parents choices and set out the consequences and assist them to make a decent choice. They do not get into a telling mode.’  (Support worker Scheme D)

When support is offered at the right level it is a very positive experience and one that is much appreciated by residents:

‘Buying electricity and the TV licence made me realise I had to think and pay my own way. It made me realise my responsibilities. I work out a budget now for every week. I’m also going to cookery class where we tell them in advance what we want to eat and then we prepare it. My mum would never let me go anywhere near the cooker. I’m also going
to parenting classes and learning about child development, healthy food, getting into a routine, behaviour and dealing with anger.’

(Resident Scheme G)

For some just living in good quality accommodation is inspiring and gives them a new set of aspirations:

‘It’s what I aspire my house to be like; light, spacious, very clean. It gives me something to aim for and is what I would like my place to be.’

(Resident Scheme B)

**Box 5: Promoting Independent Living Skills**

Schemes have developed various approaches that include:

- cleaning rotas for residents’ rooms, flats and communal areas;
- staff escorting residents on shopping trips;
- assisting with menu planning and facilitating cooking evenings;
- budget training which incorporates payment of the service charges and weekly savings schemes;
- promoting consistency of approach across the staff team by developing a ‘tool box’ covering cooking skills, menu planning, diet, budgeting and shopping which incorporates varied learning styles – videos, games and activities;
- working with residents to follow housing benefit claims and support them through liaison with the Benefits Agency;
- a weekly support group exploring independent living skills through visiting speakers and facilitators from local agencies;
- using assessment flats for intensive support.

**Parenting Skills**

Schemes are clear that they aim to foster parenting skills so that residents become ‘good enough’ parents. They are also clear that they offer support rather than care and that the child always remains the mother’s responsibility. Staff are reluctant to be in sole charge of a child (for example while the mother has a bath) and would be in difficulties if the child stopped breathing for instance. They will of course help if a baby had been crying for hours but always ask permission before picking a child up. Their role is more about empowering them to be parents:

‘You are not taking their role away from them but encouraging them whenever possible. Maybe you set an example by what you are doing. It’s helping them to nurture and showing affection with very firm boundaries. Many have not had boundaries because they’ve not been parented. If they have never been loved they are unable to put the baby first and treat them like dolls. We want them to enjoy their children rather than see them as a burden.’

(Support worker Scheme D)
Support might be channelled through keyworking or using the resources of outside agencies (see Box 6). It might involve encouraging residents to access support groups for parents outside the scheme including HomeStart, Sure Start and family centres. It aims to provide a balance between empowering parents and giving them a break like a grandmother might. And most women feel that the support they have received has enabled them to become better mothers:

‘They teach you to care, play, how to massage the baby and it all helped me to bond with him. They always encouraged play and talking to the child. It was child friendly and showed you where you were going wrong, a chance to settle down with him and bring some stability. If I’d been on my own I wouldn’t have been able to cope. I was very unsure about being on my own with him. They made me more confident. At my mums it was always someone else who got to him first if he started crying. Here you are able to do things your own way, you bond in your own place and have your own privacy.’

(Ex-resident Scheme B)

Schemes will also make residents aware of their child protection policy and if child protection issues are identified this is communicated to the mother and contact with social services discussed. Usually staff find that residents are able to recognise and acknowledge that they need help.

**Box 6: Parenting Skills**

Schemes find that residents can be reluctant to take up opportunities for skills development because they feel it assumes they are unable to cope. Work in this area needs to be sensitive to these issues so that it is promoted in a positive way. One key message coming from schemes is that low attendance at parenting sessions cannot be used as an indicator of lack of interest. Pro-active work needs to take place to encourage take up and one way of doing this is to encourage residents’ participation in designing and advertising parenting sessions. Approaches include:

- promoting an emphasis on play and providing on site facilities to encourage play; for example inside and outdoors play areas and a child orientated environment;
- offering a learning through play programme which includes a paediatric first aid course leading to a certificate. This has been very popular with parents;
- weekly play sessions led by a play worker to promote positive play with children and offer one-to-one work with individuals;
- a specialist post to manage parentcraft sessions and work with individuals and groups; for example addressing issues about physical punishment and shouting;
- using volunteers to lead on parenting skills;
- facilitating a regular support group for young mothers to explore parenting issues;
- staff leading by example through the way in which they relate to the children and through the keyworking system;
- training staff in child development and parenting issues.
Childcare

The absence of childcare facilities is a major issue for schemes and their residents. Many who have no support from their families are with their child for 24 hours a day with no respite. This means they have no space at all to be teenagers and/or to access education and training opportunities. Few schemes offer provision in house and it can be very difficult to find nurseries attached to training facilities which take children under one year old (see Box 7). Young mothers can also be reluctant to use local facilities like mother and toddler groups. Even though it can prove difficult to leave their child at first, having access to even a couple of hours of childcare is very important for many women and has made a big difference to their lives and to their ability to mother effectively:

‘I leave my daughter twice a week and it gives me some time to think, well what am I going to do. I’ve got to do something with myself in order to be sane to do the other bits. I love it because I get a break and it’s lovely. I don’t get angry with him so much or shout at him.’

(Resident Scheme A)

Box 7: Childcare

Supported housing schemes for parents have tackled barriers to gaining access to childcare by:

- ensuring that the design of the accommodation has taken childcare needs into account by providing space for nursery or crèche facilities;

- encouraging access to local mother and toddler and other groups by accompanying women until they feel more comfortable or organising a ‘buggy push’ so that residents attend together, support each other and boost their confidence;

- nomination rights to access free places in a registered nursery. This is also seen as key to promoting positive parenting;

- access to a nursery for under 5s operating five days a week. Places are primarily taken by those on education courses held on the premises. The nursery is also open to other users in order to generate income and to those sponsored by social services;

- a nursery on the ground floor of a supported housing scheme for young parents. Bursaries are available to residents for childcare one day per week. The nursery can also take children during a crisis;

- a nursery on the same site used by both residents and the local community. This has proved invaluable for giving mothers a break, working on parenting skills and promoting more integration with the neighbourhood.
Health Promotion

The keywork relationship offers space to discuss issues to do with health and well being (see Box 8). However in many schemes much of this work is left to health visitors and other health practitioners and little pro-active work is done on site.

Staff observe that diets are often poor and that residents eat a lot of junk food and take little exercise. As the researchers observed there may also be a culture of smoking among both staff and residents which is difficult to tackle. Many have made up their minds already about breastfeeding before the birth and are heavily influenced by their own mothers. This means breastfeeding rates are usually low. There is also a lot of ignorance about safe sex and contraception and schemes see a key part of their role as preventing further unwanted pregnancy. Keyworking can provide a space where residents can ask questions about these issues that they have been wanting to ask for years:

‘We need to keep repeating messages on hygiene and safe sex as it doesn’t seem to go in and we’ve had three pregnancy scares recently. We have revealed incredible ignorance. There is a woman’s health clinic but we are unsure whether they use it. They think if they are on the pill they are protecting themselves and amazing myths are perpetuated, like you don’t get pregnant the first time, standing up or doing it quickly. Some of them are very immature.’ (Manager Scheme E)

Box 8: Health Promotion

Physical and mental well being are tackled both through the keyworking system and by bringing in outside health practitioners and experts to facilitate work. This might entail:

- maintaining a condom supply on the premises. There are various issues about distribution – having a machine, leaving them out for anyone to access, distributing them through keyworkers or health visitors;

- promoting healthy eating through accompanying residents on shopping trips and assisting with menu planning;

- ensuring new arrivals are registered with a local GP and dentist and that they are encouraged to attend local family planning and baby clinics;

- offering sexual health and relationship programmes on a group work basis and facilitated by outside agencies;

- peer education. Training young mothers to deliver sessions on sexual health and the realities of teenage parenting in schools;

- encouraging breastfeeding through peer support, praise, information sessions and access to breastfeeding counsellors. Although schemes are also keen to point out that it is also okay not to breastfeed;
• discouraging smoking through smoking bans in communal areas and in front of children and/or offering access to ‘stop smoking’ initiatives. Staff may smoke heavily themselves and one scheme has a ban on staff smoking across the organisation;

• encouraging access to leisure activities like swimming and yoga;

• providing informal counselling and a ‘listening ear’ through keyworking and easing access to formal counselling if required;

• incorporating health issues into staff training.

Keyworking together with the experience of becoming a mother may also act as a catalyst for bringing more deep-seated issues to the surface like traumatic past experiences of, for instance, rape or abuse. This then requires staff to facilitate access to professional counselling and encourage residents to make use of it. Good schemes need to maintain an ability to engage with these issues and to channel residents to appropriate forms of help. When this does not happen residents can feel isolated:

‘In the hostel I became aware of my own upbringing and how I find it hard to show my son love. The staff are there to do a job, not to see how people are feeling and the keyworker didn’t listen. That’s what is needed, someone to connect with when you are hurting inside. I didn’t realise this until I left.’ (Ex-resident Scheme B)

Empowerment and Self Esteem

Schemes feel that a lack of self-esteem and confidence is a difficulty for many of their residents and a very real handicap for them in creating and sustaining an independent life. Encouraging a sense of self worth is therefore seen as a key task:

‘People should have personal responsibility and know themselves. We want to build their confidence but not tell them what to do. We need to get them to make their own choices and trust in their own intuition. It’s about empowering them and you need to build up trust.’ (Support worker Scheme I)

Some schemes run self esteem and assertiveness courses. Most try to create an atmosphere where residents are treated with respect and dignity and where they are given as much control and choice as possible over decisions affecting their lives. This might range from allowing them to redecorate their own flats to trying to involve them in making decisions about the development of the project. All feel they could and should be doing more in this area.

Most residents and ex-residents acknowledge that their stay in the scheme has been an empowering experience and that it has counteracted the prejudice and stereotyping they experience in the world outside:

‘One thing the project doesn’t do is put you down. Being a young mum there are lots of people who look down on you, say old people on the bus, they do it a lot. They look at you and think she’s getting her
income support and it makes you feel really small, it’s horrible. I was not confident when I moved in and was shy and kept myself to myself. They try to encourage you to do things. I never used to talk on the phone and they taught you how to do this yourself and made me. It takes a time to build up but they are getting me up and running. When I first came I wouldn’t say boo to a goose. They certainly helped me stand up for myself and it’s helped me in all areas.’

(Ex-resident Scheme E)

However schemes reported that more structured resident involvement or participation works. Most try to organise regular resident meetings to air views and discuss problems. They report times when residents have been very pro-active in controlling the agenda and other times when meetings have lapsed altogether because of poor attendance. Efforts to improve attendance include emphasising meetings as social occasions and encouraging residents to set the agenda themselves. Other approaches involve using a suggestion box or house news sheets. As one scheme said:

‘There has always been apathy with residents’ groups. There are one or two meetings when there is something to moan about but although they are supposed to be monthly, no one has attended for the past three months.’

(Manager Scheme A)

One scheme hopes to attract funding to employ a user involvement worker to work alongside residents to encourage them to have more confidence to influence service improvements. Another commented positively about a model they have used in the past. This entails regular visits to the scheme by a group of representatives from social services, health visiting, housing as well as committee members and parents. The group would consult with residents about what the issues were for them.

Training, Education and Employment

A lack of childcare is a very real stumbling block to accessing education and training opportunities. Residents are usually keen to further their learning and may lack formal qualifications and adequate reading and writing skills. Few mainstream colleges are able to offer help with childcare for under 2s unless there is social services involvement. Some training centres pay up to half the childcare fees but it then becomes impossible to find the remainder. School girl mother units can offer a number of hours per week of teaching and childcare to pregnant secondary school pupils and pupils with children who have been excluded from or no longer wish to attend school until they are 16 years.

However for many, having aspirations to gain qualifications and working experience but being unable to engage with it can be very demoralising. As one worker said ‘their self worth which has been gradually built up disappears and depression sets in. Once they get depressed it’s hard to bring them out again.’

A few schemes may offer access to free nursery places, information about educational opportunities and in some cases a varied programme of courses from basic literacy to GCSEs. Others have been able to negotiate with local colleges to bring tutors onto the site to provide in-house sessions (see Box 9). However most, unless they have support from their own families, are forced to wait until their child is older. This suits some but not all:
'I am waiting till my daughter is a bit older to go back. I was told she has to be 6 months in one college and 2 years in another to go into the crèche. If they had childcare from 4 months, that would be good. They do courses in the evenings but I don’t like to leave her with a stranger and you need a daytime thing. I was told because I wanted to do a part time course I would have to pay for it myself and I couldn’t afford that. So I’ve decided to hang on till she’s older.'  

(Resident Scheme B)

Box 9: Promoting Access to Education

A supported housing scheme for young parents in Solihull has negotiated with a local college to provide a basic skills course on site. Promoting access to education and training was not high on the agenda initially and many were frightened of education. The scheme experimented with initially arranging sessions on site in the communal flat to see how many would attend. The college also ran a crèche to cover the sessions and provide childcare. They then encouraged attenders to access services in the local community. They have found this approach very effective and particularly valuable in an area where transport is poor. They are also linked in to the local careers service, job clubs and careers advice. As one manager said:

‘We’ve got a deal with the college and it opened our eyes. The impact it had on the women who assumed they were thick and couldn’t do anything. They weren’t interested at school and were switched off for all sorts of reasons. It’s no good just trying to encourage them to go to college. To find they could do a maths course and pass an exam was incredible to them and had a knock on effect on their general confidence and they were really up for it then.’

And as one resident said:

‘They always try and push you and if you have an idea about something they come back with information about it. They give you the confidence to do it. We had an open day at college and they said they would bring the childcare here. We asked about English and maths and we’re doing that now. Anyone can come, you just need to let them know if you need childcare.’

Peer Support

Some schemes feel that residents provide each other with support spontaneously although different resident cohorts varied in the strength of the relationships formed. Others said that they positively encourage peer support by providing shared accommodation and communal facilities, asking residents to welcome new arrivals and creating opportunities for relationships to develop through support and other groups. They hope that these contacts will last as residents move on so that they can continue to support each other when they are living independently.

Residents help each other with babysitting or shop and cook together although, when there are child protection issues they are not allowed to look after each other’s children. They find they learn from each other and are able to share approaches to parenting and basic skills like cooking. The more able and vocal can also assist and advocate for others. Many find being with others in the same situation a very positive part of their stay and in some cases the most positive part. Some said that the bulk of the help and support they receive comes from other residents rather than staff:
‘Being here you’re all in the same boat so you can’t just lock yourself in your room. That support is brilliant. If you want just five minutes to yourself, others will help out. People share their food and cook for each other. We’ve had such a laugh. We all had the baby blues together, we went through everything together. If you were a panicker like me, you could always calm each other down. I don’t know what I would have done without the girls for company.’

(Resident Scheme D)

Staff consider that peer support can be both effective and damaging:

‘Like siblings there is a lot of rivalry and demands for attention but in any kind of crisis they are really there for each other. People come when they are pretty isolated. They may never really have had a lot of friends or they have all gone. They meet people in the same situation and peer support just happens though sometimes we have to help it along. Those who are pregnant get a lot from those who already have their babies. They do the staffs’ work by repeating parrot fashion what the keyworker has said to them to their mates. It’s easier to hear it from a mate than from staff.’

(Manager Scheme D)

There are difficulties when they pass on the wrong advice to each other and particularly strong cohorts can make residents less willing to move on from the scheme. Hierarchies can also develop with those who have been there longest and schemes become cliquiey with longer-term residents being unwelcoming and judgmental towards others:

‘People stay in a lot and start talking about each other, that is the main topic of conversation. It’s that small that everyone knows your business. It’s all attitude and they could be quite bitchy. We did get on pretty well but when people fall out, others take sides so it’s hard to sit in the communal flat.’

(Ex-resident Scheme A)

Supporting Diversity

Schemes tend to reflect the ethnic mix of the population where they are located. Those sited in homogeneous neighbourhoods may have little diversity. Others are in more mixed areas and will attempt to reflect this both in the composition of staff and the nature of the provision offered (see Box 10). Still others were established to specifically provide for a particular ethnic group.

Although racist incidents are described as rare, residents did raise issues about those organisations who are attempting to provide culturally specific services and positive role models for young black women. For some it is welcome and made them feel more relaxed and at home. For others it is more problematic and as one resident said:

‘We had two white girls living here and they hated it because they felt it was a black organisation. They made it an issue but we didn’t care. They have left now because they didn’t think it was right for them. Some people say its good because you learn all about black history, but it’s silly. You are in a multi-cultural country and it doesn’t make any difference. There is too much emphasis on blackness.’

(Resident Scheme B)
One scheme in inner London is experimenting with putting women of a similar ethnic origin together and has recently established a shared house for Somali women. This means that they have been able to bring in tutors on site to teach language skills, literacy and maths while also covering childcare.

This research was unable to establish how many schemes were able to provide wheelchair access or specific facilities for those with disabilities. Neither was sexual orientation among residents identified as an issue.

Box 10: Supporting Diversity

Schemes are keen to:
• provide equal opportunities training for all staff and training in and sensitivity towards cultural traditions;
• work towards ensuring that the staff group reflect the ethnic mix of the resident population so that they can provide positive role models and sustain traditions;
• reflect positive images of different races and cultures, both in housing generally and in crèche, play and nursery provision;
• ensure information is available on local cultural and ethnic groups, diets, health needs and taboos;
• make it clear that racism and judgmental and discriminatory remarks will be challenged individually by staff and in group work;
• cover cultural and other needs related to diversity in initial assessments; for example in relation to diets and shared kitchen facilities;
• ensure that residents are aware of diversity within the scheme before they accept a placement;
• identify and meet specific health issues related to diversity and to mixed race children.

Tensions and Conflicts

Schemes may have to deal with conflicts among residents and with male partners as well as difficulties between staff and residents.

As one worker said, residents fall out with each other in the same way as siblings do. They will borrow money and not pay it back. There is gossip and rumour, often motivated by parenting issues where residents have concerns about an individual’s parenting ability. There can be informers and pilferers and even physical fights. Some staff describe the problems as horrendous, particularly in schemes where facilities are shared. Others in smaller units offering more self-contained accommodation said these problems are rare.
Schemes feel that most difficulties between staff and residents are caused by male partners. Restrictions on visiting and on men staying overnight and abuse of these restrictions can cause serious tensions. Residents are responsible for their visitors and breaches of regulations threaten the licence agreement. However schemes rarely have to resort to eviction and hope to deal with issues through mediation and discussion (see Box 11).

**Box 11: Dealing with Conflict**

Schemes use a variety of procedures to mediate in and resolve conflicts. They include:

- written harassment policies covering conflicts motivated by race, sexual orientation, gender, religion and nationality;
- incident report forms and complaints procedures;
- offering mediation early on in disputes between individuals to ‘nip them in the bud’ before they escalate;
- presenting problems as life choices rather than edicts from staff and using conflict resolution as part of independent living skills programmes so that residents learn to handle their response to difficulties more positively;
- creating an environment which respects others and treats individuals with dignity;
- using house meetings as a way to discuss and resolve problems;
- ensuring that initial assessments cover previous experience of dealing with conflicts and that potential residents are presented with a realistic picture of the nature of the accommodation and what it entails in terms of communal living;
- clear systems of verbal and written warnings;
- taking action in accordance with the licence agreement and using notices to quit and banning visitors to counter breaches of the agreement.
Fathers and Other Partners

Most schemes are designed to house and support young women and their children and there are many young mothers who have little or no contact with the father of their child and/or new partners. They may also be reluctant to admit contact because of concerns about benefits and about the Child Support Agency. Others do have contact and will be in long-term stable relationships but few schemes offer joint tenancies to young couples despite an increasing interest in this kind of provision and in meeting the needs of young families more holistically.

Schemes commonly operate rules and regulations restricting the access that young men have to their partners and their children. According to the Benefits Agency a partner cannot stay for more than two nights a week without compromising the status of a single parent as someone living on their own and thereby affecting their benefit level. Although all schemes allow residents to stay out a stipulated number of days per week many either forbid any overnight stays or monitor them to ensure they do not impact on benefit entitlements. Those providing accommodation with shared facilities are likely to ask all visitors to leave by a certain time each evening, the only exception being when a woman is actually in labour and needs support from her boyfriend or family. These restrictions are partly based on concerns about the security of other residents and ensuring they feel safe. Schemes offering self contained accommodation can afford to be more flexible and allow one or two overnight stays each week. However they might also impose a period where staff get to know the man first before he can stay overnight and ask that they be informed in advance of when he is staying so that they are better able to guarantee the safety of other residents.

‘One has a partner who is beating her up and has gone to the domestic violence unit. Someone else’s is into drugs and stealing and is getting her into that. Many relationships are not good and can be very controlling. I don’t think men should be allowed in. You never know who a girl is going to bring back and you don’t want just anyone coming back.’

(Support worker Scheme E)

Visiting restrictions and relationships with partners are one of the biggest sources of conflict within schemes. Rules are often broken particularly in those schemes without a staff presence in the evenings or at weekends. And although many staff said they turn a blind eye, discovery can mean that residents are threatened with eviction. This means that residents covertly flout the rules and make deals with those they share with about partners’ visits. It leads to a lack of openness about their situation with staff and to potential difficulties when conflicts arise between sharers. Staff can threaten spot checks, but also use their discretion as they do not wish to discourage relationships with a child’s father. Although residents do describe very supportive relationships with fathers where they regularly help and baby-sit, they also feel keenly that these restrictions can impact negatively on their relationships and their partners ability to become a father:
‘Partners can’t stay and that’s wrong. They need to be around because otherwise the burden is left on your shoulders. If you’ve got a partner they should take their share and do a feed in the middle of the night. He could handle her crying while I had a rest. When they can’t even live with you, they can’t get involved, they are in one place and you’re in another with the baby. That’s not right. He had his nights sleep so he can’t understand why you’re miserable. He couldn’t even stay the first week of the birth. It created arguments and we didn’t get on well while I was living here. It would be better if he could have stayed more especially if you are in a serious relationship.’  (Ex-resident Scheme E)

Rules and restrictions can also be seen in a positive light; in protecting residents from abusive relationships and enabling them to have more power and control in the relationship. Residents find they can appeal to the rules when excluding boyfriends and in controlling their behaviour during visits:

‘They did a great job in protecting me from him emotionally. He wasn’t allowed in which was wonderful. I loved that rule, it was great. I knew if he came to the door someone else would deal with him and tell him to go. He couldn’t just turn up and expect to see me when it suited him. They also offered me supervision when he did come. He was on crack and took money and food from me. I don’t really want any contact with him.’  (Ex-resident Scheme B)

Some residents find that the restrictions and support available to them from staff had enabled them to move on and develop more positive relationships with the father of their child. It had allowed them to end a relationship or build up their own self-confidence so they could break away from destructive relationships:

‘More than anything else I needed to get over man hating. The staff would say it’s not men, it’s that man and we would discuss it in keyworking. They made me realise not everyone is like that. Also seeing other relationships men have with their children, five other experiences. It meant I could give him more allowances and my keyworker persuaded me to give him a chance for Jamie’s sake. She said boys need fathers. Now he spends weekends with him and we have come a long way and they have helped me to get this far.’  (Ex-resident Scheme B)

Overall schemes and residents themselves feel they could be working in a much more positive way with young fathers and that generally there should be a greater acknowledgement of the family unit. Instead of seeing men as disruptive and potentially a risk to women in the scheme, their presence is an ideal opportunity to engage them and work with them which is currently being overlooked:

‘He hated coming as it was all women and made him feel inferior. He feels it’s all about women and not for him. Without it being on purpose he felt the others were hostile to him because they were hostile to men generally. It was hard at first because he felt everyone was watching him. He wanted to come and I wanted him to come but they are pushing him away.’  (Ex-resident Scheme B)

Some schemes do try to positively welcome men in and encourage an ethos where they retain involvement with their children whether they live with them or not. They might involve them in support packages and action plans and in some cases they are
more formally engaged in the assessment process, particularly when there is social services involvement in the case. One scheme is seeking funding to set up a play group which includes fathers so that they can become more aware of the child’s needs. Another had linked in with a men’s group who are setting up parenting skills sessions with men on site. Yet another had opened up its on site courses, residents meetings and other appropriate events to fathers and hopes to establish a young fathers group.

However schemes also find that funding regimes can force fathers out so that even if the young woman wants him to be involved in parenting classes he is excluded. They also describe a significant shortage of people able to work with men. The ability to offer joint tenancies is often sited by several schemes as a goal, although there are also concerns about how this can be managed when there are domestic violence issues or when the mother herself leaves the tenancy:

‘It is fundamentally unjust to criticise fathers for not standing by their partner when the system often splits them up at the time when they jointly need support. It’s ludicrous as young men need as much help as the women in parenting skills and with the father free to lead his own life how can they become a family. We would like to work with them as a group but most are not emotionally or practically involved.’

(Manager Scheme G)

Family and Friends

One of the main reasons for referral to schemes is young mothers’ estrangement from their own families and many have little or no contact or a very problematic relationship. This means that schemes can have a role in building bridges with families during the pregnancy and once the baby is born and this is seen as a key factor in creating a support network for the young woman once she has her own tenancy. Family members may be encouraged to attend initial interviews and keyworking sessions so that staff can get to know them and to help their daughters while they are housed in the scheme. Residents comment positively on how this support enables them to create better relations, particularly with their mothers:

‘When I moved in I couldn’t stand the sight of her, but since then our relationship is much better and we can talk to each other without shouting. She can see that I can cope and I don’t need her to take over. She was doing it all the time instead of supporting me doing it. She hadn’t let me grow up, but now we’ve become friends.’

(Ex-resident Scheme G)

Relationships with friends often suffer during the pregnancy and after the birth when interests and life styles diverge. This means that contact with other residents becomes much more important to young mothers:

‘I don’t really have any friends anymore. They all want to go clubbing. I just lost touch and it’s hard to keep in contact. You make friends in here, friends that you keep. People in here are more friendly than my own friends outside.’

(Ex-resident Scheme A)
7. Resettlement

Preparation for Moving On

Schemes aim to prepare residents for a move into independent accommodation from day one. This work is usually carried out by support workers but some schemes also offer specialist resettlement staff. Resettlement is seen as a process and as one worker said ‘it’s about walking alongside, not carrying someone.’ It is discussed in keyworking where an action plan is outlined with short, medium and long-term resettlement targets and the housing claim with the resident’s local housing authority is activated. Help and guidance might include assistance with applications for grants and loans, purchasing essential items and furnishings and connecting utilities. Staff may offer to accompany women when they are viewing properties and support them with signing tenancy agreements, the payment of bills and rent and introducing them to local services. They can also help with the actual move. Some schemes offer moving-in packs which include a kettle, tea, coffee and lots of practical information about the local area. Others have been able to negotiate the payment of housing benefit on both properties for short periods so that residents are able to decorate their new accommodation before moving in. This is especially valued by residents.

Residents see preparation for moving on an essential part of the support on offer:-

‘It has taught me that I have a responsibility to look after myself as well as my little un. It has made me so independent that I don’t depend on my mum and dad anymore. I’m cooking more and more everyday. I like the fact you learn how to handle yourself while you are here and deal with money.’

(Ex-resident Scheme E)

Others feel that they have been over protected and that they could have been encouraged to be more independent particularly in the area of finance and managing on a low income:-

‘When you are here you are protected. Your rent is paid and you have money to do whatever you want with. You can manage if you don’t have any by the end of the week. When you move you can’t do that. You have to pay for gas and food and you could get into a bit of a mess. Some girls have been evicted from their places because they couldn’t cope. They haven’t been taught how to save up. So here you can get a bit lazy and it’s too easy to live here. I think they could do more of that preparation here.’

(Resident Scheme B)

Average lengths of stay in schemes vary from approximately 7 to 12 months although some young women have experienced stays of two years or more. They are determined both by the needs of residents and how well they are coping and the availability of move-on accommodation. Both staff and residents emphasise the need to move young mothers on when they are ready. Too long in supported housing can mean that they stop learning and become institutionalised, dependent and frightened of coping with a tenancy particularly if they lack a support network of their own:
'If you keep a resident when she’s developed all the skills to live in the community she will disintegrate literally and stagnant, regress and it goes against everything we have already done. A lot of despondency comes out of not knowing when they will be re-housed and the uncertainty of it all.'

(Manager Scheme B)

Long waits for accommodation in housing geared to babies rather than toddlers can have a profound impact on both the mother and the child:

‘The amount of time you should be here is about six months. If you are here for two years different people come and my little girl has to play with literally everyone. You have to keep getting to know new people and hope they will be okay with your child. All this readjustment doesn’t help. You need a more stable environment as a foundation in a child’s life. It’s been brilliant for me and I’m back on my feet but I can’t move forwards. She needs her own environment, her space and we get fed up of sharing a room. I just want to get out. It’s the waiting and you don’t know how long you’re going to be here. I feel trapped. You get to a stage where there’s nowhere else to go apart from a walk outside and everything starts to close in. This is not my house and I can’t feel comfortable anymore here. So I like being here but at the same time I hate being here.’

(Resident Scheme B)

Being forced to move before a resident is ready is also a difficulty and refusing an offer can mean a 12 month wait before another one is made:

‘They put me in a mother and baby unit when I was pregnant and then two weeks before I was due they tried to offer me a one-bedroomed flat on the third floor without a lift in the building. They wanted to put me there before my time so they didn’t need to offer a two-bedroomed. There was no furniture, there was nothing. They said it was unreasonable to refuse it. I have no choice and they won’t take me on the list again for another 12 months. If it wasn’t for the support group I’d be in trouble because I need support.’

(Ex-resident Scheme E)

Move On Accommodation

Most residents will be re-housed into two-bed local authority stock although some may go into housing association and private rented accommodation. The quality of move-on accommodation available to residents can vary enormously in different parts of the country. In areas of housing shortage, like the South East, one-offer-only policies operate and the condition of flats can be sub-standard and often in high rise blocks. Elsewhere women may receive two or three offers, better quality accommodation and support from local authority resettlement teams.

In some areas women are re-housed within a fairly small geographical area so they are able to continue contact with the scheme and each other once they have moved on. In other areas, although allocation procedures may try to take into account proximity to support networks, women can often find themselves living along way away from their families and other forms of support. In some parts of London women are only offered one-bed properties until their child is a year old. Young mothers may be tempted to accept these offers out of desperation for their own home and then have to wait long periods to transfer to two-bed properties.
This means that women will often move from supported housing with good facilities and gardens to poor housing where they can easily become depressed and isolated. Staff are therefore involved in managing the expectations of residents to ensure they are realistic about their future housing options. They do appeal against unsuitable offers and are sometimes successful but not always:

‘The environment in which someone is raised determines a lot of their life patterns. Some of the disgraceful places offered have been very disturbing. Here they have a fantastic kitchen, garden and then they go into poor housing. They get depressed, their expectations are right down, they’re in isolation. They don’t want to go out. If they are in a better house they take pride in it. Just a decent building can do a lot for a person.’

(Manager Scheme E)

Models of housing for young parents which provide a supported temporary tenancy that can become a permanent one without entailing a move offer particular advantages. Women are signed off into accommodation they have been occupying for up to two years and which they have already made their home.

Relationships with Housing Authorities

The key to providing a smooth transition for residents into their own tenancies is the relationship developed with the housing authority. Some schemes described these as good. They are on first name terms with housing officers and/or the homeless persons unit and have regular liaison meetings. This means there is more room for negotiation about offers and housing women when they were ready and for getting unsuitable offers withdrawn without the penalty of a long wait for an alternative offer.

Schemes try to ensure that when women are referred they take the local authority housing route so that they are entitled to a nomination and the authority accepts responsibility for re-housing them. In one area there is an agreement whereby the relevant local authority will make an offer of permanent accommodation after an agreed length of time in the project. Housing associations may also have their own stock available and be able to offer transfers.

However some areas have much more problematic relationships with housing. In one London borough the authority forces the scheme to go to court to evict women before it will accept responsibility for them as homeless. They also find that some of their residents are moved on into temporary accommodation which frustrates any possibility of a planned resettlement programme.

Resettlement and Outreach Work

Resettlement work is often the least developed aspect of the service offered by schemes. Many have no resources or budgets to do any pro-active resettlement support work and this is clearly identified as a gap in what they can offer.

Most try to operate open door policies so that ex-residents can make contact as and when they wish and their support needs can be monitored. This might be facilitated by inviting them back to Christmas Parties and other events, encouraging them to keep in contact with support groups and ensuring that nursery facilities are still available to them if they have been resettled locally. This kind of support is promoted by stable staff groups so ex-residents have a relationship with particular staff and feel
easy about maintaining contact with them. It can be difficult to wean people off the support and as one scheme commented resettlement is seen to have been successful if ex-residents have no time or inclination to keep in touch, apart from sharing what is going well for them:

‘While they are in the unit they want to get out. When they are out there they appreciate the contact and even though they have moved on the support is still there. They will come back months and years later. But unfortunately we don’t have a resettlement service and a lot are settled out of the goodness or our hearts. There is an open door policy but we have so much input at this time in their lives and all of a sudden you are having to withdraw it again. How do the girls then cope, who have they got to speak to? That’s when placements can break down. So staff make contact if they have expressed a wish for them to do so, but it’s a limited amount of input that we can have.’

(Manager Scheme B)

Some schemes can offer two or three home visits in the first few weeks after moving and/or telephone calls to establish how things are going and provide some emotional support. However this is often on an ad hoc basis with no set programme for visiting once residents leave or any funding to promote contact. Staff tend to ‘play it by ear’ depending on the individual and what other family support is available. They also do not necessarily have links with local facilities like parent and toddler groups in the areas women move to and many feel they are not very effective in this area. In small towns and more rural areas they are likely to know what is available; in other areas it can be more difficult although they do try to point them towards local services and facilities. Schemes feel they could move residents on more quickly if there was outreach floating support available.

‘People need tender loving care, someone to talk to who will not dismiss them and who will listen and suggest things and give them advice. They drop in because they have confidence in us and respect us. We sign them off if after 6 months there are no complaints and they are up to date with bills.’

(Support worker Scheme F)

Reflecting the lack of outreach support several residents said their main help in moving out had been their own families. Some had stayed in touch with schemes or kept up with other ex-residents if they lived locally but they were keen to emphasise how much they valued the support they had received in retrospect and the struggles they had had with isolation once they had moved on:

‘When I left it was horrible. I missed the company. I got a grant for furniture and help from a charity so I got everything without having to have a loan. But I hate being on my own. It’s not the same as walking out of your room and having someone there. When you are feeling sad, a lot of people like to be pushed. I was just given a phone number to ring. All the things that really annoyed you the day before, you think it wasn’t so bad because it’s hard suddenly being on your own. Sometimes I wish I was back there. When I lived there I could never understand why people who had left talked of it in glowing terms. Things you moaned about most when you were there are the things you miss the most.’

(Ex-resident Scheme I)


8. Monitoring and Evaluation

Mechanisms

Methods of evaluating the effectiveness or otherwise of schemes need to gather both evidence of need as well as demonstrate identifiable outcomes in the short, medium and long term so that the service can be developed and improved. Many schemes feel that this part of their work is very under-developed and needs improvement. However they also feel it is time consuming both to gather information and to analyse it and are concerned to establish monitoring systems that are easy to use and do not impact on staff workloads. One felt that evaluation by an external evaluator was the only realistic way of doing it so that it was objective and others could learn from their experiences. Certainly any long-term evaluation of schemes would need to be national, ideally using a control group. This would allow comparison of scheme outcomes with a matched group of single mothers who had not been in supported accommodation.

In the shorter term methods can include feedback from residents, financial and operational monitoring and collating information about throughput and schemes use some or all of these (see Box 12). Most regularly collect statistics on a quarterly basis about throughput, the characteristics of new residents and move-on data. They may also conduct exit interviews or ask residents to complete evaluation forms as they leave or shortly afterwards, giving them time to reflect on their experiences. These attempt to collect information on current circumstances and quality of life indicators about ex-residents general well being as well as about the sustainability of the tenancy. One scheme is experimenting with plotting the distance residents travel while in the scheme by giving them a score for when they move in and then again when they move out. This however is still at an early stage.

Schemes agree that the most illuminating data is that which illustrates longer term outcomes such as tenancy sustainability, levels of self confidence and esteem and access to education and employment, but these can be particularly difficult to measure. Self-completion questionnaires are likely to have decreasing rates of return the longer someone has been in their tenancy and information collection requiring direct contact is very time consuming. Schemes are considering developing feedback mechanisms with housing associations and local authorities that subsequently house scheme residents. These might include data on tenancy failure rates, the management issues tenancies generate or child protection concerns. There are anxieties about the difficulties inherent in attempting to measure the rate of subsequent pregnancies and separating out those which are unplanned from those which represent a positive choice:

‘There is an argument that if we work with someone and build up their confidence to show they have other options, they take the view to have another baby now to get it out of the way and then go back to college when they are 20. That is not necessarily a bad thing. What’s bad is if it happens by accident.’

(Manager Scheme G)

Schemes are also cautious about the time and difficulties involved in collating information about birth weight, breastfeeding and smoking cessation. Many health promotion issues reflect deep-rooted patterns of behaviour that schemes may find it
very difficult to influence. They consider that housing and sustainability issues are more likely to be useful indicators of success.

**Box 12: Measuring Effectiveness**

Schemes need to decide what aspects of their aims and objectives need to be monitored and evaluated and whether sufficient resources are available for high quality evaluation; what can be done in-house and what requires outside independent input. There are two main components to evaluation; process evaluation which aims to monitor implementation and service delivery and outcome evaluation which aims to assess the impact and outcomes of the intervention such as on the ability of young mothers to sustain independent tenancies.

**Process evaluation**

Indicators might include:
- characteristics of resident population – age, ethnicity, levels of need on referral;
- throughput data – source of referral, length of stay, move on;
- staffing levels, skills, attitudes and stability, supervision and support;
- partnerships and input from external agencies;
- good quality accommodation which is well designed and maintained and manages an effective balance between privacy and independence, intervention and support;
- an empowering environment which has respect for residents and can respond flexibly to their needs;
- pro-active work to foster independent living skills and self-esteem, health and well-being, access to education, training and employment, childcare and parenting skills, peer support and user involvement work;
- engaging with men and fostering their role as fathers;
- ability to provide resettlement and outreach work;
- ability to support and promote diversity.

Process indicators can be collected in a number of ways and will be dependent on the availability of resources within schemes. Methods include regular interviews with staff to assess difficulties and achievements, collation of statistical data from assessment and case review forms and feedback, comment books and exit questionnaires with residents. Monitoring can be implemented by project staff although some aspects may be best conducted by an independent evaluator.

**Outcome evaluation**

Indicators might include:
- tenancy sustainability and tenancy failure rates;
- management issues generated by tenancies; for example rent arrears or neighbourhood nuisance;
- levels of self confidence and esteem;
- knowledge of and ability to access services like education and training, community facilities for mothers and children, health services;
- decrease in unplanned pregnancy;
- child protection concerns;
- levels of continued contact with the scheme;
- support networks including continuing peer support;
- quality of life indicators.

Outcome indicators could be monitored through longer-term follow up of ex-residents via self-completion questionnaires, feedback mechanisms from housing associations and local authorities. They might include scoring residents according to level of need on entry and exit from the scheme.
What Young Mothers Want

The lack of evaluative work being undertaken by schemes means that it is difficult to assess the extent to which they are able to effectively prepare residents for independent living. However it was possible to talk to residents and ex-residents about their experiences. Health Action spoke to 81 residents and ex-residents in nine supported housing schemes for young parents across the country. In addition an event for young mothers in March brought together a further 45 young women from across London to consult with the Teenage Pregnancy Unit about their housing difficulties and the kind of provision they would like to see made available.

What they thought about supported housing schemes and how far they felt this provision had helped them is described throughout this report. They also identified a number of key elements in providing good quality supported accommodation which are described below. Although different groups of residents might give priority to different aspects of the schemes, they did agree on the essential elements of that provision. The following points do not however negate the need for providers to consult locally with young mothers before establishing schemes and with residents to regularly review what is being provided.

**Good quality, well-designed accommodation** which is clean, well furnished and in an area which feels safe and is close to other facilities. For some this includes being housed close to their own families or to the father of their child. Residents find stairs, not having lifts, little storage, small rooms and poor quality decoration difficult and in some cases depressing. Not having control over the temperature is also often quoted as problematic. They want access to built-in sterilisers, baby monitors, changing cabinets, lockable buggy storage, pay phones and a garden. They feel that anything larger than a 6 or 7 bed unit was difficult especially if facilities were shared. They also prefer ground floor provision.

**Safety and security.** Residents coming from difficult and/or unstable situations particularly appreciate having somewhere secure to live. This can entail the offer of protection by staff from problematic relationships with the father of their child, other partners or from their own families and their mothers in particular. They also appreciate having out of hours, weekend and evening cover in schemes when staff are not available.

**Support from peers.** Having company and not being isolated is highly valued by all young parents. They appreciate always having someone to talk to and being with others who understand what they are going through and who can help out if required. Living with others also creates difficulties, especially when it means sharing communal facilities like kitchens and bathrooms. When this is not managed effectively it can result in conflicts, cliques and gossip which can make peoples’ lives very difficult.

**Support from staff.** Residents appreciate support from staff and ex-residents value it even more highly in retrospect. They identify the importance of staff attitudes and of maintaining a careful balance between respecting an individual’s privacy and providing support and intervention. For some this is about offering learning opportunities, emotional support and aspiration for the future within a non-judgemental environment. This is felt to be particularly important given the prejudice they encounter elsewhere as young mothers. For others it is about maintaining low levels of intervention which are not intrusive. In all cases it is about respect and being treated with dignity by staff.
Learning opportunities and occupation. Young mothers are keen to take up opportunities to learn about child development, budgeting, household management as well as access to gaining educational and vocational opportunities. There is also a lot of interest in getting involved in peer education; for example going into schools and working around sexual health and relationship issues. Many also say they are bored and want to see more on site activities like outings and other things they can do as a group to fill their time.

Childcare. This is a major issue. Residents want to see crèche and play facilities that can give them a break, assist them in playing with their child and also promote a child friendly environment where children can meet each other. They also want access to nursery provision so that they can pursue education and training opportunities.

Privacy and independence. Residents want space for themselves and somewhere to call their own. Those in self-contained accommodation with access to communal facilities are happier than those sharing kitchens and bathrooms. This is not to say that sharing cannot be effectively managed and those who are only sharing with one other person are able to negotiate use of facilities and appreciate the company. They particularly object to room checks when no appointment has been made and the use of master keys by staff when they are out. They also highly value confidentiality so that staff keep issues private. Many residents resent the rules and regulations which require them to clock in and out of the accommodation and inform staff about where they are going to be.

Involving men. Residents want to be able either to have access to couple accommodation or have more flexibility about when and how long their partners can stay with them. At the same time there are also those who are glad of the protection the accommodation provides from their partners. Many want to see more opportunities for men to be involved in parenting classes and other groups and more encouragement for them as fathers.

Appropriate move on accommodation available at the right time. Residents express anxieties both about the quality of move-on accommodation and about when it will become available. Some are very concerned that it should be near their support networks. There are anxieties about being moved on too soon before they are ready and anxieties about being in supported housing for too long with all the difficulties that can entail; coping with toddlers in provision for babies and the impact this has on the child.

Resettlement support. Although many have strong ties with their own families and expect to get the bulk of their support from this direction, those without this help express a lot of anxiety about being left to fend for themselves, unsupported in a tenancy. Ex-residents are very appreciative of open door policies and schemes where staff retention enables them to keep in touch through particular individuals. This is also dictated by the geographical spread of move on and whether it remains feasible to keep in touch either with staff or other ex-residents. There are also those who do not want any contact at all once they leave.

Higher incomes. Most young women comment on the difficulties of managing on low incomes, particularly those on lower benefit rates because of their age. They are anxious about how they will manage once they have their own tenancy especially if they are dependent on loans rather than grants.
9. Conclusions

Implications for Good Practice

A number of lessons or themes can be drawn from the proceeding work which have implications for good practice in supported accommodation for young mothers.

Models of Accommodation with Support

Varying levels of need mean that different models of provision will be suitable for different individuals and it is problematic to determine this purely by the age of the mother. Provision can provide for vulnerable mothers across the age range and some schemes point out the positive benefits which can accrue from such a mix in terms of both age and cultural background including a more stable community. Those with dependency issues may require more surveillance and restrictions. This means that a choice of provision is essential and will become more so towards 2003 when all young mothers under the age of 18 who are not with families or partners will be expected to pass through supported accommodation of some description.

- **self contained accommodation with access to communal areas.** This is currently the preferred option. A cluster of single units with a resource base on site, like a communal flat, offering low levels of support and no evening or weekend cover. This is seen as promoting peer support among residents and thereby providing them with a support base that can last once they have moved on especially if move-on accommodation is mostly located within a defined geographical area. It provides regular support and consistency and they have a chance to make mistakes in a supportive environment. It fosters the best of both worlds; communal living with privacy and their own space and fits with what most young mothers want. It also opens up the possibility of being able to offer couple accommodation and more access to partners if that is desired. As one worker said ‘knowing someone is always there is very valuable and creates a virtuous circle where they don’t actually need to call anyone.’

- **shared facilities** where residents have their own room and possibly their own kitchenette but otherwise share kitchens, bathrooms and communal living space. In some schemes they may even prepare food and eat communally. Residents clearly state that they want privacy and independence and sharing facilities generates disputes about standards of cleanliness and use. It appears that these can be managed more effectively when there are only two people sharing as they can negotiate and be flexible while still gaining the benefits of building up relationships and support with others. This kind of provision can offer an all-embracing environment which holds those who have had particularly traumatic pasts and experiences in a way that would not be possible in other models. However shared living creates difficulties in offering flexible access to male partners as the needs of other residents have to be taken into account.

- **floating support** schemes where residents are in their own temporary or permanent tenancy and receive regular visits from support workers and/or have access to a day centre or drop in facility offering support, contact with peers, nursery and learning opportunities. This model can limit the kind of relationships fostered between peers and how supportive they are and is not necessarily adequate for those with higher support needs. On the other hand it also fosters
consistency and continuity particularly when the supported accommodation can become a permanent tenancy. Floating support options as part of the resettlement process would allow schemes to move residents on faster and meet many of the anxieties they experience when faced with moving into their own tenancies.

- **foster care.** A number of schemes express concerns about 16 and 17 year olds in hostel type provision and/or in self contained accommodation unless there is 24 hour cover. They feel that most young mothers in this age group do better in foster care where they can be parented themselves. The appropriateness of this model very much depends on levels of individual need. The rules and regulations operating in some foster care placements are supportive to some and intrusive to others who would do better in schemes offering independence and a choice in determining their own lives.

**Getting Established**

A number of RSLs identify problems in setting up and developing schemes. These relate to ensuring appropriate levels of revenue funding and to establishing a service which is appropriate to the needs of its residents. Two key elements in setting up and developing schemes are:

- needs assessment and consultation work with the client group to minimise design errors. This can draw on the expertise of local organisations in consulting with their clients;

- ensuring adequate funding packages so that revenue for the scheme is guaranteed as far as possible and resettlement and floating support costs are included.

**Design Issues**

Schemes consider that it is very important to create the most attractive environment possible so that young women want to live there, the provision is not stigmatised and it is not seen as housing of the last resort. They aim to create a comfortable and welcoming environment. The elements involved are:

- an ideal size of between 5-10 rooms or flats;

- good quality furnishings and equipment which are well maintained;

- reasonably sized rooms which can provide separate sleeping space for babies and children, adequate storage space as items are acquired for moving on and if necessary space for mobile babies and toddlers;

- outdoor space and a garden which are private and accessible;

- communal space which can accommodate meetings, learning opportunities and group work as well as play space and activities for older children. Ideally there might also be opportunities to develop IT rooms, demonstration kitchens and so on. This will become more important if young women face longer stays in these environments;

- Low rise provision which minimises difficulties with stairs and buggy storage;

- a concern for the visibility of the scheme within the neighbourhood to avoid the labelling and stigma which may stem from having easily recognisable provision for lone mothers.
Support
There is a general feeling that although the basics of a supportive environment may be in place in schemes there is plenty of room for development in this area and that it could be taken much further. The key elements of this are:

- having structured support and action plans in place with targets and realistic exit strategies. This provides a clear, transparent basis for assessment and means that both residents and staff are able to target referral issues, are very clear about what is on offer and what they need to do. This must be offered within an atmosphere which respects confidentiality and where staff are trained to promote a consistent, standard approach to support. Systematic care planning across the board can be hindered in schemes providing for varying levels of need;

- fostering an environment that empowers rather than disempowers. Strict rules and regulations can encourage a 'hood winking' approach where residents are encouraged to be covert about their behaviour rather than open and where they are more likely to take advice from peers than from staff. This does not empower them or foster their independence. The environment and the attitudes of staff should convey respect for residents and a culture of aspiration that raises their expectations of what can be achieved;

- part of creating an empowering environment is to more fully develop user involvement work. Although most schemes will hold resident meetings, operate a complaints policy and have a suggestions box, attendance is usually low and procedures rarely used. This area is considerably underdeveloped. One approach may be to have a dedicated post or part-post to work in this area;

- capitalising on opportunities to work proactively with residents and promote peer networks through structured group work which can provide a rolling programme of sessions and be integrated into action and care plans. This can include the development of leisure interests and respite childcare and crèche facilities. It could also include offering 'stop smoking' initiatives. A database of tools for staff to use in promoting independent living skills would assist here and help to standardise the kind of provision offered;

- developing access to education and training through encouraging opportunities for childcare and nursery provision, linking with local educational institutions and easing residents into mainstream provision by holding initial sessions or courses on site. There are also opportunities for encouraging more informal learning through youth work provision and peer education schemes. The latter is of much interest to many young women who want to know how they can get involved. It must also be recognised that childcare which just gives mothers a break and a chance to think about their lives is as valuable as that which enables them to undertake serious study or training;

- enabling residents to return to work while they are in supported housing is problematic given rent levels and the lack of affordable childcare. This needs to be explored and ways found to promote access to employment;

- supporting diversity within the resident group by ensuring that staff are trained in equal opportunities and that they reflect the mix among the resident population. This can also be promoted by ensuring that racism and discrimination are not tolerated and that positive images are presented of different races and cultures.
Staffing
Having the right staff and adequate staffing levels is key to providing good quality accommodation with support and many projects complain of high workloads and staff shortages which erode the amount of time and support staff can devote to residents needs:

- staff team stability encourages a consistency of approach and opportunities to retain links with ex-residents. It is something which is much appreciated by residents who find high staff turnover disconcerting and destabilising. Staff retention can be eroded by high workloads, rigid rotas and poor conditions, including poor sleeping over facilities. It is promoted by good supervision and support and opportunities to discuss issues and access training;

- it is essential to maintain an effective balance between housing management tasks and support as one can impact negatively on the other and undermine the effectiveness of support being offered. Effective housing management and collecting rent is integral to the survival of projects. At the same time it should not interfere with providing support to residents;

- to do their job well staff need to retain a flexibility to respond to individual need and work autonomously. Hierarchical structures and a chain style of command can limit delegation, increase paperwork and undermine workers ability to effectively carry out the job. Staff need to be empowered themselves in order to empower residents;

- residents identify staff attitudes as very significant in how effective they consider the provision to be. These can be fostered by adequate training, induction and guidelines that encourage consistency and more uniformity of approach while allowing the flexibility to respond to individual needs. Many schemes do not have access to adequate training budgets. Links with training agencies, local authority training programmes and joint training will allow staff to keep up to date and promote consistency; for example with childcare practices and child protection issues;

- the work can be demanding and frustrating. Adequate supervision is required to debrief and support staff. There are possibilities to second staff from other agencies to provide more specialist supervision; for instance in dealing with traumatic experiences like rape or sexual abuse which might arise.

Working with Children
Schemes aim to provide a positive environment for both mothers and their babies. Although much of the monitoring of children’s welfare is undertaken by health visitors schemes also have a role to play:

- the environment should be safe and secure for babies and toddlers and provide opportunities to promote play and interaction between children. This might include providing play spaces, equipment and outdoor facilities;

- parentcraft sessions, opportunities for women to learn about interacting and playing with their child, child development issues and role modelling from staff are all important aspects of what schemes can provide;

- initiatives that offer mothers some respite from their children, like crèches and playgroups, are to be encouraged. Access to them should not be dependent on taking up education and training opportunities but should rather be seen as
providing some space for the mother so that she can have a better relationship with her child;

- an environment which can promote the bond between fathers and their children and their involvement in their upbringing is to be welcomed if the mother is in agreement;

- many schemes house mixed race children and children from a variety of minority ethnic groups. The particular issues facing these children should be identified and recognised and positive images presented in all interactions;

- mothers and their children may face long stays in schemes that are not designed to house toddlers. This can have a severe impact on the well being of both mothers and children. In particular living for longer than a year in an environment with a high turnover of residents can be destabilising for small children and affect their development. This should be acknowledged and addressed.

**Working with Men**

In a world where the role of men in family life is being reappraised and encouraged and services are gearing up to work more holistically with families, the restrictions placed on contact with partners in many supported housing schemes for young mothers is anomalous:

- more thought should be directed towards how best to support and sustain the family as a whole by offering couple accommodation and freer access to partners. This can be negotiated on an individual basis whilst still protecting the safety and security of other residents;

- the father, father figure or male partner can be included in action plans, offered access to parenting and other support groups and to support networks for young fathers;

- it must also be recognised that some women will require protection from their partners and find restrictions useful in maintaining control of the relationship.

**Partnerships**

Working effectively with external agencies is essential in providing a comprehensive and quality service. However, due to the non-professionalisation of this sector, schemes may encounter difficulties in promoting their services with statutory agencies. Many work in close liaison with social services and housing departments and carry out some of their work; for example participation in case conferences and operating social services care packages which are integral to the scheme. Yet staff can feel that they are perceived as underqualified and untrained even though their role is critical in supporting vulnerable people:

- schemes need to sell their services to others and up their profile as competent organisations. This will encourage approaches from external agencies to work with them to undertake work as they have a captive audience. It will take much of the time involved in developing relationships away from overworked staff which they can then devote to supporting residents;

- one effective approach appears to be the steering group or allocations panel meeting at regular intervals to oversee throughput and guide development. This means that key stakeholders are made accountable for providing an effective service and it oils the wheels in terms of on the ground working with other agencies;
assistance with developing partnership approaches which is seen as one element of the teenage pregnancy strategy has yet to come to fruition on the ground. Nevertheless it does open up potential for more effective working in the future.

Moving on and resettlement
Few schemes are able to offer a full resettlement service where tapering levels of support are available in move on tenancies according to individual need. Leaving a scheme can mean moving from a highly supportive environment to no support at all with the risk of isolation, inability to cope and tenancy failure:

- the consequences of moving residents on before they are ready or there being a long delay after they are ready are severe. Either residents are unable to manage or they become increasingly despondent as the provision and support is increasingly unable to meet their needs or those of their child. It is very important to create as seamless a service as possible which will carry residents through into independent living. Schemes estimate that a stay of 6 to 8 months after the baby is born is probably the best option before move on;

- schemes should aim for a resettlement service that can offer floating support for at least six months after move on. This is made easier if move on accommodation is located within a given geographical area. Highly dispersed move on makes this approach more difficult. At present this work is often being done out of the ‘goodness of workers hearts’. The lack of funding to provide resettlement and outreach services is now being countered by bidding for outreach funds to support resettlement and move on at the same time as capital bids;

- schemes require more control over allocations or the ability to negotiate with housing departments so that placements can be better tailored to fit in with residents needs and schemes are more able to determine who gets housing and when. For some RSLs with their own stock this is possible. Others are completely dependent on the availability of local authority stock. This means they have no control over the quality or location of tenancies and are unable to ensure that residents are rehoused close to their own support networks;

- more work could be done with ex-residents in terms of setting up groups, involving them in peer education schemes with current residents whereby they can share their experiences and support residents and develop their potential as volunteers and mentors so that what they have to offer is more formally recognised.

Evaluation
Monitoring and evaluation mechanisms within schemes are significantly underdeveloped. This limits their ability to assess their effectiveness and target development and improvements to the service. Schemes need to consider both process evaluation to monitor service delivery and outcome evaluation so that they can identify their impact in the longer term.

Implications for Policy
As well as highlighting key issues in promoting good practice in supported housing for young mothers, there are a number of wider policy implications which flow from the research and which are summarised here. The level at which each change
should be made – national, local authority or scheme - is indicated in brackets in the text.

- **Models.** This work is not prescriptive about the type of accommodation and support for young mothers that should be provided. There are positive things to be said about the majority of models; from very structured environments to floating support. A range is required to meet varying needs but there are certain principals on which provision should be based which have been identified above in the previous section. *(All levels)*

- **Access to permanent tenancies.** Current policy advocates that parents aged less than 18 years should go into supported housing rather than lone tenancies. It is essential that this is perceived as supportive rather than coercive so that it is acceptable to young women. This requires that decisions should be based on individual need rather than a blanket policy. The policy also implies that a 16-year-old entering supported accommodation will be there for two years until they are 18. This could be very detrimental for those who are ready to cope with their own tenancy but are unable to move on and impact on children’s development and the throughput of schemes. Length of stay should depend on individual need; on average this is estimated at approximately six to eight months. *(All levels)*

- **Fathers and male partners.** The identity of ‘lone mother’ lies along a continuum from being part of a settled couple to being alone with no knowledge of the child’s father. However if a woman wants financial independence there is pressure to adopt the ‘lone mother’ label, whatever she may feel about having continued involvement with the father of her child. The barriers to treating the family more holistically both within schemes and nationally should be recognised and addressed so that men are able to more proactively father their children. *(National and scheme level)*

- **Benefits and rent levels.** There are a number of issues relating to benefit payments and rents that adversely affect young mothers:
  - age differentials in levels of income support for young mothers should be abolished and all should receive the higher rate;
  - the requirement for proof of estrangement from parents in order to claim the higher rate is damaging for family relationships;
  - the ability to claim housing benefit on two properties for a specified length of time allows young mothers to prepare their move-on accommodation before they move in;
  - with an average stay of 6 months residents are unlikely to be in employment. This means that any move to set rents at affordable levels for young mothers will adversely affect the level of service that schemes can offer rather than provide opportunities for them to take up employment. *(National, local authority and scheme levels)*

- **Multi-agency planning and co-ordination** is vital in developing and managing schemes and in providing appropriate levels of services. Establishing multi-agency stakeholder groups to oversee schemes can be an effective way forward. Teenage Pregnancy Co-ordinators could be charged with a specific responsibility for bringing together housing, health, social services, education and voluntary sector services. *(All levels)*
• **Social services.** Schemes find that often social services can only respond in a crisis and are unable to support them in providing for young mothers with higher support needs. There should be a greater recognition within social services departments of preventative work and more resources devoted to it. *(National and local authority level)*

• **Health.** There are very positive links between schemes and health practitioners, like health visitors. However suggestions that health goals, like smoking cessation should be used as quality indicators within schemes are unrealistic as they are marginal to the schemes’ aim to provide tenancy sustainability. *(Scheme level)*

• **Education.** Promoting education for teenage parents needs to come from both educational institutions and initiatives as well as from the schemes themselves. The DfES could usefully encourage local education departments to identify schemes, make contact and offer services. Additionally early feedback from areas piloting the Education Maintenance Allowance indicate that this could prove effective in providing childcare and encouraging access to education and training. *(DfES and scheme level)*

• **Planning.** Local authorities are currently charged with carrying out needs assessment and building a strategy to meet it. RSLs who are developing schemes, could usefully link into this information. They should also carry out consultation with local young parents and professionals to establish needs and the model of accommodation with support which is most appropriate locally. A template for such consultation could usefully be drawn up.

In addition RSLs currently fear they will develop schemes but be left without revenue funding. This is particularly true in those areas which have not yet put a strategy into place and where teenage parents are unlikely to be seen as a priority group. These fears should be addressed centrally and a mechanism for instilling confidence in development found. *(All levels)*

• **Stigma.** There should be proper recognition of the valuable work done by schemes and the significance of the preventative role. This would raise their profile, increase interest in developing new and good quality schemes and mean young women were happier to engage with these services. Currently the image of traditional mother and baby homes is prevalent. At the same time the national Teenage Pregnancy Strategy which aims to reduce conceptions on the one hand and support teenage parents on the other is partly contradictory and can reinforce the stigma which teenage parents feel. *(All levels)*

• **Resettlement.** Resources should be made available to all schemes to plan a resettlement strategy and have staff who can visit ex-residents and offer tapering levels of support. *(All levels)*

• **Move-on accommodation.** A lack of good quality move-on accommodation is a major barrier to successful resettlement. Housing departments need to recognise that young mothers should not be offered the poorest quality stock. *(Local authority and scheme level)*

• **Support services.** Schemes vary enormously in the support levels provided for similar needs. Policy guidelines on the basic requirements that schemes should fulfil are required. They should include minimum standards, staff training and
services and facilities offered. There could also be a central training strategy for staff. *(National and scheme level)*

- **Levels of need.** A mix of levels of need is often present in schemes because of funding issues; for example referrals funded through social services can bring in higher levels of income. However it should be a policy issue to establish whether a mix of need is detrimental to the good functioning of this provision or whether with the right balance it can have a positive impact. *(All levels)*

- **Peer education and mentoring** are valuable in promoting confidence and disseminating information. Young mothers themselves also express a lot of interest in participating in such schemes. It would be worthwhile to invest resources in this area. *(Scheme and national level)*

- **Research and consultation.** There is no existing data on the outcomes of resettlement once young women move on and schemes should be encouraged to start collecting it. Despite the fact that schemes state their intention is to prevent subsequent pregnancy, very little is known about subsequent pregnancies and whether they are planned or unplanned. This should be explored. There are also gaps in our knowledge about productive work with young fathers. Young parents should have opportunities to have regular input into the policy making process. *(All levels)*
Appendix: Characteristics of Young Women Interviewed

The research team was successful in interviewing young women from the target age group and with a range of lengths of stay, ages of children and ethnic backgrounds. Altogether they spoke to 81 young women, 53 in a series of focus groups and 28 in individual one-to-one interviews.

Residents in each of the nine participating schemes were invited to take part in either a focus group discussion or an individual interview with the researcher. This was done through a letter from the researchers to residents some days before the three-day visit to the scheme. Although this meant that residents selected themselves, in half of the visits the reseachers were able to talk to the majority of the current resident group. The number of residents interviewed in each scheme varied from five to thirteen individuals.

Contacting ex-residents was more complicated and dependent on how far they had maintained links with schemes and whether the project had contact details for them. The research team asked each scheme to put them in touch with a minimum of two ex-residents. The invitation to focus group discussions was also open to ex-residents. It is likely that those who responded positively to invitations to participate had kept in contact with the scheme and were favourably disposed towards it. The sample is less likely to include those who had more negative experiences during their stay. The number of ex-residents interviewed in each scheme varied from two to eight young women.

Although most schemes for young lone parents will house vulnerable mothers up to the age of 25 or more, the particular focus for this research was those at the younger end of the age range. The research team therefore aimed to encourage the under 20s to participate in the work. Two-thirds (65%) of those interviewed were teenagers with one third aged 16-17 years old.

<table>
<thead>
<tr>
<th>Age</th>
<th>No. Residents</th>
<th>No. Ex-Residents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-17</td>
<td>25</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td>18-19</td>
<td>11</td>
<td>15</td>
<td>32</td>
</tr>
<tr>
<td>20-25</td>
<td>5</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>26+</td>
<td>3</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Not known</td>
<td>3</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Base</td>
<td>47</td>
<td>34</td>
<td>100</td>
</tr>
</tbody>
</table>

The length of stay in schemes varied according to the availability of move on housing. Forty one percent of those interviewed had been there for six months or less, a further 30 percent for 7-12 months and 16 percent for between one and two years. Five of those interviewed had been in schemes for over two years. Ex-residents who participated had left between one month and two years ago with the bulk having left within the past one to two years.
Table 2: Age of Child of Participating Women

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>No. Residents</th>
<th>No. Ex-residents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6 months</td>
<td>14</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>7-12 months</td>
<td>15</td>
<td>6</td>
<td>28</td>
</tr>
<tr>
<td>13-18 months</td>
<td>4</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>19-24 months</td>
<td>4</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>2+ years</td>
<td>3</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Pregnant</td>
<td>7</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Base</td>
<td>47</td>
<td>29</td>
<td>100</td>
</tr>
</tbody>
</table>

Note: Five ex-residents had more than one child. They are not included in the above table.

Although the majority of those who participated were White, almost a quarter (23%) were from other minority ethnic groups.

Table 3: Ethnicity of Participating Women

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>1</td>
</tr>
<tr>
<td>Black African</td>
<td>3</td>
</tr>
<tr>
<td>Black British</td>
<td>6</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>2</td>
</tr>
<tr>
<td>Mixed Race</td>
<td>7</td>
</tr>
<tr>
<td>White</td>
<td>62</td>
</tr>
<tr>
<td>Base</td>
<td>81</td>
</tr>
</tbody>
</table>