

***Sure Start Plus
National Evaluation***

Summary of Interim Findings

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Introduction

Sure Start Plus is a pilot programme that aims to reduce the risk of long-term social exclusion resulting from teenage pregnancy through co-ordinated support to pregnant teenagers and teenage parents under-18 years. It forms part of the national Teenage Pregnancy Strategy. There are 20 pilot programmes, based in 35 local authorities in England. Funding for the pilot programme runs for five years (April 2001- 2006). The Sure Start Unit was managing the programme but this responsibility transferred to the Teenage Pregnancy Unit (TPU) in April 2003. The TPU moved from the Department of Health to the new Children, Young People and Families Directorate, Department for Education and Skills in June 2003.

The National Evaluation team presents here interim findings based on work carried out between May and December 2003. We divide this report into five sections:

1. Interviews with Sure Start Plus Advisers
2. Interviews with local partner services and agencies
3. Interviews with Regional Teenage Pregnancy Co-ordinators
4. Monitoring data for the period January to June 2003
5. Considerations and recommendations.

We present a summary of the key interim findings and recommendations before these sections.

Summary of key interim findings

Implementation of Sure Start Plus

- Regional Teenage Pregnancy Co-ordinators, key local partners and Sure Start Plus Advisers perceive that the development and implementation of local programmes is going well. These same interviewees believe that Sure Start Plus is having substantial impact on some of its targets.
- Improvement is needed in relation to strategic development and mainstreaming programmes. Barriers to progress similar to those identified in the past exist: lack of resources; staffing and management issues and lack of local, regional and national support.
- Advisers from some of the case study programmes reported increased caseloads, but limited Sure Start Plus involvement with, and provision for, fathers and Black and Minority Ethnic young people. Monitoring data confirmed that this was the case for the programme as a whole.
- Advisers reported a remaining tension between target driven guidance approaches and individual empowerment approaches in their work. Regional Teenage Pregnancy Co-ordinators took a more target led approach.

Joined-up work

- The local partners perceived that Sure Start Plus was carrying out good joined-up work, often through Sure Start Plus or Teenage Pregnancy partnership boards with a diverse range of partners; particularly TPCs and education sector.
- We observed that links between organisations took different forms and were either formal or informal. Some links involved funding or secondment of staff or activities while others simply involved organisations working closely, sharing information and complementing each other.
- Local partners identified that their organisations were benefiting from joined-up working by: learning skills; sharing expertise; addressing joint targets; dividing labour; and getting cross referrals
- We considered joined-up work to be better at an operational and individual level than a strategic and organisational level. This seemed to be especially true where organisations had different work foci and different cultures and where there was a reliance in individuals and uncertainty over line management links.

Future work

- Regional Teenage Pregnancy Co-ordinators, Advisers and local partners expressed uncertainty about the direction of future work after Sure Start Plus funding ends. This stemmed in part from a more general lack of resources and the realisation that Sure Start Plus was simply one of a number of different agendas. For the Sure Start Plus Advisers one manifestation of this uncertainty was lack of job security.
- Many of those interviewed were concerned about the potential loss of the valuable work of Sure Start Plus and in particular the specialist one-to-one support work and the health focus.
- Antenatal services and particularly Connexions were considered to be the best potential hosts for the future work of Sure Start Plus.
- Regional Teenage Pregnancy Co-ordinators saw lack of funding and resources and competing agendas as potential barriers to mainstreaming. They felt mainstreaming could be facilitated by: provision of adequate resources; policy guidance; degree of integration with the Teenage Pregnancy Strategy; and Regional Teenage Pregnancy Co-ordinators taking it on as part of their role.

Summary of recommendations

Implementation

1. TPU should carry out a one-year review of the transfer of management responsibility of the Sure Start Plus Programme.
2. Dedicated time should be given to Regional Teenage Pregnancy Co-ordinators to discuss models of working with Sure Start Plus programmes.
3. Local, regional and national discussion should be undertaken about different viewpoints on the degree to which Sure Start Plus programmes should be focussed on meeting targets.
4. A national level decision should be made about the priority to be given to work with young fathers in the remaining two years of the Programme.

Joined-up working

5. Discussions should be undertaken at national level with other agencies to agree encouragement of local level joined-up working.
6. Local level strategic 'partnership agreements' should be formalised with partner agencies.

Monitoring

7. Regional Teenage Pregnancy Co-ordinators should work with local programmes to remove barriers to collecting monitoring data and completing monitoring forms.
8. Minor changes should be made to the monitoring form to make the data provided more meaningful.

Mainstreaming

9. By July 2004 at least one forum should be held to discuss issues of mainstreaming Sure Start Plus and a representative task force should set up to work on these issues.

1. Interviews with Sure Start Plus Advisers

We interviewed Sure Start Plus one-to-one Advisers in five 'case study' pilots in July through September 2003. Advisers from each programme area within the pilots nominated one or more representatives to speak to the evaluation team; in total we interviewed 14 Advisers. The purpose of the interviews was to follow up on discussions we had had 12 months earlier; to determine how the Advisers felt their role and workload had changed during that time; to explore their views on the functioning of their programme and on the possibilities for the future of their work.

The Adviser role

Development of role

The majority of the Advisers were feeling more confident than they had a year ago – both in working with young people and with other agencies. With young people this manifested itself both in the styles of work with them, but also in terms of having the confidence to transition them away from Sure Start Plus support. Advisers felt their programme systems were now fully operational (e.g. for referrals; protocols for working with other agencies); as such they felt more organised. However, in some programmes high staff turnover was hindering this accumulation of experience and confidence.

Caseloads

Most of these Advisers were carrying larger caseloads of clients than they had been a year earlier. This was attributed primarily to the greater recognition of their programmes, which was leading to more referrals, but also to their own confidence handling a larger caseload. While most felt that they were coping with their larger caseload, some were concerned about capacity issues in the future. One spoke of their team of Advisers being 'exhausted all the time'. Another discussed the 'variable waves of need' that was symptomatic of the work that Advisers do; making it impossible to plan work effectively in advance, as client's needs were unpredictable.

"Last week it was really quite busy. One of the girls had a stillborn baby, another one was evicted, another one's baby was given up for adoption. It all happened in the one week and I'm thinking 'Oh! I can't cope with this!', but we managed."

In areas where caseloads had not grown, this was either due to staff turnover or changes in the structures of the programmes. For instance, in one area, the Adviser was now taking on greater operational lead responsibility, increasing her work with groups and limiting her individual caseload.

Styles of work

In previous work by the National Evaluation we identified a continuum of working styles of Sure Start Plus Advisers, ranging from a targets-led 'guidance' approach to a more user's need based 'empowerment' approach.¹ In the 'guidance approach, the style is more directive, with the staff aiming to solve problems for their clients. In the 'empowerment' approach, the staff encourage their clients to determine their own needs and develop their own solutions to problems; there is less focus on programme targets. In these follow-up interviews, the Advisers ranged across the style continuum:

- most felt that they adopted a combination of approaches;
- some felt they guided young people more on initial visits, but later let the client take the lead;
- some felt that as their confidence and experience in their own role had increased, they felt more comfortable in adopting an empowerment approach when working with young people.

Advisers still perceived a tension between the need to address programme targets and the desire to meet young people's own priorities. This was particularly true for those who were

¹ Wiggins, M., Austerberry, H., Rosato, M., Sawtell, M. and Oliver, S. (2003) *Service Delivery Study: Interim Findings*. Sure Start Plus National Evaluation.

acting as both Sure Start Plus and Connexions Personal Advisers. Many felt that the only way to improve the futures of the young people and their children was to concentrate in the short term on the clients' immediate needs and in boosting confidence and self-esteem.

Development of the programme

When considering the overall work of their pilots, the Advisers were more positive about the functioning of their programmes than they had been a year previous. Notably improved areas were:

- partnership boards;
- relationships with other local agencies and Sure Start in particular;
- their perception of the positive impact of the programmes on young women.

However, the Advisers identified a number of barriers to the development of the programmes. These were similar to those identified a year ago:

- staffing – turnover of staff and capacity – especially for work with young men;
- premises – unsuitable for running groups, providing crèches, etc.;
- management issues – especially where strategic issues took time away from operational needs;
- lack of funds – limiting expansion of staff or specialist workers.

Working with fathers

At the time of the interviews, the Advisers still reported doing only a very limited amount of work with young men and that this contact was predominantly being made through young women clients. Most of this work had been practical support, rather than the emotional support that was typical of their work with young women. Some Advisers said that their areas had no plans to address this gap; others intended to do so in the future. Most, however, felt that given the limited staff resources the young women were the priority. As they had a year earlier, some discussed the possibility of recruiting a 'father's worker' or liaising with local fathers groups. These options were seen to be more realistic than changing the referral systems or working patterns of the current Sure Start Plus Advisers.

Working with Black and Minority Ethnic groups

The Advisers reported variable uptake of services by Black and Minority Ethnic (BME) teenagers. While some were reaching what they thought were roughly proportionate percentages of the BME pregnant young women in their areas; others admitted failing to do so. Notably, very few young Asian women were using the services, especially postnatally. Advisers perceived the barriers to increasing involvement of BME teenagers as ranging from structural issues (lack of time to seek out referrals, overloaded caseloads, too few staff with specific skills) to cultural issues (expectation of postnatal family support for Asian young women).

The future of the programme

"It feels like we've only just started and now we're talking about the end."

The Advisers were uncertain about the future of Sure Start Plus after April 2006. A few thought this was too far away to be worried about yet, but most said discussions were already taking place about what might happen in the future to their work:

- several thought that aspects of their Sure Start Plus work (particularly midwifery and health visiting interventions) were likely to continue – either as part of the mainstream services or through alternate sources of funding;
- although all the Advisers felt that individual one to one work with young people was important, many were concerned that this type of work would be hardest to mainstream or to find funds for independently post 2006;
- most Advisers felt they had no job security;
- they discussed Connexions as a potential future 'home' for the work of the Sure Start Plus, but there were reservations about different cultures of working and different priorities.

“(My job) combines bits of youth work here, bits of advice work over there, there's lots of bits of different things, which is part of the reason I enjoy doing it. But it becomes very hard to mainstream it; I don't really fall under anybody's remit.”

Key points from Advisers:

- Advisers now have more confidence in themselves and the operational systems to reach targets, although staff turnover (and lack of job security) can hinder progress
- Case loads are increasing, sometimes by too much, but this does not generally include more fathers or BME teenagers
- Tensions remain between target driven guidance approaches and individual empowerment approaches
- Antenatal services and Connexions are seen by Advisers as likely homes for future work.

2. Interviews with local partner agencies and services

We interviewed a total of 46 representatives from key partner agencies and services working alongside Sure Start Plus between May and September 2003 in each of the six case study pilot sites. These partners included Teenage Pregnancy Coordinators (TPC) in each area and representatives from Connexions, Sure Start, education services (usually the Reintegration Officer), antenatal services and other key local partners identified by the local TPC. We sought their views on: their local Sure Start Plus programme; the relationship between their own service and Sure Start Plus; and the likelihood of current joint work continuing after 2006. In this section we highlight some key results from across the range of partners interviewed; and then provide some results specific to individual categories of key partners.

Partnership working

Following the interviews with partner agency representatives, it was clear that levels of involvement by different agencies were variable across the Sure Start Plus programmes. In certain circumstances partnership relationships were developing particularly well. These included:

- where the two partner organisations are dedicated to working together on a strategic level because of shared aims and targets;
- where there is a committed representative from the partner service on the Sure Start Plus partnership board and teenage pregnancy strategy group;
- where there has been time to develop good working relations and formalise working practices through drawing up joint protocols. Where protocols, cultures or priorities were different, the relationships started slowly or were non-existent;
- where the relationship is carried out on an operational level, often between individuals rather than organisations.

The partners identified a number of general benefits and challenges of working together with Sure Start Plus:

<i>Benefits of working together</i>
<ul style="list-style-type: none">▪ Gaining from each other's expertise and specialist knowledge▪ Joint targets, sharing resources, ideas and good practice▪ Division of labour adding value and enabling extension of services in each of the specialist fields▪ Complementary skills providing an efficient, integrated service with continuity of support to young people▪ Cross referrals▪ Extending networks with partners▪ Sharing statistics
<i>Challenges in working together</i>
<ul style="list-style-type: none">▪ Confidentiality issues; sharing client information (databases and verbal)▪ Statistics: double counting; dovetailing▪ Differences in guidance from national level directorates▪ Different procedures and cultures, entrenched bureaucratic structures▪ High staff turnover

Teenage Pregnancy Co-ordinators

On the whole, the TPCs we interviewed have been working closely with Sure Start Plus programmes. Indeed, in two-thirds of the case study sites they had written the original Sure Start Plus proposals for their area, and one had been the Sure Start Plus co-ordinator since the inception of the programme. This close relationship is reflected in the fact that most of these TPCs see Sure Start Plus as the delivery arm of the support side of the Teenage Pregnancy Strategy and believe the two programmes are to be totally integrated. Contrary to this though, some TPCs have had a much more challenging relationship with Sure Start Plus programmes in

their area. For these, the main issues were the lack of a clear distinction from the outset of the different scope, roles and responsibilities of the TPC, Teenage Pregnancy Support Strategy and Sure Start Plus.

Some specific benefits and challenges of joint working were identified by TPCs:

<i>Benefits of working together</i>
<ul style="list-style-type: none"> ▪ TPC able to facilitate relations between Sure Start Plus and other partners ▪ TPC providing support for Sure Start Plus workers ▪ Sure Start Plus can promote innovation, by road testing support strategies
<i>Challenges in working together</i>
<ul style="list-style-type: none"> ▪ Historical ill-conceived separation and resultant lack of clarity of the role of the TPC alongside Sure Start Plus. ▪ Finances being complicated and difficult to manage

Connexions

On the whole, Connexions partners regarded Sure Start Plus as the major agency working locally in the teenage pregnancy field. For this reason most Connexions services are in the process of developing links or have already developed formal partnerships with Sure Start Plus. The extent to which these links have been established depends on how long one or both partners had been operational.

Links with Connexions have been realised in four different ways; three formally with strategic links creating a requirement to work together, and one informally:

1. Connexions services funding or part funding Sure Start Plus Advisers based with Sure Start Plus. Sometimes these are employed by Connexions and seconded to Sure Start Plus
2. A Connexions Personal Adviser, specialising in the teenage pregnancy field, working closely with Sure Start Plus Advisers
3. Sure Start Plus Advisers being employed by Connexions, but funded by Sure Start Plus
4. Information sharing and referral links but no funding links

Connexions partners suggested that some challenges have arisen in establishing these links. They thought that Connexions and Sure Start Plus programmes often differed in their approach. Connexions emphasised the need to reach targets (particularly NEET targets) and Sure Start Plus promoted a more user-led approach. In some areas the programmes shared little common ground strategically and operationally and this made linkages difficult. In other areas, confusion and conflict existed about who was managing whom and where best to locate staff.

After 2006, some Connexions partners felt it would be important to ensure that the work of Sure Start Plus was either embedded in Connexions, or mainstreamed in a number of ways, including through Connexions (perhaps through generic Personal Advisers gaining enough skills to make the specialist Sure Start Plus Adviser role redundant). Other Connexions partners did not feel specialist teenage pregnancy work would continue when Sure Start Plus funding expired, as they would be unable to resource a specialist adviser. There were concerns, also, that Connexions itself was not a mainstream service and it too was time-bound.

Antenatal services

Links have not been formalised between Antenatal services and Sure Start Plus in some areas. This has resulted in teenagers receiving no specialist antenatal provision and poorly accessing antenatal check-ups and parenting classes. In other areas formal strategic and operational links have been made and an antenatal representative sits on the partnership board. Of the programmes with formal links some have no funding link. In this situation, either Sure Start Plus Advisers simply participated in antenatal clinics or encouraged young people-friendly working practices.

On the other hand some did have funding links with:

- Sure Start Plus part-funding a range of antenatal services: a specialist midwife; parenting classes for teenagers; or teenage clubs led by midwives; or
- antenatal services funding a midwife who is then seconded to Sure Start Plus.

Midwifery staff listed specific benefits and challenges of working together with Sure Start Plus:

<i>Benefits of working together</i>
<ul style="list-style-type: none"> ▪ Providing specialist antenatal care and parenting classes ▪ Raising the profile of support to pregnant teenagers in a health context, as well as clinical issues or pregnancy prevention ▪ Improving communication links between the community and the hospital services
<i>Challenges to working together</i>
<ul style="list-style-type: none"> ▪ Structural gulf between NHS (autocratic and bureaucratic) and Sure Start Plus ▪ Midwifery partners having less time available for meetings relating to Sure Start Plus than programme staff themselves had ▪ Short term nature of the funding

In areas where the health service was already committed to part-funding joint work with Sure Start Plus, representatives of antenatal services were expecting to mainstream joint work after 2006. Where there was no current funding input by the health authority into joint work, it was seen as unlikely to continue after 2006.

“It would be absolutely dire to go back to what we were doing three years ago”

Education partners

Sure Start Plus is working closely with education partners particularly where there is a strong teenage pregnancy partnership board with education services input. Education partners tended to regard Sure Start Plus’s education targets as paramount, however some defined the programme’s role more broadly, including supporting parents practically and emotionally, and developing services.

Links have been established both formally (joint working protocols, membership of teenage pregnancy partnership boards, funding for school age mums groups) and informally (informal meetings, phone contact, support about difficult cases) and take a variety of forms, including:

1. Separation of effort by age group, where Reintegration officers (or their equivalent) worked with young women of compulsory school age, and Sure Start Plus Advisers worked with post-16s. In this situation Reintegration officers tended to refer cases requiring intensive support to Sure Start Plus;
2. Complementing each other with education services concentrating on education issues and Sure Start Plus focussing on housing, health and emotional support.

As well as meeting regularly to discuss cross referrals, joint work includes: input from Sure Start Plus Advisers at education centres for young mothers / pregnant teenagers; and joint parenting classes, training for schools about pro-choice advice on pregnancy options and consultation or activity days.

Education partners identified specific benefits and challenges of working together with Sure Start Plus, these included:

<i>Benefits of working together</i>
<ul style="list-style-type: none"> ▪ Sure Start Plus can advocate for clients as they are not subject to the same statutory constraints ▪ Sure Start Plus Advisers, because of their close relationships, can encourage girls back into education.
<i>Challenges of working together</i>

- Gaps in programme management and support for staff
- Education partners being worried about clients falling through the net, or carrying out work outside their remit
- Difference in emphasis placed on education as opposed to practical support, leading to a different service being provided to under- and over-16s as they move from one service to the other.
- Non-coterminous boundaries so education partners being unable to continue work with young women housed outside their area

Due to funding issues, the education partners thought the future of Sure Start Plus's work was uncertain, particularly in terms of the health input. However continuing it, perhaps through Connexions, was seen as essential.

Sure Start

Links with Sure Start local programmes ranged from those with close strategic and operational ties including funding links, to those with no link at all. Partnerships were felt to be strongest where Sure Start local programmes either: recognised a need for specialist work with teenagers; or had a pan-area strategy on working with teenage parents in general and Sure Start Plus in particular; or were represented on Sure Start Plus partnership boards and Teenage Pregnancy Strategy working groups, and the Sure Start Plus co-ordinator or TPC was represented on the Sure Start strategic partnership board.

Where links did exist they broadly took one of two forms:

1. Strategic links through formal working protocols; representation on each other's boards; waived Sure Start local boundaries; and Sure Start funding to Sure Start Plus (e.g. for groups, activities, crèches, premises, specialist midwives).
2. Informal collaboration at an operational level (e.g. drop-ins, activities, cross-referrals).

Sure Start local programme staff identified specific benefits and barriers of working together:

Benefits of working together

- Young people have a voice in shaping Sure Start local services
- Sure Start local programmes not having to worry about teenage pregnancy

Barriers to working together

- Reliance on individuals. In many cases lack of strategic links despite shared objectives and targets
- Sure Start has more of a child-centred focus
- Numbers of teenage conceptions in individual Sure Start neighbourhoods being low, presenting difficulties in establishing work programmes with teenagers

There were no firm plans for future work beyond 2006. There was a feeling that mainstreaming work with teenage parents through Sure Start will not be easy in light of the low numbers of teenage conceptions within individual neighbourhoods; other more pressing agendas; and tightness of resources.

Key points from local partner services and agencies:

- Partnerships develop well where organisations share aims and working practices, and have formal links through Boards.
- Some TPCs see Sure Start Plus as the delivery arm of the Teenage Pregnancy Strategy; others struggle without a clear distinction between the scope, roles and responsibilities of the TPC, Teenage Pregnancy Support Strategy and Sure Start Plus
- Some Connexions services and Sure Start Plus liase through cross funding, close working, information sharing and cross referral
- Partnerships work best with Sure Start programmes when there are strategic level agreements.

3. Interviews with Regional Teenage Pregnancy Coordinators

We carried out telephone interviews with eight Regional Teenage Pregnancy Coordinators (RTPCs) between September and December 2003. These RTPCs had responsibility for between one and four Sure Start Plus pilot programmes². The interviews covered: their roles and involvement in Sure Start Plus and feelings about the transfer of the management of the programme to the TPU; perceptions about the implementation of Sure Start Plus in their region and the joined-up work it is doing; and their thoughts about the future of Sure Start Plus.

Role

The involvement of RTPCs with Sure Start Plus began in April 2003, following the transfer of management responsibility to the TPU. These Regional Co-ordinators had interpreted their new involvement as a role with three main components:

- *performance management*: monitoring action plans and financial spending;
- *development*: identifying training needs, organising seminars, facilitating mainstreaming and sharing good practice; and
- *offering support*: formally through individual or group review meetings and events, and informally by 'being on the end of a phone'.

They also addressed specific issues such as: ensuring local partnership boards were taking accountability; sitting on the local evaluation steering group; facilitating the integration of Sure Start Plus programmes into local structures and the Teenage Pregnancy Strategy (Teenage Pregnancy Strategy) as a whole including its annual reporting structures. They also reported doing a fair amount of 'fire-fighting' problems as they emerged.

"It [Sure Start Plus] needs to be from within the Teenage Pregnancy Strategy more clearly, not set up as something running alongside. I want to see it integrated at a local level"

The RTPCs interpreted their role in relation to Sure Start Plus in slightly different ways from each other. All encompassed the three main components as detailed above, but the emphasis within the three differed considerably. Some RTPCs, who concentrated more on support, were in fortnightly contact with the pilots and tended to know a great deal about the operational side of the programmes; others, who concentrated more on performance management, had had contact only once every few months and were less familiar with the operations of the programmes.

Transfer to TPU

All the RTPCs felt that the transfer of management responsibility of Sure Start Plus to the TPU 'made sense'. In most areas, they viewed the Sure Start Plus programmes in their regions as already significantly linked with the support agenda of the Teenage Pregnancy Strategy. They had thought that the previous placement of Sure Start Plus meant it had been poorly integrated locally and nationally. They said that it had lacked effective support on a regional level; evidenced by problematic financial management issues such as programme under-spend.

On the whole, they thought the move to the TPU was having, or would have positive implications by ensuring programmes were no longer isolated locally, regionally or nationally; 'unblocking blockages' particularly in relation to the targets; and helping to improve and add value to the support agenda.

However, the RTPCs highlighted problematic issues brought about by the transfer. Some perceived that the move would mean that Sure Start Plus would now need to fight for recognition within the much larger teenage pregnancy agenda. Others were concerned that at both national and local level Sure Start would now give up all responsibility for, and focus on,

² One of the interviews was with an RTPC from a region that does not have any Sure Start Plus pilot programmes.

teenage pregnancy issues. Many though were most concerned about the additional resources that were now required to carry out the work with Sure Start Plus– both in terms of finances (for training places, regional meetings) and their own time (particularly in terms of additional reporting). This was less problematic in regions with fewer programmes and where there was greater integration of programmes.³

Implications of move to Children, Young People and Families Directorate

On the whole, RTPCs felt that the move of the TPU to be part of the new Children, Young People and Families Directorate in the DfES was positive and would help with issues such as mainstreaming and promoting better links between the Teenage Pregnancy Strategy, Sure Start Plus and issues such as those raised in the recent Green Paper. On the other hand some felt that it would cause problems by making it difficult to retain links with health networks, including public and sexual health. Additionally, there was some anxiety that the specific teenage pregnancy/parent adviser will be less valued in the DfES and there will be a move to more generic young people advisers. And, as one RTPC said:

“There is concern that Sure Start Plus now has to fight for space in an even bigger pond...not just in teenage pregnancy but all children and families programmes”

Implementation of Sure Start Plus

RTPCs felt that Sure Start Plus programmes in their areas were working well generally and were having an impact on a number of issues (such as supporting pregnant teenagers and teenage mothers and on participation in education) but less of an impact on others (such as working with young fathers and smoking). Although a number of them felt that Sure Start Plus had formed close networks with local partners, they also felt that the programmes had progress to make in relation to mainstreaming, strategic development and embedding Sure Start Plus at a strategic level into the Teenage Pregnancy Strategy.

RTPCs identified factors that they felt influenced the implementation of Sure Start Plus:

<i>Facilitators to implementation</i>
<ul style="list-style-type: none"> ▪ <i>Integration of Sure Start Plus and the Teenage Pregnancy Strategy</i> – particularly when Sure Start Plus was line managed or worked closely with the TPC or where the Sure Start Plus coordinator was the TPC ▪ <i>Sure Start Plus regional networks</i> – for sharing and support ▪ <i>Clear understanding of the aims and objectives of Sure Start Plus</i> – particularly among partners ▪ <i>Pregnant teenagers and teenage parents at the centre of planning</i> – to ensure that services are appropriate and accessible ▪ <i>Joined-up working</i> –bringing together all the organisations working with pregnant teenagers and teenage parents
<i>Barriers to implementation</i>
<ul style="list-style-type: none"> ▪ <i>No Sure Start Plus coordinator</i> – or no effective coordination at a local authority level in complex sites ▪ <i>Difficulties connecting activities</i> –e.g. linking educational opportunities with childcare and transport ▪ <i>Professional protectiveness</i> – over services and clients ▪ <i>Resource issues</i> – such as lack of housing, funding and staff ▪ <i>Connexions</i> – focus on education leading to less emphasis on health targets ▪ <i>Lack of support</i> – regionally and nationally both in the past and present situations

“I think they have suffered in that they haven’t had any support really and I don’t think there was any communication with the national representatives and there should have been as well”

³ Subsequent to these interviews, the TPU provided some extra funds to Regional Teenage Pregnancy Co-ordinators to support their extra work with Sure Start Plus programmes.

Joined-up working

Generally the RTPCs felt that Sure Start Plus programmes were doing good joined-up work with a diverse range of agencies and were thus being able to provide better co-ordinated services for pregnant teenagers and teenage parents. They identified that on the whole the partnership boards were particularly useful for developing these links. However, some RTPCs felt that joined-up working had not been so straightforward, with several saying that some agencies, such as Connexions, antenatal services and Sure Start, were 'weak players'. Others felt that joined-up working was generally better and more embedded at the operational than the strategic level.

The future

RTPCs were generally positive about the future of Sure Start Plus and felt that it should involve sharing and mainstreaming good practice in all local authority areas. Most thought this was most likely to be successful if it was embedded into the practice of partner agencies. Furthermore, these RTPCs felt that this learning and sharing should start happening immediately and not at the end of the funding period. However, they perceived that mainstreaming Sure Start Plus would not be easy in reality because:

- it would be difficult to get Sure Start Plus high up on the agendas of other agencies;
- Sure Start Plus offered things additional to what was being offered by mainstream provision and as such, it would be hard to integrate and convince mainstream services to take on the additional responsibility;
- in the situations where projects were shared between Sure Start Plus and other agencies it would be difficult to unpack the components and mainstream them.

In response to these reservations the RTPCs identified a number of factors that they felt would facilitate the mainstreaming process:

- *Being integrated with the Teenage Pregnancy Strategy* – Programmes that are already closely integrated with the Teenage Pregnancy Strategy either by being managed by the TPC or having a close relationship
- *Being Sure Start Plus areas* – Local services have already had experience of the programme, seen how it works and what it has achieved
- *Being made aware of the risks of not mainstreaming* – Partners likely to commission components of Sure Start Plus programmes should be approached and made aware of what the risks of not mainstreaming Sure Start Plus could be
- *Regional Teenage Pregnancy Co-ordinators* – Part of their role should be facilitating mainstreaming
- *Raising Sure Start Plus on agency agendas* – Awareness and support
- *Provision of adequate resources* – Particularly funding. The feeling that Sure Start Plus needed funding for longer than April 2006 to keep pressure on services to mainstream, embed and provide an appropriate and accessible service
- *Policy guidance* – On development of children's work
- *Name change* – Simply calling it the 'support agenda of the Teenage Pregnancy Strategy' would put it higher on the agendas of other agencies

Key points from Regional Teenage Pregnancy Co-ordinators

- Different models of support for local Sure Start Plus Programmes are employed by RTPCs.
- RTPCs have concerns about their own workloads and limited resources to support Sure Start Plus programmes
- They believe that the moves of Sure Start Plus to TPU and the Children, Young People and Families Directorate were positive, but they have concerns about it now having to fight more for recognition.
- Mainstreaming Sure Start Plus will be challenging; the RTPCs stress the importance of beginning now to share the learning from the programme.

4. Sixth monthly monitoring forms – January to June 2003

Methodology

Sure Start Plus Programmes collect statistics on the uptake of their services and the outcomes for their clients. Programme monitoring forms for the six-month period January to June 2003 were returned from 31 of the 35 Sure Start Plus programmes.⁴ We analysed the data from these forms to look for general trends in the different measures and to provide information for:

- individual programmes to make comparisons of their progress with that of Sure Start Plus as a whole;
- the whole programme to measure its progress over time;
- making comparisons with national statistics where they are available.

This is the first monitoring period since the inception of the programme that reliable 'uptake' statistics have been produced. In previous quarters, monitoring data has not been submitted by the majority of pilot programmes. As a result, the data for the period January to June 2003 is presented here without comparison to the previous monitoring data.

Results

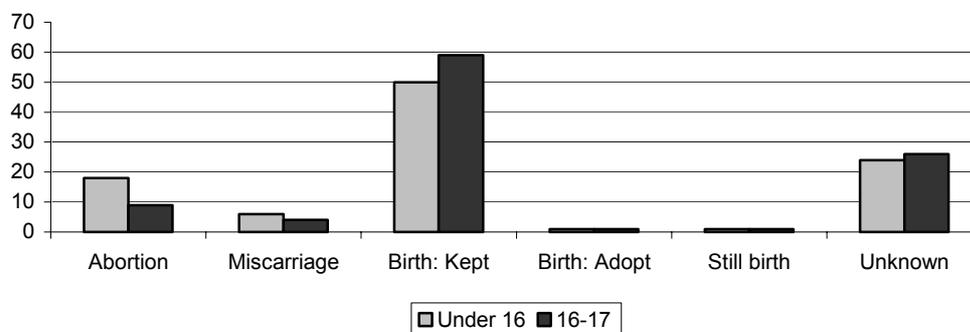
1. Advice in pregnancy

A total of 1912 pregnant teenagers aged under 18 years old were advised by Sure Start Plus programmes in this period. Three quarters of these teenagers (76%), were aged 16 to 17 years old and one quarter (24%) were aged under 16 years old. Previous ONS data on teenage conceptions⁵ suggest that approximately 4000 conceptions would occur for under 18 year olds during a six month period in the 27 pilot areas for which data is available. As such, the 1912 teenagers advised could represent 48% of all under 18's who became pregnant during this time period in these areas.

2. Pregnancy outcomes

Pregnancy outcomes were recorded for a total of 1338 young women who were advised by Sure Start Plus in this period. Of these, 58% gave birth and kept their child; 11% had abortions; and a very small proportion of teenagers had miscarriages (4%), gave birth and had their children adopted (<1%) or had still-births (<1%). However, the outcome of the pregnancy was unknown for nearly a quarter of teenagers (22%) and this suggests that programmes are having difficulty collecting data from teenagers through pregnancy and after birth or that the nature of the relationship is transient. When the data is split by age groups these same trends in outcomes are broadly seen for both teenagers aged under 16 years old and teenagers aged 16 to 17 years old; although there appears to be a slightly higher proportion of abortions and lower proportion of parents who kept their child among teenagers aged under 16.

Chart 1: Comparison of pregnancy outcomes for teenagers aged under 16 and 17 to 18 years old in contact with Sure Start Plus in this period



⁴ Includes data from four nil returns.

⁵ ONS 2001

3. Support packages

A total of 2672 pregnant teenagers, teenage mothers and teenage fathers had support packages (new and existing) in place in this period. Of these total support packages just over one third (37%) already existed before this period and the majority (63%) were newly set up in this period. In addition, over one quarter (28%) of these support packages were in place for teenagers aged 18 to 19 years old, 59% were in place for 16 and 17 year olds, and 13% were in place for under 16 year olds. Of these total support packages the vast majority (93%) were for pregnant teenagers and teenage mothers and 7% (n=187) were for teenage fathers. Support packages for young fathers were in place in 15 of the 31 areas that submitted data.

4. Ethnicity

Data on the ethnicity of pregnant teenagers, teenage mothers and teenage fathers / partners in contact with Sure Start Plus in this period shows that 84% identified themselves as of White ethnicity and almost all of these were White British. A smaller proportion of teenagers identified themselves as Black ethnicity (8% and almost all were Black or Black British Caribbean) or Mixed ethnicity (5% -nearly all of whom were Mixed White / Black Caribbean). Finally, 1% of the total identified themselves to be from an Asian ethnicity and 2% from Other ethnic group. There was no representation in the Chinese ethnicity category. The ethnicity of a considerable proportion of teenagers was unknown (n=297). Unfortunately no reliable comparisons can be made with national data on the ethnicity of teenage parents, as birth statistics are not provided by both ethnicity and age. However, in some areas where Sure Start Plus is operating there are very high BME populations, and we would expect to see higher proportions reflected in the ethnicity of young people in contact with the programme as a whole.

5. Contact with health services

Of the pregnant teenagers in contact with Sure Start Plus in this period, a smaller proportion were in contact with health services before 14th week of pregnancy (37%) than were in contact at or after 14th week of pregnancy (49%). However, the point of pregnancy at which teenagers were in contact with health services was unknown for 14% of this population.

6. Smoking

Data on smoking status is available for 1026 pregnant teenagers and teenage mothers in contact with Sure Start Plus in this period. However, information on smoking status is unavailable for a large number of teenagers, a further 800. Nearly two thirds of teenagers for whom data is available (63%) were smoking before birth, while only 27% were smoking after birth. Although this suggests that a over a third (36%) fewer teenagers are smoking after the birth, it is difficult to draw conclusions due to the high numbers of unknowns and the uncertainty about whether the data refers to the same young people at each time point.

7. Breastfeeding

Data on breastfeeding is available for 199 teenage mothers in contact with Sure Start Plus in this period. However, information on breastfeeding is not available for a much larger number of teenage mothers, 411. Two thirds (68%) of teenage mothers for whom data is available are breastfeeding before six weeks and one third (32%) are continuing breastfeeding after 6 weeks. Once again these data should be treated with caution because of the high numbers of unknowns.

8. Participation in education, training and employment

Data on the participation in education, training, and employment of teenage mothers aged under 20 in contact with Sure Start Plus is available for 1302 teenage mothers. Of these mothers for whom data is available, approximately half (52%) are participating in education, training or employment and half (48%) are not. This is a high participation rate compared to national figures from the Labour Force Survey for 2003, where 27% of teenage mothers aged 16-19 were in education, training or work. However, the number of unknowns may be providing a skewed picture of participation.

When the available data is split by age group, in teenage mothers aged under 16 years old the large majority (81%) are participating in education, training and employment while only about a

fifth (19%) are not participating. However, in teenage mothers aged 16 to 19 years old more equal numbers are participating (47%) and not participating (53%) in education training and employment, with a higher proportion in this latter category.

The data also shows that 245 teenage mothers aged under 20 years old have achieved NVQ level 1 in this period. The large majority of these were aged 16 to 19 years old (86%) and only 14% were aged under 16.

9. Childcare

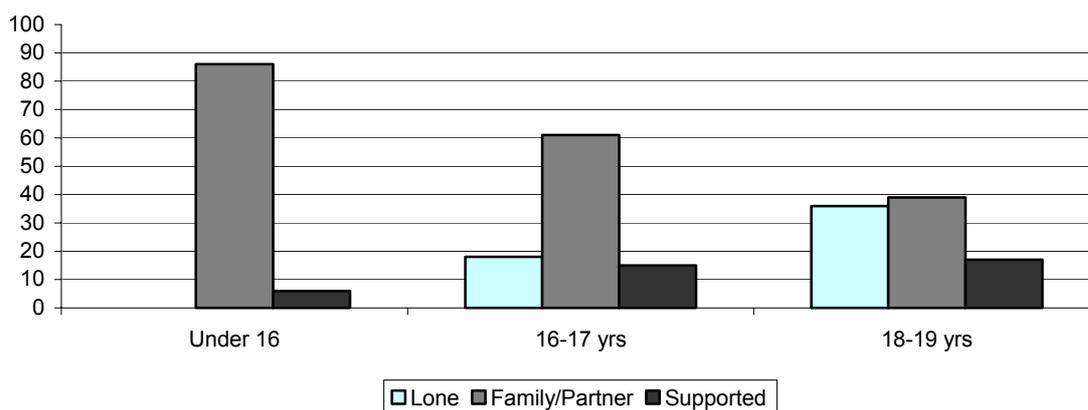
A total of 410 childcare places have been accessed by teenage parents aged under 20 in contact with Sure Start Plus in this period. The large majority of these (86%) have been accessed by teenage parents aged 16 to 19 years old. The remaining 14% of childcare places have been accessed by teenage parents aged under 16 years old. Of the total number of childcare places accessed over half (58%) were accessed for children aged under 1 year old, 31% have been accessed for children aged 1 to 2 years old and 11% have been accessed for children aged over 2 years old.

10. Housing

Over half of teenage mothers aged under 20 years old who had been in contact with Sure Start Plus in this period were living with their families or partners (54%). One fifth (21%) were living in lone tenancies. Smaller proportions of teenage mothers were living in supported housing (12%) or other types of housing (13%).

Examining this data by age group shows 0% of teenagers aged under 16 years old are living in lone tenancies and 8% live in supported housing but that the majority (85%) are living with their families or partners; 7% other. Similarly, in teenage mothers aged 16 to 17 years old the majority (57%) are still living with their families or partners although this proportion has dropped and there has been a rise in teenage mothers living in lone tenancies (21%) and supported housing (13%); 9% other. The pattern is the same in teenage mothers aged 18 to 19 with the majority (35%) still living with their families or partners. However, the proportions living in lone tenancies has risen to a similar level (30%) and the proportion living in supported housing has also risen slightly (13%); 22% other.

Chart 2: Type of housing by age for teenage mothers in contact with Sure Start Plus in this period



Key points from monitoring data (January – June 2003):

- During this period, Sure Start Plus programmes gave advice to 1912 pregnant teenagers; which represents approximately half of all young women under 18 who might have become pregnant in that time period in those areas.
- Support Packages were in place for 2672 pregnant teenagers and teenage parents; 187 of these were teenage fathers.
- There were gaps in the data provided that made it difficult to analyse and interpret some aspects.

5. Considerations and Recommendations

Sure Start Plus and the TPU

Although on the whole the implementation of the Sure Start Programme has improved in the last year, in some areas there remains a need for clarity about the roles, responsibilities and scope of TPCs, Sure Start Plus Co-ordinators, and the Teenage Pregnancy support agenda. We recommend that at national level a one-year review of the transfer of the management of Sure Start Plus to TPU is carried out, concentrating on positive models of working and identifying outstanding issues that require clarification. Feedback should be obtained from Regional Teenage Pregnancy Co-ordinators (representing their views and those of TPCs in their region) and Sure Start Plus programmes. Data from the latter of these can be gathered via the national evaluation interviews with Programme Co-ordinators to be carried out in February 2004.

Regional Support

Different patterns of working with local programmes emerged in the interviews with local co-ordinators. We recommend that dedicated time to be given for Regional Teenage Pregnancy Co-ordinators to discuss with each other the ways in which they are currently working with Sure Start Plus. This discussion might concentrate on different strategies of providing support; changes to their own workloads and subsequent resource needs; and strategies for sharing now the learning of Sure Start Plus in across the pilots and areas without the programme.

Targets

The Regional Teenage Pregnancy Co-ordinator interviews showed that they intended to focus on the extent to which the pilots were meeting the Sure Start Plus targets. This additional focus on targets appears to conflict with the fact that many programme workers have strong beliefs that only a more needs-based approach will work with this client group; instead working to ultimately influence the targets by boosting esteem and self competence now. We recommend that there is national, regional and local discussion about these different viewpoints in the short term: to reduce potential conflict, determine priorities and ensure consistency for the remainder of the programme and in mainstreaming. We believe it would be helpful to involve TPCs in this debate and to consider consulting with other agencies.

Fathers

Approximately half of the Sure Start Programmes had some support in place for young fathers. Choosing to increase work with fathers will, in many programmes, necessitate doing less work with young women. We recommend that at a national level a decision should be made about how much of a priority should be given to reaching young fathers in the remaining two years of the programme. This decision should be informed by consultation (and could be supported by data collected in early February from Programme Co-ordinators via the National Evaluation); but should then be clearly disseminated to Regional Teenage Pregnancy Co-ordinators and local programmes.

Joined-up work

There are no national directives on joint working being issued from key agencies, so when agencies in local areas are overworked, joint work becomes less of a priority. We recommend that there is more discussion at national level to encourage other agencies to more formally support their staff in linking with Sure Start Plus locally. These strategic discussions should include Sure Start, Connexions and antenatal health services.

At a local level, we would recommend that joined-up work with other agencies is formalised, through strategic 'partnership agreements', to safeguard the work against personnel changes.

We also recommend that at a national level, clarity be sought from the Sure Start Unit about Sure Start programmes allowing the waiving of their 'neighbourhood boundaries' for pregnant teenagers and teenage parents in Sure Start Plus areas.

Monitoring

We recommend several specific changes to improve the quality of the monitoring data:

1. All programmes need to return their forms if there is to be an accurate national picture of Sure Start Plus. If it remains difficult in areas for staff to collect data on outcomes information (breastfeeding, education, etc.) then it is essential that in the first instance the form is returned with at least information about the number of young people using their services. Regional Teenage Pregnancy Co-ordinators should work with areas that are not returning forms to help with barriers to completion.
2. There were many blank boxes in the forms that were returned. These are difficult to interpret. Are they blank because data is unavailable or because no one fell into that category? We recommend that there be clear instructions for programmes to fill in the boxes with 'zero' or 'don't know', rather than leave blank.
3. Strategies need to be put in place at local level to address the lack of data on certain targets. We recommend that local programmes determine what support would be needed to make completion of this information possible in the future and request help from their Regional Teenage Pregnancy Co-ordinator.
4. Despite the modifications to the previous form, there are still questions for which the data are rendered meaningless because the monitoring form does not provide enough information to assess the answers [notably breastfeeding, smoking, NVQ attainment – an accurate total number against which to judge this is not available]. At this stage we feel there are two options:
 - Make slight modifications to the form (denominators, unknown column)
 - Accept that some data that is collected will be less useful than expected.We would recommend that small changes are made to the form, to be brought into use in the Jan – June 2004 monitoring period.

Mainstreaming Sure Start Plus

All groups interviewed for this report expressed some concern about what will become of the work of Sure Start Plus after April 2006. Key questions about mainstreaming the programme include:

- How best can the role of one to one support Advisers be kept (in a role that encompasses more than education targets; in a relationship that feels more friendly and less formal)?
- How can a focus on 'softer' target areas be kept in mainstreaming (e.g. post natal depression, wider family support, or children's quality of life)?

We recommend that by July 2004 at least one forum be held to discuss, at length, issues of mainstreaming. Ideally an ongoing task force should continue to meet to ensure that actions are taken to secure the future of positive learning from the programme. Such a task force should include representatives from: all regions, strategic and operational levels, and other national programmes.