Evaluation of the Action for Children Supported Housing, Supported Tenancy and Teenage Pregnancy Floating Support Services

FINAL REPORT

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Acknowledgement

The project team wishes to acknowledge the young people, practitioners and managers who contributed their experiences and perspectives to make the evaluation possible.
Executive Summary
Evaluation of Action for Children Supported Housing, Supported Tenancy and Pre-Tenancy Support services

BACKGROUND TO THE PROJECT

Supported Housing and Tenancy Support
The Supporting People programme is administered through the Area Based Grant, to bring together a number of housing funding streams. Local councils have full discretion to direct funds to meet local needs. Services are most often delivered by the voluntary sector and housing associations and are directed at people who need help to find somewhere safe and secure to live independently.

Action for Children Services
Action for Children had been commissioned by Supporting People in Rochdale to deliver three key services; Supported Housing, Pre-Tenancy Support and Teenage Pregnancy Floating Support to young women who were pregnant and to young parents who had been referred to the service. Each of the services made a unique offer to those women and men who met the referral criteria with needs that matched the eligible support tasks.

Evaluating the Outcome
The evaluation was undertaken to establish the difference that these services had made to the lives and outcomes for young women & their families, including factors that enabled or hindered effective communication and multi-agency working between Action for Children & other community-based services.

METHOD

Study Aim:
To evaluate the impact of Tenancy Support & Supported Housing Services on outcomes for young women and their families

Objectives
- To assess the relevance, accessibility, responsiveness and outcome impact of the services on young people using them.
- To establish the value for money offered by the service.

Data Collection and Analysis

Service Level Agreement Data
Average start and finish scores in the 10 domains of the Rochdale DIAL instrument were recorded for users of all three services and plotted to show the direction of change on a dependence-independence continuum. Simple descriptive statistics were applied to summated responses to “Snapshot Survey” questionnaires and to evaluation responses relating to the Home Alone course.

Perceptions of impact
An online survey with all Action for Children services staff and telephone interviews with 11 referring practitioners established views on what worked well and what worked less well, focusing on effective communication and multidisciplinary working. Individual and focus group activities with 10 young service users elicited their views of the services. Framework analysis (Smith & Firth 2011) was applied to this varied qualitative data.
Cost-effectiveness analysis
Two cases were analysed using a model developed by the OPM (2007).

Ethical Issues
The research team followed guidance offered by the British Sociological Association 2002, Royal College of Nursing 2007, & INVOLVE. Formal ethics approval was secured from the University of Salford Research Governance and Ethics Committee.

Overview of Findings

The Young Women
The young women served by the supported housing & supported tenancy services had often endured family breakdown, domestic violence, sexual assault, homelessness, financial difficulties, and physical or mental ill health.

“I was really bad. I was kicked out of school in year 10. I was fighting. I actually used to fight with my mum. I mean she wouldn’t fight back but I would fight with my mum and I was getting kicked out all the time. When I was at my mum’s I would sneak out. As soon as my mum fell asleep I would sneak out the kitchen window, & I’d come home about six o’clock… drinking and parties and stuff like that.”

Services provided by Action for Children were vital to the safety and felt security of young women and their children in circumstances of extreme vulnerability. Being able to move into supported housing without access to money for a deposit of rent bond was key in helping the young women to escape from situations where they and their children were vulnerable and at risk of harm.

“When I moved into my own place things just went downhill with me and her dad. Arguing and domestic violence. Domestic violence was involved…”

“I was suffering from depression and mental illness and things like that; I was really ill.”

Gabriel Court offered a unique service and safe environment that was not available elsewhere, providing immediate security, safety, time & space to support viable futures. Young pregnant women often felt stigmatised but for some young women being pregnant presented an opportunity for a fresh start. The services optimised their life chances and helped them towards safer independent lives.

“But I don’t know how they do it, but they make it dead approachable, like you can tell them anything, absolutely anything. I’ve sat there with my old tenancy support worker, and I’ve told her things that I wouldn’t even tell my best mate.”

The unique contribution made by the services raising the dreams and ambitions of the young women while they were coping with the demands of adolescence and motherhood should not be underestimated.

“I changed for the better completely. I just changed overnight. Just the fact I was going to be a mum; just the fact that I was going to have to look after this baby that was reliant on me to look after it… Being pregnant brought out the real me. I just became so much happier. I wasn’t angry and stressed any more. It felt right…”

The young women aspired to having ‘normal’ family lives, being good-enough parents, living in decent houses and being in stable family relationships. There was strong evidence that increased surveillance afforded by the supported housing services had resulted in timely and early intervention with regard to the safe-guarding of children. When children were accommodated, the services continued to provide sustained support to mothers working towards being reunited with their children.

The young women perceived the services to be both life-changing and life-saving.
Gabriel Court was a safe place: a refuge in which to escape the physical and emotional traumas that negated any thoughts of a positive future. It then provided the life-skills and motivation to be able to function in a tenancy and to care effectively for the baby. Resilience was built & aspirations developed for a better, stable personal and family life with the possibility of further education.

**Action for Children Staff**

Action for Children staff were universally positive about the outcomes of the services. Their working relationships with referring practitioners & agencies, and effectiveness of communications were highly regarded. They shared common aims with the referring agencies and with other organisations with which they worked in partnership with aim and purpose in alignment. The staff reported that the needs of young people were being met and that they were helped to progress into successful tenancies and family life.

“I am proud to work for the tenancy support service and I consider the work we do as vital to the people we support. I see around me dedication among the people I work with and value the support I receive from management in fulfilling my work load.”

**Referring Practitioners**

Referring practitioners valued the personal response that they experienced from Action for Children staff: particularly the manager. The manager enthused them and instilled confidence in the rigour and sensitivity of the services on offer. The young people who had used a service & returned to the care of the referring agency had experienced positive relationships with staff and had been enabled to make vital changes in their lives.

The alternative to the availability of the Action for Children services was mostly perceived to be dire – in terms of the future of the young people, the outcomes for their children, and the effectiveness of their own services.

“In a nutshell the consequences for young people would be grim. Young people are up against it. Without intervention there would be tenancy failure, debt and misery.”

Overwhelmingly, the services were thought to provide a catalyst for positive life changes.

**Outcomes Data**

The services achieve consistent success in promoting independence in service users with evidence of enhanced capability.

Substance misuse and offending behaviour are uncommon and when present slow the pace of achievement, but they do not prevent success completely.

Snapshot surveys & end of course evaluation indicate the positive regard that service users have for the Action for Children staff.

**The difference made by the pre-tenancy support service in specific areas**

In particular, their efforts and persistence and attitudes are commended. This results in high levels of engagement.

Service users value the skills acquired and feel more confident to take on their own tenancy.

**Improvements in average Rochdale DIAL scores for the Floating Support service**
Cost effectiveness

The first case related to a young woman who had fled domestic violence, been homeless and rehoused, only to suffer further domestic violence, failing to cope with the tenancy and neglecting her baby. Action for Children intervention was estimated to have cost only 65% of the cost of alternative services. In the second case, an 18 years old had moved out of the family home when pregnant, completely unaware of how to manage a tenancy, and feeling low in mood and isolated from her friends. Action for Children services were estimated to have cost only 24% of the cost of alternative services (or 18% in another scenario).

Conclusion

The Action for Children services impacted positively and in a lasting manner on the lives of those who accessed any of the services. They were valued by external partners and referring agencies, and they were cost-effective when compared to valid alternative scenarios.

Feelings before the service

Feelings after the service

References

http://www.invo.org.uk/Publication_Guidelines.asp


The CYP@salford research group includes child health nurses, social workers, midwives, public health nurses & other health and social care professionals whose focus is on children & families.


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The Project Team

The project was undertaken by a team with wide expertise and experience of both practice and research in health and social care with children, young people and families. All members of the research team had current CRB clearance during the project.

Dr Joan Livesley is a Senior Lecturer in Children’s and Young People’s Nursing and is published in the field of children in hospital, multi-agency working for children’s services and evidence-based practice. She undertakes research in partnership with children and young people. She has a clinical background in services for children in hospital and the community, she has professional links with community children’s services.

Dr Debbie Fallon is Senior Lecturer in Child Health and is the co-lead for CYP@salford taking the lead on research with young people. Her research interests span health (particularly sexual health) social care and education issues for young people. She is published in the field of teenage pregnancy and sexual health and is a Trustee at Brook (Manchester) and for The Association for Young People’s Health.

Dr Tony Long is Professor of Child and Family Health. A Registered Child Health Nurse, his personal research programmes are in evaluation of early intervention in health and social care services for children and families, parental coping, and clinical research on quality of life outcomes for children and families after treatment for cancer.

Steve Myers is Associate Head of Engagement in the School of Social Work, Psychology and Public Health. He is a registered Social Worker with a background in working with children and their families. Research has focused on effective services for troubled and troublesome children and families and he is the author of several books on working with violence and other problematic behaviours.

Research With Children and Families.
CYP@Salford

This research group includes child health nurses, social workers, midwives, public health nurses & other health and social care professionals whose focus is on children & families

www.nursing.salford.ac.uk/research/childrenandyoungpeople/
INTRODUCTION

Rochdale Borough Economic and Population Overview

Rochdale Borough is one of the most deprived areas in the country. This is reflected in amongst other factors, low economic growth, low skills and children and pensioners living in poverty and poor physical environments. As a district, Rochdale Borough is ranked 25th most deprived out of 354 local authorities in England, according to 2007 data, in terms of the average scores of its Lower Super Output Areas (LSOAs)\(^1\).

The population of Rochdale Borough was estimated at 206,100 in the 2007 mid-year estimates released by the Office for National Statistics (ONS). According to projections by the ONS, the population of Rochdale is increasing rapidly with a projected increase of 8.5% over 22 years from 2009 to 2031, dependent on current population trends remaining the same.

Ethnicity is difficult to define as descriptions change over time and are subjective. Taking this into account, and based on current definitions, the vast majority of people in Rochdale are from white British background (173,400 equivalent to 84% according to the 2001 census). People of Pakistani background make up the largest minority ethnic group, with nearly 17,000 people (8.2% according to 2001 census). Experimental statistics from 2006 (ONS) have demonstrated a growth in Black/Black British, Bangladeshi, Other Asian and White Other minority ethnic groups since 2001, representing increasing diversity in the area.

Changes in housing stock in the borough indicate levels of development and decline. Although there is no specific up to date data relating age and gender to lease holder of a property, a general overview of the social housing situation can be gained from figures on housing stock. Local Authority and Registered Social Landlord (RSL) housing stock has fallen over the last decade. In 2008-09, they accounted for 15.5% (14,012) and 8.2% (7,422) of total housing respectively.\(^2\)

Demographics for Youth Population

Rochdale Borough’s population is younger than that of Greater Manchester and of England and Wales as a whole. Young people aged 16-29 make up 18.40% of the borough population. Although expected to decline, the relatively high youth population in the borough reflects migration over the last decade and growing diversity in and around the borough. In comparison to the white British ethnic groups, the black and minority ethnic groups have a much younger structure with fewer older people.

In 2006-07, the percentage of the working age population as a whole with no qualifications was 19.0%. According to 2007 ONS data, 10 LSOAs in the borough are among the 3% most deprived in England in terms of education deprivation, the 10% most deprived concentrated in Central Rochdale. After seeing a general rise in the percentage of 16-18 year olds classified as NEET from 2004-07, there has been a distinct decline in this percentage since 2009.

Supported Housing and Tenancy Support

The Supporting People programme was launched by the New Labour government in 2003. It was a decentralised programme administered through the Area Based Grant that was aimed at bringing together a number of housing funding streams. Local councils had full discretion regarding where the funds were directed to meet local needs. Services delivered via this programme are most often delivered by the voluntary and community sector, and housing associations. The services are directed at people who need help to find somewhere safe and secure to live independently.

Action for Children had been commissioned by Supporting People in Rochdale to deliver three key services; Supported Housing, Pre-Tenancy Support and Teenage Pregnancy Floating Support, to young women who were pregnant and young women men and couples already a parent and who had been referred to the service. The services were commissioned through steady state contracts running from 2008 to 2011. Each of the services make a unique offer to those women and men who meet the referral criteria with needs that match the eligible support tasks (see table 1).

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1 The LSOA of Rochdale as a town is concentrated in the centre.
2 Source: Housing Investment programme
This project was undertaken by CYP@Salford to help Action for Children establish the difference that these services had made to the lives and outcomes for young women and their families. This included identification of the factors that enabled or hindered effective communication and effective multi-agency working between Action for Children services and other community-based health and social care services.

Table 1: Service Level Agreements by Service

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Background to the evaluation

**Child Poverty**

Addressing child poverty has been a policy priority in the UK since 1999 with a comprehensive assessment of poverty in the UK in 2009 acknowledging that it is a multifaceted and wide-reaching problem’ (HM Government 2010a p.6) requiring an holistic approach to deal with the “drivers (HM Government 2010a p.14) of disadvantage. The commitment to eradicating child poverty by 2020 was restated by the Coalition Government’s ‘Programme for Government’ HM Government 2010b). The report of an independent review on poverty and life chances carried out in 2010,

“...found overwhelming evidence that children’s life chances are most heavily predicated on their development in the first five years of life. It is family background, parental education, good parenting and the opportunities for learning and development in those crucial years that together matter more to children than money in determining whether their potential is realised in adult life” (HM Government 2010c, pg 5).

The report cites healthy pregnancy, good maternal mental health, secure bonding with the child, effective parenting skills, good services and learning opportunities as key.

**Teenage Parents and Teenage pregnancy**

The Teenage Pregnancy Strategy (Social Exclusion Unit, 1999) was a 10 year project that aimed to reduce the rate of teenage pregnancy by half by the year 2010 and to reverse the upward trend. Here, teenage pregnancy is described as “an economic as well as a social problem” which presented a significant shift to “joined up” solutions for those working with this group. This included housing, since the strategy advanced the prevention of “isolation” of young mothers, and suggested a review of housing policy to address the issue of support for teenage parents who cannot live at home (p31).

The strategy was illustrative of the way that teenage pregnancy had risen sharply up the political ladder with the election of the New Labour administration in 1997. Following the publication of the teenage pregnancy strategy, the reduction of teenage pregnancy and sexually transmitted infection rates became an integral part of many more policy documents. For example, it was a key target and indicator under the flagship policy “Every Child Matters” (DCSF 2003) and the “Choosing Health” White Paper (DH 2004a), and featured as part of the National Service Framework for Children, Young People and Maternity Services (DH 2004b). Together with the National Strategy for Sexual Health and HIV (DH 2001), the teenage pregnancy strategy and the accelerated strategy remain the most comprehensive policy documents relating to the reproductive health of young women in England.

The focus on teenage pregnancy over the last 10 years has therefore resulted in a substantial body of evidence to suggest that most teenage parents, and their children, are a group that experience considerable disadvantage including disproportionately poor child health outcomes, poor parental emotional health and wellbeing, and poor economic wellbeing (Berrington et al 2007, Botting et al 1998, Harden et al 2009). It is also important that some acknowledgement has been made regarding the complexity of the factors that impact on a young person that might result in their pregnancy – whether intended or not. In terms of this evaluation, a significant publication is “Teenage Pregnancy: Beyond 2010” (DCSF 2010d) since this document acknowledges that whilst reducing rates of teenage pregnancy is a government priority, it is also important to recognise that

“where young people do become parents they get the support they need to make successful futures for themselves and their children … “ in order to “break the intergenerational cycle of low aspirations and poor outcomes associated with early parenthood” (p35).

Poor outcomes are no longer seen as inevitable if early and sustained support can be put in place. The report suggests that the solutions rests with a range of services working together, and that “no teenage mother under the age of 18, who cannot live at home, should be given independent accommodation without adequate support being in place” (2010d, p35).
Housing

Part of “Teenage Pregnancy: Beyond 2010” recommended an evaluation of the Teenage Parenting Supported Housing Pilot in order to identify the most effective models of support. This is being undertaken by a team at York University which considered a range of models of support for young parents, with similarities to this project (Johnsen & Qullgars 2010). The evaluation included working with vulnerable groups of young parents to determine the effectiveness of the interventions across several local authority areas. The York evaluation team have taken a multi-method approach including documentary analysis, qualitative interviews, case studies and cost effectiveness. This approach was viewed as appropriate and productive to achieve the evaluation.

Action for Children has provided such tenancy services to support young families in Rochdale for a number of years. The commissioning organisation requested an independent evaluation that might identify the difference the services have made to the lives of young families involved. This research project therefore aims to identify what the service does well and areas that could be improved in order to provide the best services possible.

Although this is clearly a commissioned project, it is firmly located within the current trend to evaluate strategies that have been developed to address the causes and consequences of teenage pregnancy following the publication of the documents outlined above.
Section 2 - Method

EVALUATION

Aim
The aim of this work was to evaluate the impact of Action for Children’s Tenancy Support and Supported Housing Services on outcomes for young women and their families.

Objectives
- To establish the degree of achievement of SLA outcomes and outputs.
- To identify the key characteristics and needs of the young women who use the services.
- To assess the relevance, accessibility, responsiveness and outcome impact of the services on young people who use the services.
- To establish the value for money offered by the service.

In addition, Action for Children wanted to learn from the findings of the evaluation such that this knowledge could be used to inform future service delivery and developments and contribute towards future evidence-based staff-development programmes.

Evaluation Design
A mixed method evaluation design, incorporating contemporaneous data collection and analysis activities was used to derive findings that were firmly grounded in the needs and aspirations of the young families who used the services. Considering the timeframe for the project and the variety of factors requiring investigation, a number of elements were pursued in overlapping phases.

1. Preparation phase
In the first 2 weeks of the project the steering committee was formed and briefed, and email and telephone contact details with key individuals were established. The research team also established the evaluation criteria with the steering committee and agreed priorities. The nature, location and ownership of required data was also identified. Formal advisory group meetings were agreed and they received the research group’s updates. It was also agreed that the steering committee would review the research protocols, chart progress, and resolve any practical issues.

2. Evaluation of Service Level Agreement Data
The data identified by Action for Children was collected by direct uplink into the university secure VLE. All such data was already in the public domain or was the property of Action for Children, was of low sensitivity (particularly that which is in the public domain) and has no identifiers to individual service users.

Average start and finish scores in the 10 domains of the Rochdale DIAL instrument were recorded for users of all three services and plotted to show the direction of change on a dependence-independence continuum. Simple descriptive statistics were applied to summated responses to “Snapshot Survey” questionnaires relating to the Pre-tenancy service and to the evaluation responses relating to the Home Alone course.

3. Cost effectiveness
Since the desire is to establish the value for money of the services, a cost-effectiveness design is required (rather than a cost-benefit analysis). There is no consensus as to the best approach to cost-effectiveness or cost-benefit evaluation (Clarke 1999). A design modified from that of the Office of Professional Management was used.

i. The principal aims of the services and the specific characteristics of the user group are stated, together with alternative modes of service provision.

ii. Costs incurred by the services are calculated, including indirect costs to service users (financial, health and social costs)

iii. Benefits that accrue to service users and the service as a result are identified.

iv. The results are compared against alternative or standard forms of service provision.
It was most effective to undertake this exercise on a case-study basis (2 in total), ensuring that the selected cases reflected the breadth of health and social issues addressed by the services. The cases were agreed with the steering committee and informed by the practitioners involved with the young women.

4. Perceptions of impact: core staff, referral agencies and other community based service delivery partners.

We undertook an online survey with all Action for Children staff associated with the services and their partner delivery staff to establish their perspective of what worked well and what worked less well.

Using contacts provided by Action for Children we also undertook telephone interviews with 11 referring practitioners to establish their views of what worked well and what worked less well, focusing on effective communication and multidisciplinary working.

5. Perceptions of young people who have or those who are using the services

We undertook individual and focus group activities with 10 young service users to establish their views of the services that they had used.

6. Case Studies

In negotiation with the steering group, we identified 4 cases, to develop more in-depth case studies to illustrate impact outcomes over time. This aspect of the evaluation, enabled greater insight into the complex and diverse needs of the young service users and the impact outcomes over time.

Data Analysis

Content analysis (Elo & Kyngas 2008) and, when appropriate, descriptive statistical analysis was applied to each element, but synthesis of these elements was undertaken using framework analysis (Ritchie & Spencer 1994). This ensured that the evaluation outputs would be meaningful and useable by the young service users, Action for Children, staff and commissioners.

Ethical Considerations

The main ethical issues associated with this study were the risk of breach of confidentiality and the potential for perceived coercion. All research activity was compliant with research ethics guidance. Guidelines provided by INVOLVE (2011, 2007) for the involvement of service users and children in research projects were followed. As the project team did not seek to identify individuals as NHS patients (past or present), but rather as members of a community served by a local resource, the project did not fall within the realm of the National Research Ethics Service approval.

All members of the evaluation team working with the young people had satisfactory enhanced Criminal Record Bureau checks through the University of Salford.
Section 3 - Findings from Young Service users

FACILITATING PARTNERSHIP AND INCLUSION

Too often, the voice of service users, especially those considered hard to reach or service resistant has been ignored by researchers; yet their input is crucial if commissioners and those who deliver services are to understand what they need to achieve the most effective service outcomes. The UK is committed to the United Nations Convention on the Rights of the Child (1989) which entitles young people to have a say in all matters that affect them. Article 12 “respect for the views of the child” states that when adults are making decisions that affect children and young people, they have a right to have their opinion taken into account. The benefits of participation for the young people involved include skill enhancement, increased confidence, and an opportunity to influence policy and practice, and empowerment. For the organisation new ideas and perspectives are provided and deeper understandings of young people’s priorities are gained. In addition, young people’s involvement meets good practice standards, improves the quality of the services offered to them and is consistent with Action for Children’s strong participation ethos.

There is now increasing interest in engaging young people in meaningful participation in research or service development. Arnstein (1969) originally articulated how participation could contribute to social change and this idea was modified in 1992 to focus on children and young people (Hart, 1992). Although Hart’s “Ladder of Participation” has been influential for organizations and researchers it has also been criticized for its implication that the “top” of the ladder was the ultimate achievement. Further work by Treseder (1997) acknowledged the importance of context in each individual case, and his circular model provided space to consider “equal but different” forms of good practice in participation. Importantly, all advocated increasing levels of control for children and young people and argued for the avoidance of tokenism or manipulation.

Treseder’s model³ (1997) suggests that there are “five degrees of participation as five equal but different forms of good practice” and that professionals with an interest in engaging young people should choose the best approach for the specific environment. The approach that best describes young people’s participation in this evaluation is “consulted and informed”. In this scenario the project is designed and run by adults, but young people are consulted on the design, delivery and evaluation of the project. They have a full understanding of the purpose of the consultation and know their opinions will be taken seriously.

The Action for Children Supported Housing, Pre-tenancy and Teenage Pregnancy Floating Support services have always encouraged the young service users to engage in feedback about the services they receive. This was evident at from the outset of this evaluation as the young service users had already been involved in the selection of the team chosen to carry out the evaluation. Specifically, the evaluation team worked with Action for Children staff to identify those young women who were service users and who wished to be involved in the initial design stage of this project. They were invited to a group meeting that was facilitated by the manager of the 3 services to discuss the outcome of the selection process and the proposed evaluation methods. Those who chose to participate in the design stage of the evaluation were invited to a lunch time meeting to discuss their ideas regarding the type of activities they thought would best enable them to offer their opinions on the services.

The evaluation team then worked in partnership with the young women to establish the most effective means by which their voice and the voice of other service users could be elicited. This necessitated flexibility in order to facilitate the input of as many of the young women as possible since they had various commitments such as school, college, and childcare. Initial discussions focused on their preference for engagement and participation as individuals or groups, and the need to include activities in which their children could participate (Clark 2004) rather than doing the same thing with all participants (Coad, Plumridge and Metcalfe 2009).

As many of the young women were used to attending art based activity groups there was a consensus that we should develop an activity to help focus their discussions. They were also in agreement that the group work should be facilitated by female researchers, that their children should be welcome and that the preferred date for the meetings would be Wednesday afternoons. This was in line with higher educational establishments nominating Wednesday afternoons for extra-curricular activities. Separate focus groups were to be arranged for the current users of Gabriel Court and the users of the Pre-Tenancy and Tenancy Support services.

The young mothers suggested that the evaluation work should be undertaken in the ‘lounge’ of Gabriel Court. This had the additional benefit of being fitted with baby alarms and meant that they could leave their infants in their individual flats if they were sleeping. It was also agreed that their involvement in the analysis of the data and dissemination of the findings would be discussed at a later meeting.

Drawing on the ‘Mosaic Technique’ (Clark and Moss 2001) we undertook 2 face to face, and 2 focus group activity sessions with 12 past and current service users from across the 3 services (see table 1). In each case their children were welcomed to join in the activity. The activities were recorded using a Sony© digital recorder.

In keeping with guidance from INVOLVE (2011) the women were asked their views about the type of rewards or payment they wished to receive in return for their participation. While most said that no reward was necessary some expressed a preference to receive rewards in the form of evidence of skill development that could be used on their Curriculum Vitae and applications for jobs, colleges and universities. It was agreed that those who wished to take advantage of the Vinspired® award would be helped to do so. Each participant was offered a High Street gift voucher to the value of £10 as a token of gratitude for their help.

Following this meeting, Action for Children staff circulated an evaluation information sheet, compliant with the expectations of INVOLVE (2007) and the National Research Ethics Service (2007). This explained the purpose of the evaluation and invited the young women to participate in a number of different ways such as attendance at a focus group, a face to face or telephone interview or permission for the evaluation team to access their case file.

**Participants**

Eight young women living at Gabriel Court agreed to attend the first focus group. Of these, 6 attended and 5 brought their infants. One young woman complained of feeling claustrophobic during the initial focus group work. However, she wanted to participate. This was achieved by undertaking an individual interview with her in the same room and at the same time as the focus group activities.

A further 6 young service users agreed to attend the second focus group. Of these, 3 participated and 2 brought young children. While 2 of the young women had received support from Gabriel Court and the Teenage Pregnancy Floating Support service, the other had used Pre-Tenancy and the Teenage Pregnancy Floating Support service.

Another young woman who had used Gabriel Court and the Teenage Pregnancy Floating Support Services requested a face-to-face interview. This was facilitated in the same location as the focus groups.

Of the young women who took part in the first group and individual activities, 2 had self referred to Gabriel Court, 2 had been referred from housing for single people, 1 had been referred through child care services and 1 had been referred by Connexions. While 4 of the women had been referred pre-birth, 2 had been referred post birth.

Of the young women who took part in the second group and individual activities 2 had self referred to services and one had been referred by a children’s Sure Start centre.

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5 http://vinspired.com/
Overall, the participants’ average duration of engagement with services was 7.9 months. The longest stay was 18 months and the shortest 2 weeks. All but 1 of the women (her child had been accommodated through statutory services) lived with their children. One participant who was receiving support from Teenage Pregnancy Floating Support was expecting her second child.

Although it is unusual for the children of these young women to be accommodated through statutory services, when they are their mothers are able to stay at Gabriel Court as long as they are working towards being reunited with their child. However, it is not unusual for these mothers to opt to leave, but it is worth noting here that at the time of writing this report, a further 3 women whose children had been accommodated had opted to stay at Gabriel Court.

Practical Arrangements
Taxis were provided for the participants who had to travel to the focus group event. Each focus group was preceded with lunch at the dining table in the lounge area which gave the women the opportunity to become familiar with each other and the members of the evaluation team. The first event was attended by 4 of the evaluation team, 3 members of the evaluation team attended the second focus group.

Face-to-face interview was conducted by 1 member of the evaluation team. For each event, 1 team member was nominated as the main facilitator (DF and JL) and a second member nominated to take notes and prompt the facilitator throughout the discussion as appropriate (RC). A checklist, developed from the outcomes listed for all 3 services was used as a prompt sheet (see appendix 1). The other members of the evaluation team that were present played with the children or held babies so that their mothers could participate in the activities.

Group and Face To Face Activities
The focus groups and face to face activities were developed and facilitated using a “draw and comment” approach (Dryden and Metcalfe et al 2009). The participants were guided to think about their experience since finding out they were pregnant as a journey with the end point of this journey representing their “dream” outcome. The journey was conveyed as one that involved many decisions and the possibility of taking different routes (see Fig 1). The young women were asked to draw two pictures. The first picture depicted their worst case scenario, or what they imagined would have been the worst possible outcome for them and their children.

The second picture focused on their dream outcome, or what they hoped and aspired to. As they drew their pictures they were prompted by the facilitators to talk about their experiences and what they were drawing. In addition, the young women were provided with a ‘Treasure Box’ and a ‘Bin It’ canister. The Treasure Box (a small gift box) was used as a means of providing the women with control over disclosure. They were asked to write on a Post-It© note a symbol or word that represented anything that they did not wish to discuss or anything they considered to be out-of-bounds. The ‘Bin-It’ canister was a place to deposit a word or symbol that represented any aspect of the service that they disliked or had found unhelpful. It was also used to symbolically “box” conversations that were unhelpful in terms of data for the project, for example when unresolved issues between the residents that came up during the activities, the facilitator was able to prompt them to “Bin” it, albeit temporarily.
As a separate activity, the young mothers were asked to place an X on a large picture of a road that represented their journey between discovering they were pregnant and their dream outcome. The position of the X symbolised where they felt they were in terms of their journey at this point in time (see Fig 1). This was then used to facilitate further discussion relating to what they felt they needed to realise their dream.

Not all of the women found the task of drawing easy, some opted to write words rather than draw pictures while others simply doodled (see appendix 2 for examples of the art work produced by the young women). Nonetheless, the activity kept everyone on task. On conclusion of the focus group and the individual interviews the participants agreed that the activities had helped them to feel secure and less self conscious while facilitating their communication regarding their views and opinions of the services they had used.

Data Analysis
The focus group data and individual interviews were transcribed verbatim by a professional transcription service. The data was subject to inductive content analysis as described by Elo and Kynga (2008). This method of analysis is content sensitive, flexible, concerned with meanings and can be applied to whole interviews. This involved two members of the evaluation team (DF and JL) reading and re-rereading the transcripts whilst listening to the tape-recorded conversations. The data was initially subject to several questions:

- Who is saying this?
- Where is this happening?
- When did this happen?
- What is happening?
- Why?

Once immersed in the data, key words and sentences were underlined before open codes were written into the margins. The codes were then distilled into fewer concepts and concept maps developed to illustrate and test the relationship between these. The concept maps enabled further distillation into fewer concepts to derive a coherent conceptual system. The final aspect of the data analysis involved validating the developed conceptual system by checking correspondence with the original transcripts (See Appendix B for an example of Gabriel Court modelled intervention).

Validating Findings with the Young Women
Those young women who took part in the evaluation were invited to a ‘closing event’. This was held at the supported housing site and served two purposes; to feedback the findings, and, to establish their level of agreement with the key messages. Two of the young women attended with their infants. One young woman who had been living at the supported housing for 5 weeks asked if she could participate and this was agreed by the other young women. Their level of agreement was established by presenting each of the key messages in turn, and asking the participants to indicate whether they ‘agreed’, ‘strongly agreed’ or ‘disagreed’ with each by placing stickers under relevant headings. Two of the young women strongly agreed that those using the services were vulnerable while another young women disagreed stating that she did not identify herself as being in any of the identified ‘vulnerable’ situations. Although they ‘strongly agreed’ with all key messages, they only ‘agreed’ that the services raised their dreams and ambitions. The participants were then asked to rank the key messages in order of priority. They agreed that the provision of safety and security was the most important and that raising their dreams and ambitions was the least important aspect of the service.

FINDINGS
The findings are presented using the concept headings of Context, Finding Out; and Life Changing (Timely) Interventions.

Context

Vulnerable Young Women
Prompted by the question “can you tell me how you felt when you first found out you were pregnant?” many of the young women began by reflecting on the difficult life circumstances that they faced at that time.

Family Breakdown.
Some of this was related to difficult family relationships including family breakdown.

KFG1 “It was quite difficult because my dad fell out with me because his girlfriend fell out with me. I’m the only child to my dad that lives down here. In terms of my mum she wasn’t here. My sister is too busy obviously, she’s got two kids herself. My brother just wasn’t interested…”
MI1 “haven’t lived at home with my mum since I was 13… I was living with my friend when I found out. We hadn’t spoken (her mother)… we had a really bad relationship…”

Others reflected on the context of their lives at this time in terms of their own “bad” behaviour, for example one young woman had been excluded from school and often spent all night away from home.

GI2 “I was really bad…I was kicked out of school in year 10. I was fighting. I actually used to fight with my mum, I mean she wouldn’t fight back but I would fight with my mum and I was getting kicked out all the time and when I was at my mum’s I would sneak out. As soon as my mum fell asleep I would sneak out the kitchen window and I’d come home about six 0’clock… drinking… and parties and stuff like that…”

The same young woman explained.

GI2 “I was a really angry teenager and you know stuff happened when I was growing up…”

Lack of settled residence

Many of you young women did not have a fixed or permanent home address during their pregnancy. Several described how they were homeless, living between houses, living in over-crowded houses or where other residents took drugs, or that they relied on friends to provide a ‘couch’ for the night.

GI2 “her dad, he was living with his stepdad and I was bordering between them two anyway… between my mum and him so I didn’t really live anywhere I was just hopping from place to place. It was quite scary actually…”

SFG2 “I was pregnant with my daughter and I lived with a friend till I had her, then I lived with my brother and mum. Well, I lived with my mum after I had her, from when she was born until she was 7 months old and then I had to go into a homelessness hostel for 12 weeks… it was a room, just a bare room with a wardrobe and a bunk bed in, and it had mice and everything it is and you had to share a bathroom with everybody. It was horrible…”

JFG1 “I moved back in with my mum and there was no space…”

GI2 “He (boyfriend) was living at his stepdad’s and then his stepdad was – I think he owed money or something – he had a bit of a drinking problem so he owed money on the rent and stuff so he had to sell the house. [My boyfriend] moved back into his dad’s and they smoked weed and everything so I couldn’t move in with them…”

Another young women explained that she had been evicted for debt arrears on the day she discovered she was pregnant.

SFG2 “I got evicted and I found out I was pregnant on the same day, so it was no!…”

Losing in the hostel left her feeling unsafe and threatened and she explained that there was little privacy. She went on to explain that at that time she had little chance of securing a tenancy in the future as she had no means of paying off her debt:

SFG2 “The reason it took me so long to get a house was because I did get evicted for rent arrears… I had to pay the rent off, I had to pay the arrears off…”

This was an issue raised by other participants, for example one young woman explained that she had been trapped into staying in her father’s home where she felt vulnerable because he was claiming benefits for her son.

GFG1 “I couldn’t get anywhere because my dad was claiming for my son. And he won’t stop claiming, so they said I could move in here without any benefits and then obviously he’ll have to stop…”

This meant that being able to move into Gabriel Court without the need for a financial deposit or rend bond and receiving support and guidance on claiming benefits to which they were eligible was key to helping some of the young women change their lives, escape from situations where they and their children were vulnerable and help them move towards more independent living.

Domestic Violence

Others described their experiences of domestic violence or being harassed by male partners:

JFG1 “When I moved into my own place things just went downhill with me and her dad. Arguing and like domestic violence, domestic violence was involved…”

NiFG2 “…He was violent, he was a football hooligan, so he was constantly there, the police were constantly there and… he’s getting done for threats to kill with his ex-girlfriend and stuff and then when we found I was pregnant, he was saying he’s going to take the baby off me and I thought, sod, and just left at that. Then I still got harassed and stuff until
Physical, Emotional and Mental ill Health

Lack of self esteem was also discussed by other women who spoke about having little confidence, low self esteem and being depressed, suffering from anxiety and their experience of mental ill-health. Having difficult family relationships, no fixed address, experience of domestic violence and poor physical and mental health problems meant that the young women were vulnerable and at risk of exploitation. Discovering that they were pregnant amplified their feelings of vulnerability and left them fearful for their own and their children’s futures.

NiFG2 “I haven’t got a lot of confidence at all…”

SFG2 “I had post-natal depression as well so I felt emotional…”

MI1 “I was suffering from depression and mental illness and things like that; I was really, really ill…”

Finding out

All of the young women explained that their pregnancy was unplanned, and discovering they were pregnant was often a shock.

MI1 “I was a bit shocked at first because I was on contraception…”

This led to a wide range of emotions, with some of the young women discussing the decision to keep their baby. The social stigma associated with teenage pregnancy was also apparent, with the young women describing feelings of being ‘looked down on’ with some explaining that Gabriel Court was known locally as a ‘whore house’. In response to the question “How did you feel when you found out you were pregnant?” they replied:

GFG1 “…Obviously trampy…on the dole so you’re sort of… people look down on you…”

GFG1 “…A baby at my age…”

For one young woman, the discovery of her pregnancy brought about feelings of isolation. When asked “how did you feel when you found out you were pregnant?” She replied:

MI1 “…It would just be like one word – “alone”.

Isolation, fear of isolation and attempting to avoid isolation was apparent throughout the focus groups. For example some feared being on their own;

KFG1 “Being on my own…”

However, others were far more optimistic. One young woman emphasised that finding out she was pregnant meant that she would no longer be on her own, describing how the baby she was expecting would fill a gap in her life.

MI1 “I’ve always been on my own before…finding out I was pregnant meant like someone for me, like unconditional love, someone for me to love and to get loved back…”

Teenage pregnancy as a “search for love” has previously been acknowledged in work by Hanna (2001) and by Knight, Chase and Aggleton (2006) who associated it with young women who have been in care, who have experienced loneliness, rejection or stigma and who found it difficult to develop trusting relationships.

Although the discovery that they were pregnant led to initial feelings of shock and isolation for some young women who felt stigmatised further by their pregnancy for others, the pregnancy represented an opportunity for a fresh start or the opportunity for a relationship with a baby that would love them unconditionally. Teenage parenthood has recently been acknowledged as a “catalyst” for positive life changes for some young women. Certainly in this study some of the young women described feeling happy on discovering that they were pregnant and described their pregnancy as ‘a good thing’.

GI2 “I just started changing for the better. I changed for the better completely… I just changed overnight… just the fact I was going to be a mum, just the fact that I was going to have to look after this baby that was reliant on me to after it… being pregnant brought out the real me. I just became so much happier, I wasn’t angry and stressed any more – it felt right…”
The description of their pregnancy served as a catalyst for changing previous ‘bad’ behaviour where the pregnancy focused them, forcing them to think about “growing up” since becoming a parent meant they were no longer a ‘kid’ themselves. This supports work by Duncan (2007) who maintains that for many teenage mothers, parenthood is a positive experience that should be looked on as more of an opportunity than a catastrophe since it provides impetus to pursue education, training or employment. Similarly, Coleman and Cater (2006) found, for many young women who plan a pregnancy in their adolescence, it is seen as a chance to gain a new identity and change direction in life. Their decision was perceived as highly rational and one that had contributed to a dramatic improvement in their life.

**Concerns about coping**

Discovering they were pregnant meant that several of the young women doubted their ability to cope with parenthood or be able to look after their baby and be good enough parents. Some were scared that they would get it wrong.

**KFG1** “When you’ve got a baby you don’t know what to do with them…”

**MI1** “I was in two minds whether I’d be able to do it on my own…obviously you don’t accept how it is when you’re having it, when you’re pregnant, you think it’s going to be all [ ] but it’s actually different when the baby’s actually there, it’s reality and you are looking after that small person 24/7, that baby’s got you to rely on, you know, it can’t tell you what it wants, it can’t tell you what it needs, you’ve just got to know that and it’s just all overwhelming, stuff like that…”

**GI2** “I was scared if I was going to be a bad mum, you know, like my cousin for an example; she wasn’t the best mum. Her son has been taken off her because she wasn’t a good mum…She was drinking all the time and stuff like that…I’ve heard about depression and stuff and you can really do some stupid things and I kept having nightmares about M being in her cot, a bit like that advert, the neglect advert, where the baby’s in the cot…”

For one young woman, the fear of not being a good enough mother led to anxiety about having her baby taken away from her.

**GI2** “My worst thought was actually being a bad mum, thinking am I going to be able to…what if I can’t do it, what if I don’t do it right…and something happens – she ends up having to live with my mum and she gets taken off me or if I end up being “a stay at home mum” and stay at home with my mum, but I did not want any of that…”

In many ways, the circumstances of the young women who participated in this study clearly illustrate the notions of “cause” and “consequence” put forward in the Teenage Pregnancy Strategy (Social Exclusion Unit, 1999) and its updates. Their responses to discovering they were pregnant, including notions of stigma or the opportunity for a fresh start are also now well documented.

**Aspirations**

A further well documented consequence of teenage parenthood is association with “aspiration” and the notion that young parents are either prompted to take the path of teenage pregnancy because they lack education or work ambition, or that they are destined to a life of unfulfilled ambition following their pregnancy.

There is a consistent link between teenage pregnancy, low achievement and educational attainment or work prospects, with much of the literature pointing to strong educational aspiration and high achievement as protective factors against teenage pregnancy (eg: SEU 1999, Kirby 2009, Manlove et al 2002). Certainly, in terms of government policy over the last decade, the notion of “raising dream and ambition” has been an important one (Fallon 2006) but this has most often been focused on educational or career aspirations. Interestingly for the young women in this study, their aspirations or “dream” outcomes were linked to a “normal” family life, living in decent housing, having family pets, being in stable relationships and feeling safe and secure:

**GFG1** “I am going to draw a massive house…”
CHFG! “A very big house – a small town…and here’s my car…”

KFG1 “My family and her dad…”

MI1 “that’s just me and [my daughter]…my happy ending is for her to come home…”

KFG1 “In university with a nice house, with a nice boyfriend, more kids…”

JFG1 “Going back to college…going to university, my own business, own car…and probably in a relationship…”

GI1 “I wanted to be secure… a happy family, having a nice house, a dog – running in the garden…”

That said, they recognised that such security was linked to educational attainment, gaining educational qualifications, getting good jobs, owning their own businesses or gaining secure employment.

SFG2 “I’d love to go back to work, it’s just finding the right one, just get the right hours…”

They aspired to being social workers and fitness instructors. Crucially, most spoke passionately about their desire to be good parents. Despite their anxieties about parenting on discovering their pregnancy, they were clear that they wanted to give their children the best start they could. One young woman pointedly stated that she wanted her child’s life to be better than hers.

MI1 “I wanted it to be perfect…it’s not something you can really mess about with and take chances with and I knew that, and I wanted – I wanted to be the best I could – I wanted to give the best – I wanted to be the best that I could possibly be…”

NFG2 “Just want [my daughter] to have a good upbringing, to be honest with you, and make sure she’s secure and she’s got a good education and she’s not in the situation what I’ve had…”

The reevaluation of priorities for these young women is significant and there is a growing body of literature to suggest that teenage pregnancy can provide a positive turning point for many young women. However, as SmithBattle (2007) suggests, the renewed commitment shown by many young women at this time can be thwarted by competing demands. Support to realise these aspirations whilst coping with the demands of adolescence and motherhood is therefore vital.

It seemed that the combination of their vulnerability, the maelstrom of emotions they experienced and their fears for the future often left them feeling confused, demotivated and fatalistic. The offer they received from the Supported Housing, Pre-Tenancy Support and Teenage Pregnancy Floating Support often led to timely interventions that were life changing.

**Life Changing (Timely) Interventions**

**Time, Space and Support**

During the focus groups and face-to-face interviews the participants emphasised the importance of the services they had received from Action for Children. They described these not only as ‘life changing’ but ‘brilliant’. Many pointed out that the positive outcomes they had achieved for themselves and their children, their determination to succeed and their motivation to work towards being independent were directly related to the services received.

**Facilitating viable futures**

Many of the women had experienced unstable, insecure and violent relationships. They had described their fear of being alone, having their children removed and often felt they had no-where to turn. This, meant that some of the women needed not only to be rescued from difficult social and family situations that left them and their children at risk of exploitation and harm, but that they needed a place where they felt safe. They also needed time to reflect on their situation, to think about their future aspirations and to work out, with appropriate help and support, how best to achieve these. Many of the young women described the intervention provided by Gabriel Court as life changing. The Pre-tenancy and Teenage Pregnancy Floating Support services offered a life-line and provided the women with a place of safety and the chance to think about alternative futures.

Gaining access to the services was key in this. In keeping with the findings reported by Johnsen and Qullgars (2010) and the analysis of the Action for Children Staff and Collaborating Staff surveys reported later, there were a number of referral routes. Most had been referred to the services by a professional worker, such as staff working in Sure Start centres.
However two young women had referred themselves; one had been prompted to do so by her mother. The other explained that she had heard of the Supported Housing service and had ‘just rung’.

MI1 “At the time I was speaking to my mum and she told me to come and live here…”

SFG2 “I heard about this place, I can’t remember now how I heard about it, but I phoned up and I came for an interview in June, and they didn’t have any places and they phoned me in December and said are you still interested in a place. So I said yes…”

Being offered accommodation in Gabriel Court was particularly poignant for one young woman. She was 21 years old and reaching the age at which she would lose her eligibility for a place. She saw this as her last chance for help; she had rent arrears, no money for a housing bond and was living in a homeless hostel. An important aspect of her access to the Supported Housing Service was that she was eligible to claim benefits or have the place funded by the Local Authority, but needed neither a financial deposit or rent bond to move in. She was accepted regardless. This underlined the unique offer made by the Supported Housing service. Her relief was so great at finding out she had been offered a place that she cried.

SFG2 “I had post-natal depression as well, so I cried my eyes out, got emotional… I just felt secure because I knew I had somewhere where I knew I wasn’t going to get kicked out of; where I knew if my daughter cried... to keep her like stop crying all the time... not because they told me to, but because I felt like I should because bringing a baby in someone else’s house… They (staff at Gabriel Court) were supportive when I actually came for my interview. They didn’t even know me, they were just like go and see your doctor and things like that…”

Immediate Safety and Security

The immediate safety and security that the young women experienced as a result of moving into Gabriel Court was highly valued. This was underlined when the young women who had moved on and established successful tenancies elsewhere yearned for the security they had experienced at Gabriel Court.

NiFG2 “I wish I were back there…”

Still, the life-skills they had acquired while at Gabriel Court had left them far more resilient than they had been on their arrival. They had developed confidence and competence and were more able to handle the situations that previously left them vulnerable to exploitation.

Skills for viable futures

Although highly valued and incredibly important, having a safe and secure place to live was only part of what the women valued. The women spoke about their experience of help with practical life skills, such as bidding for accommodation, cooking, cleaning and managing a budget. In addition they received help with completing benefit claims and help with college and university application forms.

KFG1 “Yeah of course they sit with you and go through like houses and where they are and how much they are…”

JFG1 “And help you phone up and like they will sometimes speak to them or they’ll just tell you what to say to them…”

KFG1 “They help you, they give you budgeting plans so obviously they go off the money that you get and how much you spend…”

CFG1 “I’m going to listen to the budgeting plans…”

GFG1 “They do property checks…”

GFG1 “They check your flat is clean and that…”

JFG1 “See if it’s clear and health and safety…”

NFG2 “They helped me get the community care grant…”

For many of the young women, this help was fundamental in helping them to build resilience, make better decisions and achieve better futures for themselves and their children.

Parenting Skills

The benefits the young women derived from their access to the services spilled over to improve the lives of their children. Although speculative, it is reasonable to conclude that the children would benefit from their mothers’ ability to cope and their mothers’ improved social and financial stability. The women that lived at Gabriel Court received additional help and support in caring for their children.
Often this related to caring for their babies at night time, seeking help regarding their children’s health and advice regarding weaning.

SFG2 “They’re there, they’re on call, aren’t they, so you can just buzz down and you know that… I think it was good for the younger mums that was here who just had a new baby, what do I do, it’s coughing and things like, just to buzz down…”

MI1 “You can’t rely on everyone to do everything but at the night time ... I don’t know…you’ve got like baby monitors there, so you could come down or you could even bring the babies down with you, you know there was toys and stuff around and we’d all sit and we’d have a chat and you know we’d talk about stuff.

SFG2 “They’re there, they’re on call, aren’t they, so you can just buzz down and you know that…”

There was some evidence that some of the young women were initially reluctant in accepting the help and support offered by staff. They suggested that the level of surveillance to which they were subject was, at times, unwelcome. This was often related to a fear that the staff would find out that they could not cope with their children.

MI1 “people don’t want to actually go to the staff and say I can’t do it…”

Still, over time and as their trust in the staff developed the women came to appreciate having the staff on-hand to discuss their concerns and help them:

SFG2 “It means you’ve got support around you…”

SFG2 “I think from 16, when you’ve got a baby, you don’t know what to do with them, and you know like at 2 o’clock in the morning if anything’s wrong with your baby you can nip down and someone will come and see to your baby…”

It was not that the staff at Gabriel Court supplanted the young women’s role as parents; having Gabriel Court staff on-hand to help them with the care of their infants was highly regarded. There is little doubt that the children derived important health and well-being benefits from having staff on-hand to help their mothers. That said, for some of the young children, the immediate benefits derived from their mother’s involvement with the services were tangible.

Employability

Sally had spent time at Gabriel Court and then, with the help and support from Teenage Pregnancy Floating Support had established a secure tenancy. She was gainfully employed in a full time job and was working towards gaining educational qualifications. She was proud of her achievements and enjoyed providing for herself and her daughter.

SFG2 “I got career help in here as well...Because when I was here on courses, I went on mentoring courses, and they put me on them, and I’ve got level 3 mentoring now, it’s like a career, now, you can get paid for doing it. I’m doing voluntary at the minute. But you get paid when you’ve done six months’ voluntary service...Well, I’ve got a job as well, so I do both...I work in a warehouse…”

Georgie concurred,

GI1 “I’m actually on a leadership course at the minute. I’ve got to do an assessment in about six weeks time and I’ve got to do ... there’s about two or three of us doing it ... there’s like a class of us like 23 of us but three of us like, around about at a time have got to take a year 5 or year 6 class and do a PE lesson to pass the assessment. I mean I’m having my CRB check done on Friday and next week I’ve got to go and do a First Aid thing so I’ll have a certificate for that…”

Family relationships

For Sally, being able to provide for her daughter was only part of what she wanted to do. During the focus group discussions she had reflected on the difficult relationship she had with her daughter. She explained how her key worker had signposted her to the right help to enable her to develop a bond with her daughter.

SFG2 “And I feel guilty for not bonding with my daughter when I first had her. So they put me in touch with like this woman that used to come round and show me how to play with her and things like that, because I didn’t know how to. She was like 2½, 3 and I didn’t know how to play with her, what to do. I’d be sitting there reading a book, things like that, but I didn’t know how to play with her. So they got this woman coming to my house and that, and shown me things to do with kids and things like that.

She went on to explain that her relationship with her daughter had significantly improved.

SFG2 “We’ve got a really good bond now, really good. And now I think I can’t believe I was like that with her, I really can’t…”
It was clear that Sally and her daughter had developed a stable and loving relationship. However, Sally’s daughter was not the only child to benefit from the time that her mother had spent at Gabriel Court. Molly had moved into Gabriel Court following a relationship breakdown with her mother. She explained that she had endured a difficult family life and had left home at the age of 13 years. She had also been the primary carer for her two younger brothers, and she was especially fearful that her daughter would, at some time, be taken from her. When Molly moved into Gabriel Court she had experienced a great deal of difficulty coping with her daughter. She explained.

**MI1** “I sat in my flat and I was alone with this baby and … I sat there thinking I’ve got no-one to show off too, that’s when it hit me, it was just me and her. Then I started thinking, but can I do this? Then I’m thinking, yeah, I can. And it was finally nighttimes when I wanted to sleep and she wanted to be awake, because she’d be asleep all the day and she’d wake all the night and I’d just get exhausted, I managed it for about five, six months and then I crumbled…but I think with me, I could quite easily put on a brave smile and a brave face and say no, everything’s fine. I’m coping well, and I can hide it all and then when people walk out the door, then that’s when it’s … that’s when I’m at my worst. So I think the feeling is like, well, she’s coping fine because she’s not telling us, you know, every time she’d ask, I’d go, yeah, everything’s fine, and I’d be like walking around smiling and then when no-one’s seeing I’m exhausted and just couldn’t do it… You see, I couldn’t tell them anything. Because as soon as you’ve got social services, I thought, well, I’m not telling you because you’re just … you’ll just put everything down, log everything down…”

**Safeguarding Children**

The mental health problems that Molly experienced left her and her baby at considerable risk. This risk was identified by the staff at Gabriel Court. They took appropriate action and referred Molly and her daughter to statutory services. Molly’s daughter was subject to a child protection plan, but her continuing mental health left her unable to cope.

**MI1** “I don’t know. I had to go to this meeting and she just put her on a protection plan, and then I don’t know, I was that ill and I couldn’t take it all in… I just couldn’t do it anymore because she just wouldn’t stop crying…” “… stopped taking my tablets… So she went [into foster care] … I’ve been [heaps] better in myself and I know I can do it now when she comes home…”

Although Molly was devastated when her daughter was removed from her care, on reflection she agreed that having her baby accommodated was a positive outcome. It had given her the time she needed to recover from her mental illness and offered her the best possible chance of being reunited and living with her daughter independently in the future.

**MI1** “Obviously I’m glad it has happened… and I appreciate her more as well, now, she’s not with me all the time. I have actually got to really work hard, she’s not, they’re not just going to ring you one day and say, actually, do you want her to come home then, you know, it is a lengthy process to get her home, but I’ve got to do it because she’s so young and she’s only going to blame me when she’s older, when she says why didn’t you fight to get me back, and all that, oh, too busy going out getting drunk…”

Despite her daughter being accommodated, Molly was able to stay at Gabriel Court. She had continued to benefit from the support of her key worker and was looking forward to being reunited with her daughter in the near future. Molly went on to explain the important but difficult contribution that meticulous and transparent record keeping had made to her insight into the seriousness of her problems. The established practice of residents reading the written records of their meetings with staff was fundamental in helping her to understand that she needed help.

**MI1** “You have to read it back in your file so you’re reading all this stuff, it’s like, oh, that’s so bad… So I just stopped saying anything completely because I thought I don’t want to read all that, because it upset me. I think they did what they could, really, but I just wasn’t accepting the help, they were trying to help me. I see that now, but at the time obviously, the mess that I was in, I didn’t want any-one to get involved, that’s my baby…”

Reading the file back had made a difference to other young woman. Sally, who had received services from Gabriel Court and Tenancy Support but was now living independently, explained that reading her file helped her to see how much progress she had made.

**SFG1** “You read it back at the time, if you’re reading it back at the time you’ve just told them, it’s all right. But then if you get your file, because you can ask to see it, you get it and you see what you was like six months before and you’re like, I can’t believe I was like that, the stage I was at then and the stage I’m at now, I can’t…”
Developing Relationship Skills

Another important aspect of the women's accounts related to their own safety. In particular, the women talked about their experience of domestic violence and how they were being helped to overcome this. Many of the young women explained that they had ‘bad’ or difficult family relationships. This meant that they had impoverished social networks and inadequate social support. However, while not explicitly stated as part of the core offer from the services, the women also received help with managing interpersonal relationships. Key in this was the young women’s relationships with partners. As already discussed, many had experienced domestic violence and harassment from partners. Yet, they had repeatedly established relationships with men who had a history of being violent or had criminal records.

SFG2 “I was having trouble with my daughter’s dad at the time. She was just like always there to listen and everything. She’d tell me what to do, like she wasn’t just sat and listened, she did give me advice…”

Part of the offer from Action for Children staff was to help the women reflect on their situation and their choices and to sign-post them to appropriate collaborative organisations. Naomi’s history of domestic violence was already well known.

NiFG2 “the health visitor already knew because I was pregnant so as soon as you give birth it goes onto your records about whatever, domestic violence, so my health visitor already knew, because I’d rung the ... because he’d come up after the baby so the police obviously get in touch with your health visitor…”

Naomi had spent time at Gabriel Court but was now living independently with help from Teenage Pregnancy Floating Support. She had been signposted to a domestic violence service and was looking forward to learning more why she was attracted to violent men.

Kristy also recalled her experience of violence.

KFG1 “There was loads of guys that used to come in and like and they were all drug facilitated whatever - and they used to come and there was a guy that lived below us he got robbed two sheets and ...they wrapped him in sheets ... like put him in his bath with freezing cold water ... seriously. That was what I had to live with when I was pregnant and that made everything worse because I was on my own and I was just scared that something was going to happen…”

Molly had similar experiences.

MI1 “I’ve got a history of every time I have a boyfriend I have to have a police check on him and they’ve all had domestic violence on their thingy, so I’m a bit worried about my pattern of choice of boyfriends, so I’m really interested in this Freedom programme, or whatever it’s called and doing that, they’re starting that at ... Yeah, I’m going on a domestic violence course. Because my previous relationship had a lot of domestic violence so one of the recommendations in the court was I seek help with that, you know…”

Molly went on to explain that with help from the domestic violence services she was trying to break the cycle of domestic abuse.

MI1 “Like what to look for, the signs, a good relationship or a bad relationship, because all my boyfriends have all been in jail and that’s not a good sign of a relationship, is it, when they just getting out of jail for robbing a car, that’s not going to go anywhere is it? So that’s really what I speak to now, it’s a recognisable ... but I just like excitement really, that’s the bad thing…”

Her most recent boyfriend was the first one that had no previous criminal record:

MI1 “It’s alright actually, he’s the only one had a police check on and it’s come back fine ...he works as well, so that’s something…”

This suggested that Molly, like some of the other young women, was changing her behaviour and making better choices. In turn she was becoming more confident and this was helping her to become the mother she aspired to being.

Other young women explained that they had received support during difficult and emotional crises. Georgie explained that she was devastated when she found out she was pregnant for a second time. She explained why the help she had received during this time was invaluable.

GI1 “Well, there was one really, really important thing. It really, really upset me and you know it was devastating to me. Well what it was I found out I was pregnant again when Mia was about four month old and obviously I was really upset about it and I came down ... Kath wasn’t here at the time I think she’d gone out on her dinner and Jessica was here ...and I spoke to Jessica about it, I burst out in tears and she was saying you know, what is it that you want to do? You know, I’ll help you out with whatever choice you make and I decided I was going to have an abortion which I’m really glad I did because it turned out that it was twins…”
Friendships

The young women also reported that they had established friendships that they expected to last. While this was not always easy and at times contributed to ‘dramas’ (see Appendix A) their relationships with other residents provided a source of camaraderie that for some lasted some time.

SFG2 “but all the girls that lived here at the time, we’re all still mates now, because that’s like three years ago…”

JFG1 “there’s still...S, she lives in M, just round the corner from me, she was here when I was here – I moved before her though but she was here before I moved here. So she was here a lot longer than me but we still see each other now and we’ll stop have a chat, exchange phone numbers…”

This is an important finding, since Kidger (2004) suggests that teenage pregnancy can often result in the loss of peers or important friendships.

Moving to Safer Independence: Key Workers

The interpersonal skills needed by key workers were central to their professional relationship with the young women. Over time the relationships between the young women and their key workers became pivotal in moving the women towards safer independence. Their move towards safer independence was founded on the confidence, motivation and self-determination they derived from their relationship with their key workers. These provided a strong foundation from which they could acquire other skills which was essential since the context of their lives outside of Gabriel Court might remain unchanged. For example whilst the intensity of the threats that led them to Gabriel Court (e.g. family breakdown, domestic violence) might not have changed while they were engaged with the services, the input from key workers meant that their ability to deal with these threats had improved.

SFG2 “But I don’t know how they do it, but they make it dead approachable, like you can tell them anything, absolutely anything. I’ve sat there with my old tenancy support worker, and I’ve told her things that I wouldn’t even tell my best mate. It’s like... weird…”

MI1 “it’s friendly as well if you know what I mean. It’s nice to know that they care and it’s not just their job to them. It’s like they’d say, are you alright, you alright – you know like that?..”

They experienced their key workers as being non-judgemental.

SFG2 “But they don’t make you feel like you can’t tell them, like you split up with your partner and you get them back, you don’t want to go and tell your mum, you don’t want to like because your mum will go: oh, I can’t believe you again, they don’t make you feel like that…”

GI1 “Even though if they suggested something that I wasn’t happy with or didn’t want to go down that road they didn’t say, you need to go down that road. They still gave me the choice but just being able ... just being an adult now just being able to make my own choices…”

FG2 “No, because they don’t judge you, it’s not like when you tell someone and then you see them again and they judge you and they throw it back in your face…”

The key workers were valued and trusted confidantes.

GI1 “She was lovely as well. She was just making sure I was alright. She’d help me along a bit... because I wanted to do a house swap didn’t I – I wanted to move out of that house. So she helped me along with that…”

In part, the success of the key workers rested on their knowledge of the services that the young women could access. When the Key workers did not know where the young women could find appropriate help and support they found out.

GFG1 “You know if there was any advice that I needed – anything that I was unsure about you know she would look into it. If she didn’t know herself she’d go back to her office – she’d look into it – she’d come back up – she’d say, right I’ve looked on the computer – or you know, I’ve spoke to a colleague and this is what you do…”

That said, positive relationships between the key workers and the women were not always easy to establish; especially in the context of Gabriel Court. Given their histories, it was not surprising that some of the young women needed time to develop meaningful and trusting relationships with their key workers. As noted earlier, they sometimes found the degree of surveillance difficult to accept. The young women spoke of being guarded and cautious during their initial work with their key workers. However, in keeping with the findings reported in the Referral and Collaborative Staff Survey, the key workers persistence and non-judgmental approach paid dividends.
As the women moved towards independent living, consistent support from a nominated key worker continued.

Improved Lives (perceptions of a positive future)
Perhaps the most fundamental difference that the services had made to the lives of the young women was that they perceived themselves to have a positive future.

SFG2 “You only need confidence, you see when you’ve not got much confidence, you see, I was all right, I’ve got quite a lot of confidence. That’s a big issue. Well, when I first moved in here, because I was depressed, my confidence was really low…”

In response to being asked where they thought they would be had they not received help and support from the services, a number explained that their lives would have been very different.

SFG2 “I don’t think I’d be here, not me, if it was like that place there [the homeless hostel]...I wouldn’t be, I know I wouldn’t be…I don’t think I’d be here now if I wouldn’t have lived here”

NiFG2 “Probably the same, because these helped me get on track and then things happened with my partner…”

Still, for the women that had moved out from Gabriel Court there was evidence that they had moved on and had taken responsibility for their own independent lives.

M1 “I think in some ways though, you work harder, when you’ve got kind of less support for it. Because you’ve got to get it done, you can’t stay there [Gabriel Court]…”

SUMMARY
In summary, the individual and group activities revealed how the young women came to Gabriel Court in circumstances of extreme vulnerability which included family breakdown, domestic violence, sexual assault, homelessness, financial difficulties, or experiencing physical or mental ill health to varying degrees. Being pregnant meant that the young women experienced both stigma and the opportunity for a fresh start but they were vulnerable and at risk of harm. While young women could only move into Gabriel Court if they were entitled to claim benefits, earned enough to pay for their own place or their place was being funded by the Local Authority, being able to move into supported housing without the need for a financial deposit or rent bond, and, receiving help with benefit claims was key in helping the young women feel safe and secure. They aspired to having ‘normal’ family lives, being good enough parents, living in decent houses and being in stable family relationships. The positive contribution the services made to raising their dreams and ambitions while they were coping with the demands of adolescence and motherhood cannot be overstated.
Section 4 - Findings from Action for Children

DATA COLLECTION

We undertook an online survey with all Action for Children staff employed by the 3 services to gain their views particularly on the relationships with external referring agencies. The staff accessed the survey during a 10 day period in January 2011. All staff had access to the online survey via personal laptop computers provided by Action for Children. All 14 staff members were invited to participate, and 10 responded (a 71% response rate - see table 2).

Table 2: Respondents to Staff Survey by Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Gabriel Court</th>
<th>Pre-Tenancy Support</th>
<th>Tenancy Support</th>
<th>Deputy Manager</th>
<th>Total</th>
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</thead>
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<tr>
<td>Number of Respondents</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>1*</td>
<td>10</td>
</tr>
</tbody>
</table>

*Deputy manager across all 3 services

The questions in the survey included both open and closed questions and also provided respondents with the opportunity to comment upon their answers. The survey questions were developed from the Service Level Agreements (see Figure 1) and focused on length of service, referral agencies, communication, level of contact and partnership working with referring agencies and other community based organisations, and the extent to which the staff felt the services provided for the needs and safeguarding of the young service users. The survey data was analysed using simple descriptive statistics.

Figure 1: Referring Agencies

![Graph showing referring agencies](image)

FINDINGS

Length of Service and Referring Agencies/Organisations

Respondents had been involved for significant lengths of time and indicated a stable staff group with commensurate experience. More than 50% (n=6) had more than 5 years’ experience.
In the survey the respondents were asked to identify referring agencies and organisations. In keeping with the findings of Johnsen and Qullgars (2010) the survey responses demonstrated that referrals had a reasonably even distribution across health services, social care, homeless services, and Connexions.

**Communication between Action for Children services and other community based health and social care agencies**

The respondents were asked to rate their perception of communication between themselves and the referring agencies on a 4 point Likert scale ranging from ‘Very good’ to ‘Not at all good’. Six rated communications as ‘good’ and the remaining four rated communication as ‘very good’.

Analysis of the open responses revealed that many respondents thought their service was well-known and that they had developed good working relationships with the referring agencies.

“I have worked with many services for a long period of time and our service is well known to them. This supports good relations between referring agencies and ourselves.”

“We have good links with other agencies and have built this up over the years. We have protocols in place also to ensure clarity of roles and good practice.”

“Good working relationships developed over the years”

The respondents also commented on the information that was received from the referring agencies and that they would, when necessary, ask for additional information.

“All the agencies come to Gabriel Court on a regular basis and have good working relationships with all the staff. They usually have a lot of information about the referrals they give us which is helpful for us.”

“I feel communication is generally very good, we almost always ask the referrer to complete further [request for] information. Depending on the young person’s circumstance I can sometimes have a lot of communication with referral agencies, for example, health visitors where there are safeguarding concerns.”

However, not all agencies and organisations were reported to be as effective as others.

“My answer reflects an average. In general, communication between services is very good, however some are better than others, and some individual workers within services will communicate better than others.”

“Sometimes important information is not disclosed at referral stage which later impacts on staff as we have to then backtrack for information that we should initially have had.”

Still, the overall responses suggested that the staff had positive attitudes toward interagency working and that they understood the benefit of this for their young service users.

“Communication is crucial in providing necessary support to our service users and as advocates on their behalf it is important we have information available for them.”

“I find that referrers are generally willing to work in partnership and want the best outcome for the young person/family. That is generally why they referred in the first place; they understand the work we do and the support we can provide.”

The findings from the second and third biennial case reviews published by the DCSF (Brandon et al 2008) and the much more recent serious case review published by Birmingham Local Children’s Safeguarding Board (Birmingham Council 2010) have consistently pointed to the need for agencies from health, social care and the third sector to share information. Failure to do so hampers effective safeguarding practice. The respondent comments reported here suggest that there is still more to do with regard to information sharing. That said, it is noted that the Action for Children staff perceive that some agencies have risen to this challenge and established effective inter-agency and inter-professional relationships.

**Working relationships with other agencies/organisations**

The respondents were asked to rate their perception of their working relationships with other agencies/organisations using a Likert scale from ‘Very Positive’ to ‘Not Positive at All’. All respondents reported that their working relationships were either Positive (n=5) or Very Positive (n=5).
In keeping with the respondent views regarding information sharing, the staff had a positive attitude towards working in partnership with other agencies. These quantitative results were further endorsed in the qualitative comments made by the respondents: “I feel I have a close working relationship with other referral agencies.”

“Working in partnership with other agencies is key to supporting the families we work with. It enables us to utilise individual experience and expertise.”

Examples were provided of working in partnership “I feel that referrers are always kept up to date on the progress of their referral, and I often complete joint visits with other agencies.”

“They provide us with important information about new service users, and provide important back-up.”

**How do you feel about the level of contact you have with staff at referral agencies?**

In response to this question, nine respondents felt that contact was either positive (n=6) or very positive (n=3). One felt that contact was not very positive. Joint working was a key issue. “I feel we work well together, particularly where joint working is done - for example, during CAFs.”

“Generally very positive, and they will work with us to clarify issues and, when appropriate, commit to joint initial visits.”

Communication was another major factor. “I feel that staff know how to contact me with any queries and I always call people back. I keep agencies informed of significant changes with the young people who I am supporting.”

“Over the years we have built up good links and named persons to ensure consistency of service and ensure we are kept updated with any changes in services.

I feel able to call most staff from referral agencies with queries about referrals knowing they will get back to me or provide me with the information I need. Most are present at CAFs or other meetings we have at Gabriel Court, and their input is important to the way we support our service users.”

“How would you rate communication between yourself and other agencies?”

When asked to rate their communication with other agencies, all respondents felt that communication was either good (n=4) or very good (n=6). “Again over the years we have developed good working relationships with the above mentioned.”

“In my experience my communication with the above has been positive, some I have only had limited contact, or previous contact - such as SVHA. I find that phone calls are returned etc, and I feel communication to be very good.”

“Generally very good - there is usually the same commitment to supporting the young people we are working with.”

“Our local agencies are in touch all the time with service users.”

However, efforts were needed to maintain effective communication, “I feel that the communication I provide is very good although some of the other agencies do not always return calls or it can be difficult to get through to them in the first place.”

**Identification of Partnering Community Based Services**

Respondents identified a wide range of relevant services with which they worked.

- Teenage parent midwife
- Teenage parent service
- Parent support team
- Connexions
- Child care services
- Young parent support worker
- Specialist health promotion
- Supported housing service
- Children’s social care
- Young person’s social work

“It depends on the work involved, I have had high level of contact with some, for example if there have been concerns re the tenancy from a housing officer, sometimes there has been weekly or fortnightly contact.”
How do you feel about your work in partnership with other agencies?
The respondents felt that partnership working was either positive (n=4) or very positive (n=6).
“In general these relationships are good.”

“I often complete joint visits with health visitors and include them in CAFs.”

“Over the years evidence suggests this is the only way forward and the importance of good communication and partnership is crucial.”

“Whenever I have had contact with health visitors it has been extremely positive, calls are returned promptly, joint visits arranged and attended and I feel they have valued and understood the support that we offer.”

“Often we will be dealing with issues according to our individual roles but when working in partnership is appropriate relationships and communication is very good and productive.”

What are the benefits from working in partnership?
When asked about the benefits of partnership working the respondents identified a range of positive benefits for young people from the service.

- Speedier responses for young people and their families.
- More appropriate service provision for young people and their families.
- Improved communication.
- More information-sharing.
- Increased work satisfaction.
- Improved inter-professional working.
- Better outcomes for young people and their families.
- Better use of resources.

This was emphasised by one respondent who wrote, “I cannot see a better way to support young people than working together it makes sense to do so to enable best possible outcomes and offering service users every support network available to them.”

Do you agree that your service shares common aims and objectives with other agencies?
All respondents either agreed (n=6) or strongly agreed (n=4) that there were shared aims and objectives.

“Yes the outcomes for the young people we work with is paramount.”

“There are always pressures within individual workplaces that will be different due to nature of job. However, I believe we all share the same aims and objectives when it comes to best outcomes for young people.”

“On the whole I think they do, some individuals don’t quite see the bigger picture for some vulnerable young people; but on the whole, yes, I agree.”

“Generally yes - I think that is why we receive referrals from these agencies. However I do feel that some services are target driven and lose the ability to remain focused on the individual.”

“This transpires through discussion and service delivery.”

There is considerable agreement in the literature that worker relationship effectiveness is key to improved outcomes for children and families (Canavan and Coen et al 2010, Robinson Atkinson and Downing 2008, Frost and Robinson 2007, Glennie 2007)

Do you think the service confidently meets areas of support for young people?
In nine out of ten attributes, all ten respondents agreed that the service met the requirements. In the matter of risk assessment, one respondent disagreed.

Is there any aspect of your work you find particularly difficult regarding the needs or safeguarding of the young people you support?
In response to this question a number of internal issues were raised.

“The amount of paperwork is difficult; however I can understand the need to document the work we do for safeguarding purposes.”
“No, we have clear policies etc to follow in terms of safeguarding, I don’t find this difficult.” “Needs are assessed at interview and regularly at reviews.”

“Identifying visitors to the project at Gabriel Court. If they use false names and do not show ID I cannot be sure they are who they say they are.”

In addition, some external factors posed some challenges.

“Child care services do not always return phone calls or let me know in advance about core group meetings.”

“Obtaining a service from Child Care Services once referral submitted, usually find referrals are NFA.”

“Lack of resources when young people need alternative support services - work not being completed. Child care services not communicating consistently.”

“The gaps we have identified which prevent young people move on are; waiting lists for counselling services is increasing as levels of need for counselling also increases - access to child care to attend meetings or college etc.”

“Increasing number of young people relying on private landlords for accommodation. Some of which is of very poor standards and potentially dangerous, and some of the landlords will act outside of housing law.”

What would help improve this difficult aspect? However, the respondents offered some practical solutions regarding both internal and external factors.

Internal

“If paperwork could be cut back in some way and more hands -on work with service users was possible.”

“ID presented by all visitors, perhaps, and we logged them in and out.”

External

“Better communication from child care services.”

Please suggest one thing that would improve the experience of young people and their families who require these support services.

When asked to suggest one thing that would improve the services the staff were able to suggest a number of possibilities, both internally and externally.

Internal

“I believe we meet our goals in supporting young people reach their potential.”

“More workers on pre-tenancy support service so young people do not have to wait so long for a service.”

“Access to child care to enable young people to enable them then to access other support networks and activities.”

“Shorter waiting times before being able to access the support needed.”

“Group work to be undertaken by floating support service.”

External

“For each referral to be clear, possibly before interview, about exactly what we do, some young people have thought we work for housing etc. Obviously it is very soon explained what we do etc. I can’t really think of anything else.”
“Speedier claims for benefits, ie: a direct route for named agencies to avoid young people who have just moved in building up debts.”

“More provision. More flats for young people. New building to be constructed and then run by Action for Children.”

“Greater resources for adequate housing.”

**If there was one thing to improve partnership working, what would it be?**

Their response to this question related to interagency working.

“Maybe more chance to network with other services.”

“Better communication from child care services. We have a sharing information agreement which the young people sign - it would be useful if they also had one which named Action for Children.”

“I think we do try to keep links with other agencies and services and review our protocols regularly.”

“Maybe more joint visits; although this is very time-consuming and requires more planning.”

“Work with CCS to develop a protocol re communication.”

“Better email contact between professionals.”

“Nothing: partnership working with these services is to a very high standard.”

**Anything else?**

The final question asked the respondents to comment on any aspect of the service.

“I am proud to work for the tenancy support service and I consider the work we do as vital to the people we support. I see around me dedication among the people I work with and value the support I receive from management in fulfilling my work load.”

“Without the services vulnerable young people who often have no other source of support will struggle to maintain their homes. They will often have less opportunity to reach their full potential because some do not have a positive adult figure to promote their welfare and build confidence, skills, self esteem etc.”

“We are all committed and driven to going that extra mile for the young people we support.”

“We also support service users on a drop in basis after they have signed off our service. This should perhaps be acknowledged and funding provided for this aftercare.”

**SUMMARY**

The Action for Children staff were universally positive about the outcomes of the services, their working relationships with referring practitioners and agencies, and the effectiveness of communications. They found that they shared common aims with the referring agencies and with other organisations with which they worked in partnership. This alignment of purpose and aim was important to all. They saw the needs of young people being met and their progress into successful tenancies and family life.
Section 5 - Findings from Referring Practitioners

DATA COLLECTION
Referring practitioners from relevant agencies were invited to provide their perspectives on their experiences of referring into the service, in particular, about their relationship with the three services and the benefits to service users. Contributions could be made by telephone interview, online questionnaire or by hard copy of the same questionnaire. Eleven practitioners replied.

FINDINGS

The nature of the respondents and their roles
Two respondents were from Early Break which provides drug and alcohol services for young people. One was from an independent housing organisation, four were from Surestart services, three were from Rochdale Council services, and one was from the NHS acute trust.

Their roles were varied, including debt management and financial advice for young tenants; maintenance of failed tenancy; health service for teenage pregnancy; access to education and employment; running parent groups; substance misuse services; and support at home and in the community for pregnant teenagers or young parents.

How many young people have you or would you expect to refer to Gabriel Court in any 12 month period?
Four of the respondents were unable to answer since their organisation had not made any referrals.

“Not referred as no appropriate young people. Part of my role is to link with Gabriel Court.”

“Been in post twelve months and have not referred anyone. Cannot say how many expect to refer.”

“How many young people have you or would you expect to refer to pre-tenancy support in any 12 month period?
Six respondents had made no referrals to this service. One wished to make a comment anyway, and a second explained why there were no referrals.

“We don’t have many appropriate young people in the service. I would refer if necessary. The services have a really good reputation for support. The Pre-tenancy in particular is really important encouraging young people to gain a tenancy with support. I sit on the Rochdale Housing Forum. I like the way Lesley (service manager) talks about service users, always very positive.”

“Do not refer now (did do so previously) because I now refer on to ‘Young Parent Worker’ employed by local council, If young woman expresses an interest, maybe living with partner.”

Others indicated the reason for their referrals. In each case, the referrals clearly matched the criteria well.

“I actually inherited the one case where I have dealings with Gabriel Court. A homeless pregnancy

young person whose mother wouldn’t let her live at home. She was estranged from her father. No support.”

“Referral due to family breakdown, homelessness, can’t get housing or parents don’t want them living at home, or have a chaotic lifestyle - Gabriel Court offers stability.”

“Young parent who wants to live independently on the way to tenancy Family breakdown.” “Domestic violence Sofa surfing Homeless.”

“Living with parents, relationship broken down, lack maturity for tenancy, waiting list for tenancy, vulnerable, broken down tenancy about to be homeless.”

“Vulnerable and young people who meet the criteria. One individual with learning difficulties for nurturing and more intense support.”

“Homeless Unable to stay with family.”
Two had made between 1 and 5 referrals. Two more had made between 11 and 15 referrals. The reasons for referral included:

“Young couples as partner can’t go to Gabriel Court so pre-tenancy supports access to tenancy as a couple don’t meet the threshold of Gabriel Court individuals who are more able.”

“Similar situation to Gabriel Court. Living with parents; vulnerable; courses to get ready for tenancy; prepare for housing interview; some individuals referred to pre-tenancy support and Gabriel Court.”

“More needy; need-tailored service; finance; life skills; and pre-tenancy support.”

“How to stay. Living in an environment where they can’t stay and need more specialised support. Overcrowding. Extended family not suitable. As part of the package includes reference to gas and electric 6 week course.

How many young people have you or would you expect to refer to the teenage pregnancy floating support (tenancy support) in any 12 month period?

Seven respondents had made no referrals, while two had made between 16 and 20 referrals. Reasons for referral were offered.

“Young couple with own tenancy or young mum struggling with budgeting, finance, repairs, tenancy.”

“When they have a tenancy. Slightly older ones who are not coping. Debt arrears, chaos. Not keeping clean. Depression. Wrong or unsuitable property (first floor). Poor at budgeting and maintaining the property.”

“We can’t visit every week.”

Services were overwhelmingly positive about their expectations being met.

“I didn’t really have any expectations (re 1) as I hadn’t worked with GC before. When meeting with the GC worker (Lesley) and the young person everything was made clear. We discussed our approach before meeting the young person together. They offered over and above what I would normally expect. She was given advice about other properties, other agencies, hygiene standards, safety in terms of who she associated with. She didn’t always take their advice.”

“I worked as a support worker briefly four years ago and moved into research and evaluation with the local council and then into teenage pregnancy service manager. However, tenancy and pre-tenancy support are absolutely fantastic. It was a tremendous relief when it came in. It freed up time for me to attend to other aspects of my job not related to housing. Standards and expectations are met across all three services.”

“Gabriel Court exceeds expectations.”

“My pre-tenancy support and teenage pregnancy floating support feedback is based on previous experience, not current. With Action For Children services I can now concentrate on my own job. I used to do all the chasing around for support that Action for Children now provides.”

“All services are beneficial.”

How would you rate the communication between yourself and the service(s)

(1=extremely poor; 10=excellent)

Nine practitioners graded their communication with Gabriel Court.

- Two graded it at 10
- Three graded it at 9
- Two graded it at 8
- Two graded it at 7

Six practitioners graded their communication with Pre-tenancy Support.

- Four graded it at 10
- One graded it at 9
- One graded it at 8
Three practitioners graded their communication with Tenancy Support.
- One graded it at 10
- One graded it at 9
- One graded it at 7

How would you rate the your partnership working with the service(s)
(1=extremely poor; 10=excellent)
Nine practitioners graded their partnership working with Gabriel Court.
- Four graded it at 10
- One graded it at 9
- Four graded it at 8

Six practitioners graded their partnership working with Pre-tenancy Support.
- Four graded it at 10
- Two graded it at 9

Three practitioners graded their partnership working with Tenancy Support.
- One graded it at 10
- One graded it at 9
- One graded it at 7

Respondents were clear that there were significant benefits from partnership working. Working together for the maximum benefit to the young people was highlighted, as well as making the respondents familiar with the range and quality of services delivered. Clear, multi-agency working has benefits for effective safeguarding (Glennie, 2007) and the respondents identified that this was occurring.

What have been the benefits for the young people of working in partnership with Action for Children services?

“Access to services. Takes away referrals going to different agencies by providing one comprehensive service. Drop-in sessions are way of getting over the reluctance of young people to engage with drug and alcohol services. This takes away barriers to engagement.”

“It kept her off the streets. Her mental health issues affected her functioning really, they gave her medication advice (she was non-compliant). They really persevered with her. They tried to ensure that she kept her baby. Even when the baby was taken into care they worked solidly with her to help her get the baby back. I was very impressed with (Lesley). She had a good grasp of the issues and systematically addressed them. She never gave up on her. When she lost her contracts she drew up another, and tried again. Took account of her mental health issues. She was very professional, firm but fair. She gave the young people a chance to speak up, and she listened, she was respectful.”

“Their work is crucial work. It is a difficult time for these young people. Action for Children stick with it where lots of services don’t.”

“Young people are more prepared due to tenancy support, less likely to fail, otherwise much more likely to experience tenancy breakdown.”

“Able to access child care to continue with college. Gabriel Court supports the young person so that she can access Early Break services, and other required services. Without the support of Gabriel Court, the young person’s child would be in care, and she would be homeless. Gabriel Court is pivotal, particularly for young person with complex needs. The support from Gabriel Court is important for young vulnerable girls.”

“Stability, constant presence of another person, like a second mum, but not mollycoddled. It gives them incentives and promotes independence.”

“Without these services more young parents would be struggling with tenancy.”

“Tenancy. Increases confidence. Better money management and less debt. Less chaos in tenancy.”

“Able to tailor needs. Specifically designed services. Enabled and empower to build self esteem, confidence, and active role in society.”

“Co-ordinated services, young people see you working together.”
What have been the benefits for you or your organisation of working in partnership with Action for Children services?

In response to this question the respondents pointed out the many benefits that the Action for Children services brought.

“There would have been nowhere else for the YP or her child to go. The child might have be listed for adoption but we were able to parallel plan. The child is in care now but would have been removed at a much earlier point, and they are working with the YP with a view to her being returned. The YP relationship was one of domestic violence. The child might have been injured or even died in a domestic violence situation. The YP associated with some very undesirable people, certainly not people you would want in a child’s company. There were absolutely no positive influences in her life before she moved to GC. I couldn’t see a positive prognosis for her life situation.”

“When you phone AFC services you are not passed around - they deal with it or ring you back. They got to know what we were trying to do and we got to know what they were trying to do. They helped us developed our pre tenancy plan. We get better prepared young people who don’t mess up tenancies and in short we save money.”

“Action for Children bring a different perspective (different to LA or NHS). They bring a lot of expertise, helping to achieve strategy aims, absolutely instrumental in this. Involved as partners. have received support from them, information. Positive. Work with Lesley at local strategy level, excellent communication and excellent partnership arrangements. Do have concerns over future partnership re: abandonment of TPS by government. Currently the infrastructure of partnership is being dismantled, and it will become increasingly difficult to work in partnership in future.”

“Gabriel Court facilitates use of other services, eg: my own. Support worker will accompany young person to a new service until feel comfortable going on their own.”

“Our organisation provides housing and this age group was new to us. Their help and commitment was invaluable.”

“Lots! Plugged a big gap in the service - otherwise there would be more homeless pregnant teenagers.”

“If they weren’t there we would take on their services so we would be overwhelmed, cut corners, not enough capacity. Improving lives of people. Value their expertise with respect to Community Care grants, housing system, source of information.”

“Puts your mind at ease. Right people, and they care about young people and value them and their safety, treating them as an individual.”

“Support mechanism. Keeps you up to date with changes in legislation or services and current initiatives. More expert in housing.”

Canavan and Cohen (2010) and Frost and Robinson (2007) amongst others have identified that in order to be effective in delivering services to meet the varied and complex and varied needs of families and their children, health, social care, education, law enforcement and housing are just some of the agencies who will need to be involved.

Have you received any feedback from the young people regarding their experience with Action for Children services?

In answer to this question the responses mirrored the comments of the young women.

“Staff are there for the young people. They can ask questions. Also peer support from other residents. One young woman was fearful of giving birth. The others supported her in talking about this.”

“This young woman likes (Lesley). She can be manipulative and try to pull the wool over the eyes of new staff, but Lesley is very clear and firm with her, and she challenges her behaviour. That works for her.”

“Feels ‘safer’, more than young person would in their own flat. Able to make friends with others girls with children - young new mums. Someone to ask when you need help - someone being available all the time.”

“One girl, missed by education system, about 15/16 years old, living in various places, of drug-using parents. When she went into Gabriel Court she said that she ‘felt like a princess’. She was very grateful.”
“Mostly positive. They value support from Gabriel Court. Very beneficial in transition to tenancy.”

“Generally positive Just all the practical advice. Sorting them out. Have to meet basic needs first. They can’t attend a Surestart session if they’ve got housing problems.”

“Love Jessica - pre-tenancy support; straight, direct and does what she says she is going to do.”

“They assess their needs on an individual basis.”

The respondents identified particular aspects of the service delivery that they considered invaluable, including the importance of the relationships with the young people and their commitment. This is supported by the research evidence about effective engagement and outcomes for services (Frost and Robinson, 2007).

In your professional judgement, what do you think that the consequences would have been for the young people if they had not had access to the Action for Children services?

Again, when asked what the outcome for the young women would be had the services not existed, the participants drew conclusions similar to those for the young women.

“They would be living in poor accommodation. Not having support would have been difficult with tiny children. This is a very good service and I would refer if needed.”

“We would have to try and find another service for her but there aren’t many. I don’t think there would have been anywhere to put her.”

“It’s difficult to say but in a nutshell the consequences for young people would be grim. Young people are up against it. Without intervention there would be tenancy failure, debt and misery.”

“Increase in rent arrears, increased evictions, abandonment, young people would experience more difficulties, financial, more tenancy breakdown.”

“Child would be in care, spiralling drug and alcohol use, no support, and homeless. Particularly important when parental home is not safe. Could not manage tenancy on their own. Usual homeless places not appropriate, would become increasingly vulnerable.”

“Theyir lifestyle would continue to be chaotic.”

“Increased homelessness in Manchester. Where do they go from there? Inappropriate accommodation. Gabriel Court gives the girls time.”

“If Action for Children not been there young person would have gone up the threshold. Chaotic. Children’s social care would have been involved as they reached the higher threshold.”

“Long waiting list for Action for Children services. Pre-tenancy has only one worker but you can ring up for advice in the meantime. More homeless if not there. More debt. More depression.”

“Awful homeless. Put into adult areas. Appalling long term mental health effect.”

“This is a vulnerable group. I would not like to think what would happen to them. Homelessness is a real possibility for those who are not homeless yet risk losung the property and for those who are already homeless getting into deeper trouble.”

SUMMARY

Referring practitioners valued the personal response that they experienced from Action for Children staff, and particularly the manager – who enthused them and instilled confidence in the rigour and sensitivity of the services on offer. They had found that young people who had used a service and then returned to the care of the referring agency had experienced positive relationships with staff and been enabled to make vital changes in their lives. The alternative to the availability of the Action for Children services was mostly perceived to be dire – in terms of the future of the young people, the outcomes for their children, and the effectiveness of their own services.
Section 6 - Findings from Outcomes Data

A number of sources of outcomes data were made available, including demographic data about cases from Gabriel Court, service user questionnaires for Pre-tenancy and Tenancy Support, evaluation of the Home Alone course, and Rochdale DIAL data for all three services. Together these provided crucial insights into both achievement of objectives and service-user satisfaction.

Demographic Statistics (Gabriel Court)
From 33 closed cases with complete data available…
- the longest case duration was 519 days (17 months);
- the shortest case duration was 31 days (1 month);
- the average stay was 197 days.

**Table 3: Ethnic Origin**

<table>
<thead>
<tr>
<th>Ethnic origin</th>
<th>White British</th>
<th>Mixed White-Caribbean</th>
<th>Pakistani</th>
<th>Black African</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Number</td>
<td>1</td>
<td>45</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Percent</td>
<td>90.2%</td>
<td>5.9%</td>
<td>1.95%</td>
<td>1.95%</td>
</tr>
</tbody>
</table>

**Table 4: Gender and Age**

<table>
<thead>
<tr>
<th>Age</th>
<th>&lt;14</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>19</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>19</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Percent</td>
<td>5.9%</td>
<td>7.8%</td>
<td>13.7%</td>
<td>37.3%</td>
<td>13.7%</td>
<td>5.9%</td>
<td>9.8%</td>
<td>1.95%</td>
<td>1.95%</td>
</tr>
</tbody>
</table>

Outcomes from Rochdale Dial
The Rochdale DIAL scoring system is based on the Outcomes Star designed by Triangle Consulting for the London Housing Foundation. It represents a means to establish the degree of direction of change in an individual's (or family's) “journey of change” from dependence to independence. It focuses on 10 outcomes areas covering affect, skills, and health and wellbeing. An important aspect of the process is that service users are actively involved in scoring their own progress in each of the 10 domains. This is facilitated by a scoring chart in the shape of a star (or dial) with scores from 1 (most dependence) to 10 (most independence) radiating outwards from the centre. A series of steps are integral to this, indicating phases in the journey. Not every service user will transition through all stages, since in various domains individuals may already be independent or part way through the stages on commencement of engagement with the service. Service users assess themselves periodically with help from staff, recording scores in each domain from 1 to 10.

The average start and finish scores in each domain for completed cases are presented in Figures X-Y. A total of 153 cases could be included. Cases in which little time had been spent in engagement with the service (such that first and second scores were close together in time and were almost identical), and cases in which only a single score was available were excluded. The length of engagement varied considerably, but in each case the first score and the final score were used to calculate the change in score from start to finish of engagement. Several practitioners were involved in these cases, but the cases have been pooled for an overall review of achievement in each service.

The DIAL scores in all three services indicate a sustained movement towards independence and the ability to maintain a tenancy. The ten domains relate closely to life challenges and corresponding skills, and some are likely to be linked. Offending behaviour was an issue for very few of the service users.

**Figure 2: Average start and finish DIAL scores by domains: Pre-Tenancy Support (n=45 cases)**
Figure 3: Average start & finish DIAL scores by domains: Gabriel Court  (n=54 cases)

Figure 4: Average start & finish DIAL scores by domains: Floating Support  (n=54 cases)
Snapshot Surveys of Service Users: Pre-Tenancy Support

Questionnaires were distributed to 30 service users, 10 each for the periods October 2008, September 2009 and June 2010. Twenty-two responses were received, a response rate of 73%, only just short of the target rate of 75%.

Table 5: (A) Questions about the Pre-Tenancy Support Service

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you clear about what the Service can offer you?</td>
<td>Yes = 100% (n=22)</td>
</tr>
</tbody>
</table>
| 2. Do you feel you were given enough information about the service from the beginning? | Yes = 95% (n=21)    
                              Unsure = 5% (n=1) |
| What other information about the service would have been useful?        | Everything was covered |
| 3. Do you know how to contact the service?                              | Yes = 100% (n=22) |
| 4. Do you know that the service keeps all the information we have about you, and details of the work you have done with the service, in a file? | Yes = 100% (n=22) |
| 5. Do you know how to complain if you are not happy with any aspect of the service? | Yes = 77% (n=17)    
                              No = 23% (n=5) |
| 6. Do you know how to make a suggestion for improving the service?      | Yes = 86% (n=19)    
                              No = 14% (n=3) |
| Do you have any ideas about how we could make it easier for people to make suggestions or comments about the service? | Leave a suggestions/comments book at reception  
                              Web page  
                              No I think the way I get support is just great. |
| 7. Do you know how staff are expected to respond if they have any concerns about how a child is being looked after? | Yes = 68% (n=15)    
                              Unsure = 36% (n=3) |

Table 6: (B) Questions about your Service Plan and Worker

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| 1. Do you know if you have a Service Plan?                              | Yes = 86% (n=19)    
                              No = 5% (n=1)    
                              Unsure = 9% (n=2) |
| 2. Do you think that the plan shows clearly the things you want to do or change? | Yes = 86% (n=19)    
                              No = 5% (n=1)    
                              Unsure = 9% (n=2) |
| 3. Do you feel you are involved in the planning of your Service Plan, and your voice is heard? | Yes = 86% (n=19)    
                              Unsure = 9% (n=2) |
| 4. Do you think that the Service Plan helps you and your worker plan the things you both need to do? | Yes = 86% (n=19)    
                              Unsure = 14% (n=3) |
| 5. As well as the things written in your Service Plan, do you feel you also get support on the unplanned things that happen, eg: an unexpected bill, problem with benefits? | Yes = 86% (n=19)    
                              No = 5% (n=1)    
                              Unsure = 9% (n=2) |
| 6. Do you know that you can ask for your Service Plan to be reviewed at any time? | Yes = 86% (n=19)    
                              No = 5% (n=1)    
                              Unsure = 14% (n=3) |

How would you describe your Pre-Tenancy Support Worker?
All replied that the worker was “Always” On time when visiting; Respectful; Listens to you; Fair; Helpful; Supportive; and Reliable with only one exception. One respondent said that their worker was “Mostly” on time when visiting.
Table 7: (C) Questions about whether the service has made a difference to you

Service users were asked what difference the service made in the areas listed below. They were instructed to ignore items that did not apply and to add items not in the original list.

<table>
<thead>
<tr>
<th>Area of Work</th>
<th>A Lot of Difference</th>
<th>Some Difference</th>
<th>No Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing your money</td>
<td>59% (n=13)</td>
<td>9% (n=2)</td>
<td>9% (n=2)</td>
</tr>
<tr>
<td>Sorting out debts</td>
<td>32% (n=7)</td>
<td>23% (n=5)</td>
<td>9% (n=2)</td>
</tr>
<tr>
<td>Sorting out benefits</td>
<td>86% (n=19)</td>
<td>5% (n=1)</td>
<td>9% (n=2)</td>
</tr>
<tr>
<td>Helping you with housing applications</td>
<td>86% (n=19)</td>
<td>9% (n=2)</td>
<td>5% (n=1)</td>
</tr>
<tr>
<td>Understanding rights &amp; responsibilities of having your own home</td>
<td>86% (n=19)</td>
<td>5% (n=1)</td>
<td>5% (n=1)</td>
</tr>
<tr>
<td>Linking into education and training</td>
<td>36% (n=8)</td>
<td>23% (n=5)</td>
<td>9% (n=2)</td>
</tr>
<tr>
<td>Finding out about your local community</td>
<td>32% (n=7)</td>
<td>18% (n=4)</td>
<td>5% (n=1)</td>
</tr>
<tr>
<td>Other – please describe: Budgeting Finding a nursery place and sorting out payments Private Landlord Homes</td>
<td>9% (n=2)</td>
<td>5% (n=1)</td>
<td>5% (n=1)</td>
</tr>
</tbody>
</table>

Figure 5: Cumulative responses – “Has the service made a difference to you?”
Do you have other comments or suggestions to make about the service?

It’s very helpful.
I don’t know what I would have done without my support worker.
No I’m happy with the service as it is.
No, I like the way it is helping me with money, debts and training.
I think the service is helpful.
I think that the service is very helpful and it helps a lot of people out to understand and cope with being a tenant.

Comments from Service Provider

Some service users are unclear about some aspects of the service. These are identified and will be responded to individually.
Need to add length of time with service to the questionnaire so that this can be used to better understand the information given.
The questions re what difference the service makes need revising – there is no indication from this as to whether some of the scores reflect a lack of need in a given support area or whether the service did not meet the need.
Feedback on the service is good in terms of understanding of what it is about.
Feedback on the worker is very positive and links to high engagement levels achieved in the service.

Overall Outcome

There was clearly overwhelming support for the service, and for the attitude and competence of the staff. Where respondents were unsure, this was usually because of recent engagement with the service. That some respondents were unsure of the Action for Children worker’s responsibility is of little concern given the clear statements that service users felt involved and experienced a positive relationship with the staff. Positive responses were experienced to suggestions and comments, and evidence was to be found of positive action to respond to these suggestions.
**EVALUATION OF THE HOME ALONE COURSE**


**Total Number of sessions**: 25

**Service User Attendance**

A total of 28 service users were invited onto the course, which consisted of between 4-6 sessions. Whilst one third did not attend any of the sessions, the remaining service users (n=19) attended at least 3 sessions, with the majority attending 4-5 sessions.

The course content included Benefits and grants; Budgeting in your own home; Planning a weekly menu and shopping list; Utilities; Housing rights and responsibilities – reporting repairs; Dealing with neighbours – managing disputes; Safety in the home; Completing housing applications; Recap and where do I go from here?

The selection criteria varied only slightly from cohort to cohort and focussed mainly on…

- Those needing support to understand housing and tenancy issues;
- Those who would be able to sustain coming to a five / six week session so were generally quite stable;
- Same age, service users aged 17 or just turned 18;
- All were looking for their first tenancy but one participant during the course disclosed that she had had a previous failed tenancy;
- Those women who were pregnant;
- Those women were living in the family home;
- Those who did not have any housing registrations, who were at the same level in terms of no housing applications being made.

**Support Worker Review**

Overall, the support worker review suggests that the courses ran well and that participation was good. The exercises were helpful, particularly the Key to Door resource, and could be adjusted according to group numbers, group dynamics and to promote service user engagement. A consistent observation was that forms completion by attendees may be challenging for those who lack confidence in or who possess poor literacy skills.

Reasons cited for non-attendance included ill health, acquiring tenancy, birth of baby, child care, and fitting the course into college work. Bringing together service users at the same stage made delivery easier. Overall, the programme appeared to meet service users’ needs and all service users would recommend the programme to others.

**Example of something that worked well:**

home work, weekly menu and shopping list exercise, HA/RBH and Private tenancy agreements, material from Key to Door toolkit, eg: exercise on benefits, housing problems scenario.

**Example of something that didn’t work well:**

nothing identified, whether or not specific activities worked well depended on size of the group and dynamics.

**Participant Outcomes (n=19)**

- Offered tenancy: 26% (n=5) [21% (n=4) RBH 5% (n=1) Private]
- Awaiting offer: 5% (n=1)
- Still living at home: 58% (n=11) (For many, this required ongoing support)
- Moved into Private tenancy: 16% (n=3)
- Moved into RBH tenancy: 5% (n=1)
- Signed up for re-housing: 16% (n=6)
Table 8: Summary Service User Evaluations of Programme (n=19)

<table>
<thead>
<tr>
<th>(Score from 1-5, with 5 being the highest, the degree to which the service had helped in specific areas)</th>
<th>Lowest</th>
<th>Scores</th>
<th>Highest</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To improve knowledge of being a tenant – your rights and responsibilities</td>
<td>0%</td>
<td>5%</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td>(n=1)</td>
<td>(n=5)</td>
<td>(n=13)</td>
</tr>
<tr>
<td>2. To feel confident in budgeting in your home</td>
<td>0%</td>
<td>0%</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>(n=0)</td>
<td>(n=6)</td>
<td>(n=12)</td>
</tr>
<tr>
<td>3. To find out what housing options are available for your housing needs</td>
<td>0%</td>
<td>0%</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>(n=0)</td>
<td>(n=4)</td>
<td>(n=15)</td>
</tr>
<tr>
<td>4. To know what benefits you are entitled to and how to claim them</td>
<td>0%</td>
<td>5%</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>(n=0)</td>
<td>(n=1)</td>
<td>(n=2)</td>
</tr>
<tr>
<td>5. In setting up your home:</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>a. Have had opportunity to learn about the things you will need to do</td>
<td>0%</td>
<td>0%</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>(n=0)</td>
<td>(n=6)</td>
<td>(n=12)</td>
</tr>
<tr>
<td>b. Have had opportunity to think about what you will feel like when you move into your new home – hopes and fears</td>
<td>0%</td>
<td>0%</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td>(n=0)</td>
<td>(n=7)</td>
<td>(n=12)</td>
</tr>
<tr>
<td>c. To know what services are there to support you with your move</td>
<td>0%</td>
<td>0%</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>(n=0)</td>
<td>(n=8)</td>
<td>(n=10)</td>
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Overall, service user comments indicate that they found the course informative, helpful and useful and this is reflected in the very positive evaluations above.

Summary Individual Assessment Questionnaires (N=19)

Participants were asked to assess their skills and perceptions of themselves in a number of areas and they were then asked to complete a second questionnaire to record any positive changes.

Items indicating a positive change

- Knowing when to ask for help 74% (n=14)
- Knowledge of tenancy agreement 74% (n=14)
- Increased assertiveness 68% (n=13)
- Confidence in knowing how much it costs to run a home 63% (n=12)
- Confidence in talking to people 63% (n=12)
- Anxiety about owning own home reduced 58% (n=11)
- Confidence in decision making 47% (n=9)
- Completing forms 42% (n=8)
- Confidence in rights and responsibilities 37% (n=7)
- Working as part of a group 21% (n=4)
- Being on time for appointments 16% (n=3)
Service users indicated that they would recommend the course to others.

**Comments about the Support Worker:**

Comments are consistently positive. The Support Worker was described as ‘very good’, ‘excellent’ helpful and kind. She was seen as being approachable, ‘good to talk to’ and helped service users to develop a better understanding of tenancy.

**SUMMARY**

The outcomes data for all three services shows consistent success in promoting independence in service users. DIAL scores in all ten domains demonstrate enhanced capability and independence following engagement. Although substance misuse and offending behaviour were problematic for very few service users, when these issues were present they had a significant negative impact on progress, though mostly slowing the pace of achievement rather than preventing success completely.

Snapshot surveys and end of course evaluations repeatedly indicate the positive regard that service users have for the Action for Children staff, appreciating their efforts and persistence, and commending their attitudes. The result of this trusting relationship and confidence in the competence of the staff led to high levels of engagement. Service users valued the skills that they had acquired and felt more confident to take on their own tenancy.
Section 7 - Costed Cases

CASE 1

Reason for referral to the service
Donna (age 22) was referred by Housing Officer (HO) concerned as Donna had moved from a hostel in Manchester following incidents of domestic violence in the property she shared in Bury with her ex-partner. Donna had previously lived in Rochdale before moving to Bury.
- Donna had fled a relationship with DV and was living in a Manchester homelessness accommodation and then re-housed to Langley.
- Donna was then very isolated, and neighbours reported concerns over hearing rows and arguments. HO had never met with her and had concerns in relation to her garden being unkempt. Nobody had had any sightings of either Donna or her child. At the point of referral to TSS, HO were considering making a referral to CCS and had issued a warning to serve a notice seeking possession because of the state of the garden and nuisance reports from neighbours.
- Donna had virtually nothing at the point of allocation to TSS despite having lived in the house for 12 months.

The reason for the intervention
- Prevent tenancy breakdown.
- Reduce risk of isolation – Donna and child
- Support to manage finances and set up payment plans.
- Furnish and equip home appropriately.
- Raising awareness re DV and keeping herself and child safe.
- Specific intervention undertaken by the service which resulted in a positive outcome for the parent and/or child(ren).
- Immediate liaison with housing officers to prevent notice to seek possession.
- Support to apply for grants to furnish and equip home as necessary.
- Budget planning.
- Contacting utility suppliers re debts and setting up repayment plans – subsequently apply for grants to clear utility arrears (gas, electric and water).
- Liaison with Bury council re issues from fleeing former tenancy and tenancy-related debts – setting up repayment plans.
- Links developed with children’s centres.
- Linked to lone parent advisor and short courses re employment.
- Support to secure to a place at nursery school (this would not have been possible without TSS as the deadline for application had been passed).
- Develop links with health visitor.

Timeliness - Would the issue have been left hidden for longer if the service had not been available?
Donna had already lived in the tenancy for 12 months – had not received any support and had made no payments whatsoever to utility providers. Donna had very little furniture and limited cooking facilities since the start of the tenancy. Both Donna and her daughter were completely isolated. Housing officer would have pursued the notice to seek possession

The outcome
All above resolved:
- All debts being addressed or have been cleared.
- House adequately furnished
- Nursery place secured and child benefitting greatly from this.
- No longer feels isolated within her own community.
- Housing officer satisfied that Donna is managing tenancy so no risk of homelessness
- Issues re the garden resolved and equipment sought for Donna to maintain this.
- Donna and child feel safe and secure, happy and content within their community and home which gives opportunity for her to seek further education/employment.
**Time spent by the service and associated cost**

During the start up period work was very intense to prevent homelessness and deal with the urgent issues such as applying for grants and identifying debts. Therefore on average 4 hours per week. Now Donna is settled I visit weekly to work on the longer term goals for Donna. Support approx 2-3 hours per week including phone calls and recording.

- Completion of Referral and assessment 3 hours = £85.15
- 4x 4 hours: initial visiting pattern for first month = £425.75
- Ongoing support 3 hours per week has stabilised the tenancy = £85.15 per week X 12

**TOTAL COST OF THE SERVICE FOR 18 WEEKS = £1702.50**

**Would the service user have used another service if this service was not available?**

Donna had not responded to approaches from Housing Officer and it was clear at the point of referral that her situation was largely how it had been when she moved to the area 12 months prior to connecting to our service. – unless service would Donna was very reluctant to engage as she had feelings of shame re her tenancy and poor self esteem.

**Potential costs if Action for Children Tenancy Support had not been available.**

**Scenario 1**

Due to concerns from the housing officer based on her own knowledge of family and reports from neighbours a referral would have been made to childcare services. This would likely have involved a core assessment.

- The cost of undertaking core assessments varied considerably depending on the complexity of the case and whether there were one or more children in the family being assessed. On average the cost to social services of a core assessment was £760. An additional cost of £140 represented the time professionals from other agencies spent in communicating with the social worker; the cost of the time they spent in pursuing their own enquiries was not the subject of the research.
- The cost of assessment since the implementation of the Assessment Framework has to be seen in the context of a wider study undertaken by the Department of Health on costs through its annual Children in Need survey. The findings from the current study would suggest that the cost of undertaking a core assessment averages out at approximately £107 per week. This is not significantly more than the cost of the time spent working with children in need supported in their families or living independently, which is on average £85 per week (Department of Health National Statistics, 2002).

**TOTAL COST OF ALTERNATIVE SERVICE FOR 16 WEEKS = £2612**

(Action for Children service was 65% of this cost)

**Scenario 2**

The housing officer had already issued a warning letter to the family indicating a possession order would be served due to state of garden and neighbour nuisance reports. One of the first tasks undertaken by the tenancy support worker was to support the family to engage with the housing officer to address the tenancy issues. Without this support it is very likely that notice would have been served.

To pursue a failing tenancy from notice to eviction takes 3-6 months. Eviction would incur additional costs of accommodating and storing furniture for 2 adults and 2 children. The body of evidence that shows that preventing homelessness is cost-effective is irrefutable both locally and nationally.

- In local terms the amount of funding that the service has saved can be measured based upon evidence produced to inform the Cross Cutting Reviews.
  - In year 2008/09 the average cost of failing to prevent a family of 4 from becoming homeless was £9,432.58. This was based upon average length of stay in bed and breakfast (1.89wks) and temporary accommodation (17wks) and includes storage of belongings.

**TOTAL COST OF ALTERNATIVE SERVICE FOR 16 WEEKS = £9432.58**

(Action for Children service was 18% of this cost)
CASE 2

Reason for referral to the service

This was a self referral from Sally (aged 18) who had heard about the service from a friend. At the time of the referral Sally was unable to continue to live at home because of the pregnancy and the financial stresses within the household. Sally need support for re-housing, claiming benefits and to move into her own tenancy.

The reason for the intervention

- At the assessment Sally identified she had no experience of managing money, managing bills within a tenancy and her mood was quite low. She also expressed she was feeling isolated from friends.
- Support sessions took place at home generally with her mother present – she was supportive but the relationship was stressed. Once we began looking at the pre-tenancy work it became clear to both Sally and her mother that being rehoused was more complicated and had greater risk to Sally than they had anticipated.
- There was no social housing near the family home so we began looking at private lets. This discussion resulted in further concern about cost and the suitability of the private lets available for the money available, and also confidence in the properties and landlords.
- Sally had her baby not long after engaging in the service and was then able to access benefits in her own right. After this the family decided that they wanted Sally and the baby to continue to live in the family home.

Specific intervention undertaken by the service which resulted in a positive outcome for the parent and/or child(ren).

- Providing accurate information about housing prospects
- Support to claim benefits
- Working in partnership with parents
- Worker being realistic about independent living options

Timeliness - Would the issue have been left hidden for longer if the service had not been available?

Without the support it was possible that the relationship with family would have broken down resulting in her becoming homeless and placed in a property which she was not ready to manage.

What was the outcome

- Family stayed at home
- Income maximized
- Improvement in Sally’s emotional wellbeing
- Reduction in pressure and stress within the family
- Sally and baby safely housed and supported

Time spent by the service and associated cost

Sally was connected to the service for 6 months which involved 3 hours support per week including admin time and liaison with other services.
60 hours @ £71.49 per service user based on 3 hours support per week x 20 = £1429.80

TOTAL COST OF THE SERVICE FOR 18 WEEKS = £1429.80

Would the service user have used another service if our service was not available?

In these circumstances it is unlikely that another service would have been able to give Sally the support.
Potential costs if Action for Children Pre-Tenancy Support had not been available.

Scenario 1

The relationship between Sally and her mother may have deteriorated to the point where Sally would have left the family home. Local options would have been temporary accommodation in the short term. If an emergency then likely the direct access hostel and possible referral or Gabriel Court.

- In these circumstances it is likely that Sally’s emotional health would have deteriorated. Coupled with the birth of her first baby and isolation from friends and family, Sally would have been vulnerable physically and emotionally. Cost of GP appointment £25 per visit without prescription charges – average 6 appointments for mother and children together =£250.

- The birth of the baby would have triggered a move from hostel accommodation to either B&B or hostel accommodation and prioritised for a tenancy for which she would have had little preparation.

- Potential for failed tenancy abandonment or eviction.

- Lack of support together with becoming a first time mother would be significant factors in depression and low confidence. Potential for negative impact on parenting ability.

- Costs from a Housing Association with no costs for post eviction accommodation. Abandonment will typically be 1-3 months of lost rent and service charge revenue. Court costs are currently; £150.00 for Possession proceedings, £95 for an eviction warrant. Estimated total=£1250. Legal costs in likely case of an appeal or legal challenge=£4,500.

TOTAL COST OF ALTERNATIVE SERVICE FOR 20 WEEKS = £6000

(Action for Children service was 24% of this cost)
Section 8 - Key Messages from the Evaluation

The Young Women
The young women served by the supported housing and supported tenancy services have often endured family breakdown, domestic violence, sexual assault, homelessness, financial difficulties, or experiencing physical or mental ill health.

The services provided by Action for Children are vital to the safety and felt security of young women and their children in circumstances of extreme vulnerability.

Being able to move into supported housing without access to money for a deposit or rent bond is key in helping the young women to escape from situations where they and their children are vulnerable and at risk of harm.

Gabriel Court offers a unique service and a vital safe and secure environment not available elsewhere. It provides immediate safety and security, and time and space to support viable futures.

Young pregnant women often feel stigmatised but for some young women being pregnant presents an opportunity for a fresh start. The services optimise the life chances of the young women with whom they work and help them work towards safer independent lives.

The young women aspire to having ‘normal’ family lives, being good enough parents, living in decent houses and being in stable family relationships.

There was strong evidence that increased surveillance afforded by the supported housing services had resulted in timely and early intervention with regard to the safe-guarding of children.

When children were accommodated, the services continued to provide sustained support to mothers working towards being reunited with their children.

The young women perceived the services to be both life-changing and life-saving

The unique contribution that the services make by raising the dreams and ambitions of the young women while they are coping with the demands of adolescence and motherhood cannot be overstated.

Action for Children Staff
Action for Children staff are universally positive about the outcomes of the services.

Their working relationships with referring practitioners and agencies, and the effectiveness of communications are highly regarded.

They share common aims with the referring agencies and with other organisations with which they work in partnership.

This alignment of purpose and aim is important to all.

They report that the needs of young people are being met and that they are helped to progress into successful tenancies and family life.

Referring Agencies and Community Based Staff
Referring practitioners valued the personal response that they experienced from Action for Children staff, and particularly the manager.

The manager enthused them and instilled confidence in the rigour and sensitivity of the services on offer.

The young people who had used a service and then returned to the care of the referring agency had experienced positive relationships with staff and been enabled to make vital changes in their lives.

The alternative to the availability of the Action for Children services was mostly perceived to be dire – in terms of the future of the young people, the outcomes for their children, and the effectiveness of their own services.

Overwhelmingly, the services were thought to provide a catalyst for positive life changes.
Outcomes Data

The services achieve consistent success in promoting independence in service users with evidence of enhanced capability.

Substance misuse and offending behaviour are uncommon and when present slow the pace of achievement, but they do not prevent success completely.

Snapshot surveys and end of course evaluations indicate the positive regard that service users have for the Action for Children staff.

In particular, their efforts and persistence and attitudes are commended. This results in high levels of engagement.

Service users value the skills acquired and feel more confident to take on their own tenancy.

ISSUES FOR CONSIDERATION

The eligibility criteria imposed on the supported housing service mean that some young women are unable to access the vital help and support that they need.

Some participants reported that the services should be more widely advertised.

There was an obvious tension between the need to maintain safe and secure supported housing at Gabriel Court, restricted access to male partners, and helping young couples to develop effective family relationships.

The longer-term impact on the children of the women who have received any of these services is of obvious interest to Action for Children. It would be advisable to undertake follow-up over the early years period wherever possible to establish the degree to which the benefit to children is sustained. Similarly, it would be helpful to establish the degree to which the service-users’ fundamental aspirations are achieved in the longer term after leaving the service: normal family life, decent accommodation, and prospects for returning to education or gaining employment.

CONCLUSION

The Supported Housing, Pre-tenancy and Teenage Floating Support services are highly regarded by young service users, Action for Children staff, and referral and collaborating agencies.

In particular, Gabriel Court offers a unique service that provides vital safe and secure accommodation to young women at risk of harm. The women, staff and collaborating agencies all pointed to the dire consequences that would follow if the services were no longer available to this vulnerable group of young people.

There is notable, effective interagency working and communication, based on local knowledge and partnership working developed over time. However, this model is fragile and likely to be influenced negatively by any change. The non-judgmental, persistent and supportive ethos of the Action for Children staff is held in high esteem and considered key to the successful outcomes for the young women and their children (see appendix B).

An added value of the services is the heightened surveillance of young infants that has led to timely, early intervention to safeguard children while providing the necessary support to their mothers working towards being reunited with their babies.
References


Smithbattle L (2007) “I wanna have a good future” Teen mothers rise in educational aspirations, competing demands and limited school support. Youth and Society 38(3) 348-371.


Appendix A: Functional map of Gabriel Court intervention

Key
- Rescue
- "Being held" within a community
- Development of life skills to succeed
- Developing and realising aspirations

Social isolation
- Physical ill health
- Emotional ill health
- Family breakdown
- Relationship breakdown
- Domestic violence

Gabriel Court

Immediate Safety and Security
- GC described as a place of emotional & physical safety
- The ability to move in whilst being unable to claim benefit negates the need to depend on unsupportive family – an invaluable safety net
- Other residents described as a source of both camaraderie and "drama"
- Staff described as helpful "buffer" to the drama but also unwelcome surveillance

Time, Space and Support to Facilitate a Viable Future
- GC described as providing guidance as life skills
- Building resilience: GC described as providing motivation and determination
- GC described as providing help to access organisations such as Sure Start
- GC described as providing help with budgeting
- GC described as providing access to a variety of support workers
- GC described as providing help to "go through the forms"

Aspirations: All respondents had clear aspirations for higher education, work, family homes, financial and emotional stability

I don't want to go to sure start!

Not all respondents took this help up

There was confusion regarding higher education (finances or required entry criteria)

Respondents recognised constraints to further education including finance & time (waiting for children to start school)
## Appendix B: MOVING FROM DEPENDENCE TO INDEPENDENCE AT GABRIEL COURT

### CONTEXT

<table>
<thead>
<tr>
<th>“Vulnerable Young Women”</th>
<th>Social isolation</th>
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<tr>
<td>Physical ill health</td>
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<tr>
<td>Family breakdown</td>
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<tr>
<td>Relationship breakdown</td>
<td>Domestic violence</td>
</tr>
<tr>
<td>Sexual Assault</td>
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</tbody>
</table>

### ENTERS GABRIEL COURT

Targeted assessment  
Non Judgemental staff who “never give up”  
“Reading back my record”

### Finding Out

- Stigma
- Concerns about Coping
- Fear of having the baby removed
- A catalyst for positive life change

### Immediate Safety and Security

- Emotional
- Physical
- A refuge from unsupportive or stressful homes
- Financial safety net

### Time, space & support to facilitate a viable future

- Provide access to support workers
- Help with budgeting
- Help with the “forms”
- Help to access community groups such as “SureStart”

### Develop Skills for Viable Future

- Develop Parenting Skills
- Develop Relationship Skills

### Identify Aspirations and Develop Perceptions of a Positive Future

- Build Resilience, Determination, Motivation
- Develop Friendship Networks

### Independent but Vulnerable

Safer Independence  
Own Tenancy  
May informally access GC facilities
Appendix C: CASE STUDIES

KATIE’S STORY

Background:
Katie, a white British female, was 17 years old and 29 weeks pregnant when her mother had separated from her father and taken a job abroad. Her father was living with his new partner and had put the family home on the market. Katie was living in a local hostel for young people but had been told that she would have to move out before the baby was born. She was in debt and had no money to pay a deposit or rent bond on accommodation.

Referral:
Katie was referred to Action for Children’s Supported Housing Service by Connexions staff.

Assessed Needs:
Over time Katie disclosed that she had been subject to emotional abuse from her father, her family relationships had broken down, she had low self-esteem and suffered from mood swings. Action for Children staff noted their concerns relating to Katie’s apparent lack of preparation and planning for her baby. She also disclosed that she was at risk of sexual exploitation. Her relationships with male partners were described as being controlled, and there was some evidence of her being subject to physical violence. She told staff that her boyfriend ‘had put his hand over my mouth’ when she refused to have sexual intercourse.

Risks:
Katie was at risk of family breakdown, isolation and sexual exploitation, but it was agreed that she could benefit from support throughout pregnancy and after the birth of her daughter.

Support Plan:
She needed to learn how to maintain an independent tenancy. In order to achieve this, she needed suitable, safe and affordable accommodation in a caring environment. She needed help with budgeting skills, and she needed to learn to live within a fixed income. She also needed help to maximise her income, acquire educational qualifications, to learn to manage her relationships with her family and partner and protect her sexual health.

Actions:
Katie was allocated accommodation and an Action for Children key worker in the supported housing service. A common assessment was undertaken, led by Connexions staff. Following this, Katie was referred to child care services. She was offered short-term support in relation to bonding with her baby. A young parent support worker was also allocated to work with her.

Added Value - Safeguarding Children:
A low level of concern was noted regarding Katie leaving the supported housing service with her baby late at night. On one occasion she returned at 2am. On another occasion she stayed out overnight in hotel accommodation with her boyfriend. Had she been living in independent accommodation, this would have gone unnoticed. Katie had also asked if she could leave the baby in the flat while she went out to buy a token for her electricity meter. Her key worker discussed her actions and the potential risks to her child and herself.

Resolution:
Katie is now a confident and responsible mother. There are no concerns regarding her well-being or parenting. Her relationships with her mother and family have improved.
NATALIE’S STORY

Background:
Natalie, a 22 year old white British female, had received help from Tenancy Support to set up an independent tenancy where she lived with her young daughter. However, she was incorrectly accused of ‘grassing’ on neighbours and became subject to severe harassment including break-ins and threats of physical violence. Following advice from the police that she should move to a place of safety, she fled her tenancy. However, she was told by housing services that she had made herself intentionally homeless. Initially, Natalie went to live with her family in an overcrowded house. She was sharing a bedroom with her 2 sisters and her baby. She then moved from house to house, sleeping on couches at her sister’s, mother’s and boyfriend’s houses. Her furniture was moved to storage. She needed safe, secure and independent housing. She needed help settling into a new tenancy. She was described as very quiet with low self-esteem and low confidence.

Referral:
Natalie was referred back to Action for Children Tenancy Support services by staff at a children’s centre.

Risks:
Natalie was vulnerable and homeless, and she was at risk of mental health problems.

Support Plan:
Natalie needed help to set up and settle into a new tenancy and to establish links with a housing officer. She needed help to improve her confidence and self-esteem by realising her own strengths and potential. She wanted to become more confident with regard to dealing with unwanted visitors. She was in receipt of correct benefits but wanted help to set up payment plans and pre-payment meters. She needed help and support with the domestic violence and historical sexual and emotional abuse. It was important for Natalie to establish an effective social support network and to develop friendships in the local community. She also needed to understand her educational options as she wanted to work towards qualifications to become a teaching assistant.

Actions:
Natalie was allocated a key worker from the Action for Children Tenancy Support Service. Her key worker liaised with the Safer Homes initiative; they fitted window locks and alarms to her accommodation so that she felt safer and more secure. She was referred to MIND for one-to-one counselling and referred to her health visitor for support following a miscarriage.

Added Value: Preventing Homelessness and Breaking the Cycle of Domestic Abuse
Her key worker was able to help Natalie to contest the decision that she had made herself intentionally homeless. This meant that she was offered alternative suitable accommodation and removed the risk of her daughter and her becoming homeless. Over time, as Natalie developed trust in her key worker, she disclosed that she had endured emotional abuse from her father and had witnessed domestic abuse since the age of eight. She also disclosed that she had been subject to violence from her current and previous partners. This disclosure meant that her key worker was able to signpost Natalie to additional help and support to break the cycle of domestic violence. She was referred to the Freedom programme run by the Omega Women’s Centre.

Resolution:
Natalie had established a successful tenancy. She had completed the first stage of her teaching assistant training and had been guided through subsequent issues of harassment with neighbours to reach a successful conclusion. She was looking forward to starting the Freedom programme. Natalie was much happier, settled and more confident and assertive. She knew where to go for appropriate help and support.
SUSIE’S STORY

Background:
Susie was a 19 year old white British female and had received help from Action for Children’s Supported Housing service and Tenancy Support. Susie had set up a successful independent tenancy where she lived with her daughter and new partner. Unbeknown to Susie, her new partner was a registered sex offender and abused her daughter. When the abuse was disclosed Susie’s daughter was referred to child care services, her name was placed on the child protection register, and she was subject to a child protection plan. In an effort to protect her daughter Susie moved into alternative non-decent accommodation.

Referral:
Susie referred herself to the Action for Children Tenancy Support services.

Risks:
Susie was living in poor standard accommodation. She was vulnerable and at risk of mental health problems. Her daughter was at risk of harm from her estranged partner. She was constantly tearful, suffering from depression, believed herself to be a ‘useless mother’ and felt that she had failed to protect her daughter.

Support Plan:
Susie requested help to set up and settle into a new safe and secure tenancy.

Actions:
Susie was appointed a key worker from Action for Children’s Supported Tenancy Services. She received help to negotiate with her current landlord for existing repairs to be completed. She also received help to get cooking equipment and new bedroom furniture for her daughter. She was helped to resolve a noise nuisance from neighbours successfully.

Resolution:
Susie was so pleased with the repairs to the rented property that she decided to stay. She has since met a new partner and has moved with him from the area.
RACHAEL’S STORY

Background:
Rachael, a 19 year old white British female, was staying with friends when she discovered that she was pregnant. Rachael had cared for her two younger brothers from the age of 13 and had personal experience of child care services. She described her relationship with her mother as ‘really bad’.

Referral:
She referred herself to Action for Children’s Supported Housing service.

Risks:
Rachael was vulnerable and homeless, and she was at risk of mental health problems.
Support Plan:
Rachael’s main need was access to safe, secure housing.

Actions:
She was eligible for a place at the supported housing unit and moved in willingly. Rachael was assigned a key worker from the Supported Housing Service.

Added Value: Increased Surveillance and Early Detection of Neglect.
Following the birth of her son, Rachael’s life became chaotic. She was diagnosed with post-natal depression. Her son had a serious skin condition that needed the regular application of creams, and Rachael was unable to cope with this. Over time, Rachael found it increasingly difficult to cope. Her flat was described as being ‘filthy’ - with green mould growing in one of the baby’s bottles, the bathroom was very dirty, and there were empty tampon tubes in the bathroom and razors on top of the bin. Rachael would often run out of electricity, and threatened on one occasion to take all of her anti-depressants. Her son was described as being unkempt and dirty, and his skin was not cared-for. She admitted to putting up a positive front but that she found it difficult to cope with the needs of her son. The manager of the service notified child care services of her concerns, and Rachael’s son was made subject to an emergency protection order. Had Rachael lived elsewhere, her ability to cope with her son’s needs and the neglect to which he was subject could have gone unnoticed for a considerable period of time. The heightened surveillance afforded by Action for Children staff working in the Supported Housing service helped them to detect early signs of neglect, and enabled timely and appropriate referral to child care services.

Resolution:
As Rachael was working hard to be re-united with her son she continued to live at the Supported Housing service. She has since been re-united with her birth father and has moved in with him, his partner and their child. She has maintained regular and supervised contact with her son and she is hoping that he will be returned to her in the near future.
Contact the Centre for Nursing & Midwifery Research:

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