GUIDELINES FOR GOOD PRACTICE IN SUPPORTED ACCOMMODATION FOR YOUNG PARENTS
Policy

The Social Exclusion Unit report, Teenage Pregnancy, published in 1999 sets the objective that by 2003 all under 18 teenage lone parents who cannot live with their family or partner should be placed in housing with support, not in an independent tenancy.

All local housing authorities were asked in April 2000 to audit provision and need in their area. Housing Investment plans are expected to reflect the national policy and to include a strategy for housing teenage parents. It is anticipated that half the new provision needed will be in the form of floating support and half through purpose built or refurbished schemes. The Housing Corporation is currently supporting six housing pilots that illustrate different models of supported accommodation for pregnant teenagers and teenage parents.

Background

This booklet is based on research to identify good practice in schemes for teenage parents across the country. The work was commissioned by the Teenage Pregnancy Unit and the Department for Transport, Local Government and the Regions (DTLR) and carried out by Health Action for Homeless People. It involved visiting 9 schemes and talking to both residents and staff about their experiences. It also involved a focus group discussion with scheme managers and a consultation event for young mothers living in supported housing in London. The guidelines that have been drawn from this material will be useful to RSLs in developing schemes and in thinking through the type of issues they will need to address. Rather than advocate a particular model of supported accommodation, this booklet presents some basic principles and different ways in which they have been put into practice.
Getting Started

The local housing authority has responsibility for carrying out a local assessment of the accommodation and support needs of teenage parents. RSLs should ensure that they are linked into local strategies for teenage parents and that they are aware of any current audit. If that information is not comprehensive they should consider carrying out their own consultation exercise. This will enable RSLs to gain a picture of the best locality for a scheme, the ethnic make up of the target population, levels of support needs and to think about the most appropriate model for development.

Funding

Putting together an adequate funding package can be time consuming and difficult. The main sources of revenue funding are housing benefit and Supported Housing Management Grant (SHMG). The Safer Communities Supported Housing Fund is a new pot of money from the DTLR and is managed by the Housing Corporation. It provides capital and revenue funding for three years, and includes young people at risk and teenage parents within its priorities. It requires matching funding for capital costs but also provides a real opportunity to get schemes up and running.

Other sources of funding for specific work or specific posts are available through Health Action Zones, Sure Start, Children in Need, the National Lottery, SRB, and trust funds or church groups. Housing authorities may commit to fund one or more places on an annual basis. Social services generally spot purchase on a case by case basis, and usually only when there is a specific care package available or they require places for young women who have been in the care system.
Partnerships

It is important to start to build multi-agency partnerships at the development stage (see Box 1). Partnerships with housing departments, health, social services, education and voluntary sector agencies providing parenting support or working with young children are invaluable and enable schemes to offer a more holistic and supportive service. The local teenage pregnancy co-ordinator should be able to facilitate partnership working and be aware of the contacts in different sectors. Stakeholder groups that bring together all agencies involved in supporting young parents and who can oversee the development and management of schemes have been identified as a very valuable approach.

Box 1: Working in Partnership
Schemes have used stakeholder groups as a way of bringing agencies together to work in partnership. They can be effective in raising the profile of the scheme and can facilitate the involvement of other agencies in providing services for residents, often within the project itself.
Examples include:

- **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.

Examples of working in partnership with young parents also exist, for example:

- In Wakefield young parents are involved in the strategy for supported housing, visiting development sites, discussing ideas with architects and other professionals and following the scheme through to completion and appointment of staff.

### Monitoring and Evaluation

Monitoring and evaluation is currently significantly under-developed but will grow in importance with the plethora of new initiatives (see Box 2). Most schemes regularly collect monitoring statistics on referrals, and throughput. Some routinely ask residents to participate in exit interviews or complete evaluation forms as they leave. This has limited value as residents are focussing on their move and reflecting on the impact of the scheme is not a priority.

Schemes need to be able to demonstrate outcomes in the short, medium and longer term. This requires identifying quality
indicators and developing feedback mechanisms with housing and other providers to collect data from residents after they have left schemes. Housing and sustainability issues are probably the best indicators of success but this needs to be tested in the longer term.

**Box 2: Measuring Effectiveness**

How can the success of supported accommodation for young parents best be measured? 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. 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.

**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 and user involvement work, peer support
- 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 using both qualitative and quantitative methods and will be dependent on the availability of resources within schemes. Monitoring can be implemented by project staff although some aspects may be best conducted by an independent evaluator. 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.

Outcome evaluation

This aims to assess the impact of the scheme, the extent to which project goals have been achieved and the impact it has had on the ability of young mothers to sustain independent tenancies. Outcome measures can cover both intermediate and longer-term goals. Again 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.
Models of Accommodation with Support

There are a range of models of supported accommodation for young parents. In addition, within these models there is a huge diversity as models do not dictate the support needs young parents bring to the project, the staffing levels or the quality of the accommodation or staff employed. Outlined below are some of the basic models but it should be borne in mind that some of the most exciting projects are not based on specific bricks and mortar but are where agencies are working together and can offer a whole range of accommodation to young parents. For example in Wakefield all project referrals go to a Children’s Act panel which assesses specific needs and allocates individuals to supported lodgings with a family, a supported hostel or council accommodation with floating support.

Self contained flats with access to communal areas

This model comprises self-contained flats around a central core where support staff are located, groups are run and parent and baby drop-in sessions are held. It combines independence and privacy with access to company and support, and is popular with residents. They are pleased to be in control of their own environment and not to have to negotiate with others about cooking, cleaning and access to the bathroom. It also enables them to have the fathers of their children or other partners to stay without that breaching the privacy of other residents. One drawback can be less peer support and some women become isolated with their baby. It is therefore important in developing this model that there are many opportunities to meet and use communal spaces. Generally there is a key worker system in place so isolation will be picked up on and addressed. Workers can encourage peer support through facilitating courses, group work, play sessions, communal cooking and eating and residents meetings in communal areas.
Hostel model

A hostel model generally offers single rooms, sometimes with their own bathrooms and cooking facilities, or sometimes with a bathroom shared with one or two others and a kitchen shared with a number of the other residents. Staff may be present in the hostel, on a 9-5 basis or sleeping overnight at the hostel. Alternatively they may offer visiting support from an office base outside the hostel. Assessment of residents needs and a support programme is generally drawn up on an individual basis and a key worker system is in operation. There is usually a communal lounge where residents meetings are held and where they can run groups, courses or social events.

There is a strong voice from residents that sharing essential facilities such as a kitchen with one other woman could have positive advantages in promoting peer support and sharing childcare. However these advantages are overridden if young women have to share with more than one other resident. Sharing can lead to conflicts over smoking, noise, standards of cleanliness, boyfriends and children, but disputes are more easily negotiated if there are only two sharers. When shared facilities are provided it is important that residents can voice their concerns and that swaps can be arranged if necessary.

Co-operative community

Co-operative community is being used as a term to describe schemes where full board is provided for the mothers and their children and everyone is expected to eat meals together, take part in communal cleaning activities and in-house training or employment schemes. Staff live in and share meals and cleaning duties with the residents. This model is appreciated by women who have come through substantial trauma and are feeling very vulnerable. However a lengthy stay can mean that the rules and restrictions are resented by many residents.
Floating support

Floating support schemes offer advantages in that they can be provided in permanent RSL or local authority tenancies and give flexibility in the intensity of the support available. When support is no longer needed it is floated off elsewhere. This type of scheme can also move away from the stigma associated with highly visible hostel-type schemes, as all the young parents are in ordinary tenancies. However in developing such schemes attention must be paid to the quality of properties available in order to ensure that they are of an acceptable standard. The disadvantage, especially if the properties are dispersed over a wide area, is that it is difficult to overcome isolation or facilitate peer support. There are models that address this by providing daily transport to a community centre that can offer a range of educational courses, parenting classes, a nursery and support groups for young parents.

Foster care

There are specialist foster care schemes for young parents but this is not a model that was covered by the research. They can have the advantage of replicating the family home and offering the young woman help with childcare as well as emotional support on an individual level. Women who attended the consultation event were positive about the experience of specialist foster care placements and it was a model that was advocated by some of the schemes as appropriate for younger women.

Design

Whatever model of supported housing is provided the quality and design of the accommodation is a decisive factor in the experience of young women. Features that are much appreciated are:
- clean and spacious rooms with enough storage space
- good quality furnishings and fittings
- welcoming communal areas
- access to a garden
- access to a nursery, crèche or other indoor play space for children.

Features that cause residents distress are shared kitchens or bathrooms that are dirty and rooms which are cramped and have no storage space. The morale of residents can be badly affected by sharing a room with the baby and having nowhere to go when the baby is sleeping or crying. Noise insulation is another important feature. Safety and security are emphasised by young mothers as very important, as are prompt repairs and maintenance work.

Both floating support schemes and self contained flatlets need to pay a lot of attention to the design and use of communal space to ensure that it can fulfil all the functions required and be an attractive and welcoming environment.

**What Young Mothers Want**

Clearly young mothers give priority to different aspects of what they want from supported housing but there are essential elements on which there is common agreement.

- **Good quality well designed accommodation** in small units and sharing essential facilities with no more than one other mother and baby.

- **Safety and security**, both in terms of the physical environment and staff offering protection from unwanted relationships with partners and families.
• **Support from peers.** Young women really valued living with and making friends with young women in a similar situation.

• **Supportive staff** who offer emotional and practical help in a non-judgmental way and who allow young women their own privacy.

• **Learning opportunities** covering child development and independent living skills as well as access to educational and vocational opportunities and on site groups such as baby massage, aromatherapy and so on.

• **Childcare.** Residents need to be able to have a break, they need access to nurseries to be able to pursue education or training and they need access to communal play facilities where they can be with their children and other parents.

• **Privacy and independence.** Having their own space and control over it is important to young mothers and they value staff who respect confidentiality. They find room checks and informing staff of their movements intrusive.

• **Involving men.** Some residents would like access to accommodation for couples or more flexibility about having partners to stay and be involved. Other women appreciate the protection from male partners that projects offer.

• **Appropriate move-on accommodation** available at the right time. Being stuck in supported accommodation with a toddler causes a lot of frustration.
• **Resettlement support.** Residents are appreciative of ongoing support and of open door policies where they are welcome to return. This is facilitated by good staff retention so that they still know individual staff.

• **Budgeting help.** Many young women reported struggling to manage on the benefits they receive, especially younger women receiving the lower rate. They also worry about budgeting in their own accommodation, especially if they have been given loans.

**Staffing**

**Recruitment, retention and supervision**

If a scheme is large enough it is worth considering having separate staff to fulfil housing management and support roles. The skills needed are distinct and from the residents’ point of view both roles fulfilled by one person can be confusing and difficult.

Project staff are asked to fill many different roles and the work is emotionally demanding. Qualities such as flexibility, listening and communication skills and a non-judgmental attitude are prominent in the abilities sought during recruitment. A stable staff group is of real benefit to a scheme and allows positive relationships to develop between staff and residents. It can also offer valuable on-going security to residents if a resettlement service is offered or if they return to visit once they have their own tenancy. Good employment conditions, structured supervision and appraisals as well as training opportunities all help with staff retention.
Training
Training is an important issue and young mothers are often aware that what is on offer from staff is ad hoc with different staff setting different standards. Achieving a basic standard of provision and training on a range of issues is a valuable step forward. A framework of clear policies and procedures helps all staff to operate to the same standards. There is a staff training manual which offers useful guidelines available from the Trust for the Study of Adolescence.

Referrals and levels of need

Levels of need for support among teenage parents are clearly very diverse. Some young mothers’ needs arise simply from not having accommodation and becoming mothers at a young age. Others were homeless before they became pregnant, have alcohol or drug misuse problems or emotional and behavioural difficulties stemming from neglect or abuse in their early years. The mixture of needs among clients is managed well in some schemes by operating two tier systems of support and/or by working closely with referring agencies to achieve continuing support beyond that offered by project staff. In others support is low level and needs can easily go unrecognised.

There is concern among agencies that schemes will be established with referral criteria that exclude any young women with additional needs. It is important in planning schemes to recognise that many young parents come from backgrounds that are likely to give rise to additional needs and to plan to meet a mixture of levels of need. Referral criteria should be clearly and carefully stated whilst avoiding being overly restrictive. Schemes should establish close relationships with external agencies and develop written agreements about levels of on-going support or extra funding required if additional support is necessary (see Box 3).
Box 3: Working with Referring Agencies

A number of 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

Support

Basics
The basics to providing a good programme of support are a formal system of needs assessment and care planning, a key-worker system and regular reviews. Schemes should work with residents to assess need and devise individual care plans. A core aim should be the achievement of skills that will allow them to move on to independent living and to feel confident about caring for themselves and their baby.

Support and action plans
Support plans should be based on the principal that they are designed and progressed in a manner that is empowering to the resident and that increases self-esteem and confidence. They need to include clear interim targets and goals. These will depend on the capacities of the individual but will cover issues like:

• parenting skills (see Box 4)
• independent living skills (see Box 5)
• childcare
• health promotion (see Box 6)
• assertiveness and self-esteem
• training and education opportunities
• family and peer support
Box 4: 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
Empowering environment

Young mothers often say they feel judged and stigmatised by society. They may also be young women who have not experienced good parenting themselves and who have had negative experiences in the education system. It is important that schemes offer an environment that can, to some degree, counter these experiences and value and promote their skills and strengths. Involving residents in setting agendas, running and chairing their own meetings and ensuring their input into the project is taken seriously, is one way of increasing confidence. Some schemes run specific courses in self-esteem and assertiveness.

A robust confidentiality policy is essential. Many young women feel the need for more respect for their privacy than they have experienced in some schemes. Access to external counselling can be important if a young woman has specific issues to deal with.

**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

Pro-active work

It is important that staff are fully engaged in the needs of their residents and are pro-active in assessing and meeting those needs. This involves being aware of what services exist in the community and how the scheme can be linked with them. Bringing in external agencies to run groups and courses, give advice, do play sessions with children, carry out health checks, run GCSE classes or cookery sessions, all assists in linking the scheme and the residents to services in the community. Running services in-house initially can encourage young mothers to go out and use community facilities, especially if they already have some familiarity with them.

Staff can be role models to young women and it is important that they reflect the communities from which residents come. Residents can learn from watching them interacting positively with their children and with other residents. Staff can also encourage them to have aspirations for their own futures.
Box 6: 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. Health promotion interventions have included:

• maintaining a condom supply on the premises. There are various means of 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
Education and training

Links with local colleges and access to a range of information on courses and opportunities available locally is an important aspect of establishing a scheme (see Box 7). Some colleges will offer courses on site for young mothers. Many young women who have missed out on educational opportunities appreciate the chance to explore the possibilities. In some areas the Education Maintenance Allowance is being piloted. This offers up to £40 a week to young people in education and provides for childcare. This has been received very positively in schemes where it is in operation and has given young women access to a whole range of options, plus a break from childcare.

Box 7: 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 of the young women had been put off education by their experiences at school. 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 worker 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.’

Diversity

Residents of schemes are likely to reflect the cultural and ethnic diversity of the population from which they are drawn. It is important that an effort is made to ensure staff also reflect this diversity. It is also important to think through and draw up policies relating to diversity and equal opportunities and to have procedures to deal with racial harassment should it arise (see Box 8). Individuals should be made aware on joining the scheme of the diversity of the residents and that racist or discriminatory attitudes are not acceptable. Positive images of different cultures and ethnic groups should be reflected in images and pictures in the house and in crèche or nursery provision.

An awareness of the traditions and needs of different cultural and ethnic groups, specifically in relation to diet, health, hair and skin care must be promoted.
Box 8: Supporting Diversity

Schemes should look 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

Working with Children

Many schemes prioritise employing workers with experience of working with young children. An understanding and awareness of child protection issues is crucial, even in those schemes
where social services referrals with specific child protection needs are not accepted.

A childcare strategy should be built into the planning stages of any provision (see Box 9). Some schemes are designed with a purpose built nursery that can be accessed by residents and local people. This has proved a very positive model. Women can get respite from their children, but it can also be used for one-to-one play sessions and learning about play. It forges links between the scheme and the locality and reduces stigma and isolation. Where this is not practical there should be play space for children where play workers can come in and lead sessions. Links can also be made with local nurseries and family centres, organisations such as Sure Start and the Pre-school Learning Alliance or Play Link.

**Box 9: 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

- nominating 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

Working with men and families

This is an area that is currently under developed and where new models and new thinking will be welcomed. In many schemes men are excluded from staying the night but allowed to visit during the day. More recent developments are trying to work pro-actively with men so that they can become joint tenants and are encouraged to get involved in parenting courses, child care and in the life of the project. Where couples are trying to sustain a relationship it is important that men are included and encouraged to bond and care for the baby. Policies around men are partly contingent on the design of the project.

Involving men has to be balanced with the need of some residents to be afforded protection from the men in their lives and with the needs of others who want privacy and do not want to share accommodation with men they do not know.
Young mothers’ extended families continue to be very important and a major source of support. If it is the resident’s choice it is important that they are not excluded from young women’s lives when they have just had a baby but are made to feel welcome and useful in the project. This will build a valuable source of support for the young woman once she has left.

**Moving on and resettlement**

Resettlement and outreach support should be planned in at the design stage of developing a scheme and resources secured to enable a planned resettlement and outreach strategy. Young mothers will need help in preparing emotionally and practically for the move. Visiting support for 12 months after leaving, with the length of time between visits tapering off slowly, is a helpful standard. There is no data on resettlement but anecdotal evidence suggests that 3-6 months is a time when women are particularly vulnerable to failing to sustain their tenancy. In many areas the quality of local authority move-on accommodation is very poor. A positive relationship with the housing department can be a crucial factor in negotiating over move-on and aiding a smooth transition from a supported scheme to a permanent independent tenancy. If an RSL has properties that can be used for move-on accommodation this is helpful.

It is common for young mothers to feel very excited by the idea of independence but then find they missed the company and support enormously.

For women without family support locally the capacity to return to the project for continuing support can be very important. This possibility should be built into the original project planning.
References


Publications Department
TSA
23 New Road
Brighton, East Sussex, BN1 1WZ
01273 693311
publications@tsa.uk.com

Useful Contacts

If you require further information contact:

Matthew Payne
Senior Supported Housing Officer
Housing Corporation
020 7393 2224
matthew.payne@housingcorp.gsx.gov.uk

If you would like to make contact with one of the schemes involved in the research for this booklet, or to obtain a copy of the full research report, then contact:

Nita Kabaria
Teenage Pregnancy Unit
020 7972 4287
nita.kabaria@doh.gsi.gov.uk
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The Teenage Pregnancy Unit co-ordinates the Government’s Teenage Pregnancy Strategy across England. It is based in the Department of Health, but works in partnership with a number of government departments; DTLR is one of these.

Further copies of this booklet can be obtained by visiting the Teenage Pregnancy Unit (www.teenagepregnancyunit.gov.uk) or the Housing Corporation (www.housingcorp.gov.uk) websites or by contacting the Teenage Pregnancy Unit, Wellington House, 133-155 Waterloo Road, London SE1 8UG, Tel: 020 7972 4287