

## **Inquiry into teenage pregnancy**

### **One Parent Families Scotland**

#### **Executive summary**

The purpose of this report is to produce an independent record of the One Parent Families Scotland (OPFS) Teen Parent Peer Mentoring Service project, based on the experiences of the project in North Lanarkshire. The report summarises the key features, benefits and areas for improvement related to the approach. The project was designed to provide informal support to pregnant teenagers and young parents and improve their access and use of local services available to them. The report draws on the lessons learnt in order to provide recommendations to service providers, local authorities and Community Planning Partnerships.

The Service was introduced by OPFS in partnership with North Lanarkshire Council Early Years and Childcare Department in 2010 in response to significant concerns about the issues facing pregnant teenagers and young parents between the ages of 13 and 19 (up to 21 if a care leaver) as they moved towards parenthood and the services available to support them. The project uses an early intervention, one-to-one mentoring model. It is delivered by young parent mentors who have experience of being a young parent and have been trained as mentors.

Access to the project is via referral from health, social work, job centre and school referrals as well as self-referral. Participation is entirely voluntary. Once a young person has accessed the project there are several services available including: one to one work, text and telephone support, group activities, travel assistance to the Young Mums Groups and to other ante natal services. **Participants can remain with the project until their child is six months old.**

North Lanarkshire's Early Years and Childcare Department provided project funding of £56000. This included a Development and Training period that started in December 2010 through to a mentoring service piloted and delivered May 2011 to October 2011. During this time 36 young parents had been referred to the project, only 4 have refused and 27 young parents have been actively engaged and supported. This review and evaluation began in October 2011 through to March 2012.

#### **Key findings**

Although it is still early to assess the full impact of the project the following are some early findings and highlight the potential for change that it brings. Numerous benefits of what is a relatively unique approach to tackling the needs of pregnant teenagers were reported in interviews and focus groups with participants, mentors, project co-coordinators, managers and stakeholders. The project:

- Contributed to health and wellbeing of pregnant teenagers.
- Increased awareness of services and confidence about using them by teenagers during pregnancy.
- Moved people towards more sustainable tenancies and better money management.
- Improved use of maternal and child health services, social work and welfare rights services.
- Reduced the isolation felt by many of the participants after they became pregnant.
- Improved the family relationships, learning capacity and community engagement of participants.
- Developed the assets of young parents to mentor pregnant teenagers.
- Increased mentors' career aspirations and their levels of training.
- Engaged service providers, particularly Maternal and Child Health Services, Early Years and Job Centre+, many of whom say they are now more likely to respond to the needs of teenage parents.
- Highlighted the value of newer methods of communication in providing support e.g. mobile texting and social networks.
- Brought together and made effective use of local partnerships.
- Further enhanced the capacity of OPFS to work in partnership with local authorities.

There are a number of areas for development of the Teen Parent Mentoring service that were identified by participants, mentors, project co-coordinators, managers and stakeholders. These included:

- Focus on pregnancy meant there was a limited ability to provide continuity beyond the very early months of parenthood.
- The focus of the project is on pregnant mothers. It became apparent there is a need for resources to support teenage fathers
- Participants, managers and funders saw young lone parent mentors as crucial to the success of the project but the long-term future for the mentors was not clear.
- Nature of short term funding meant it was difficult to plan for progression of the work into a new phase and into additional geographic areas.
- The full extent of possible partnerships and ways in which organisations can fully complement one another's work has still to be fully explored.

## Lessons

The findings of this report show that the Teen Parent Mentoring Service offers a promising model of working with teenage pregnant women. It focuses on the needs of pregnant teenagers and providing one to one mentoring support from young parents who have had similar experiences has positive advantages. It can boost **positive health outcomes**, work for young parents in **areas of deprivation**, provide the basis for a **stable start to parenthood**, use and improve the **assets of young parents** who provide mentoring, and

improve **multi agency work**. It offers an attractive option for stakeholders in an environment where early intervention preventative spend and locally based asset building are valued. It represents a cost effective intervention that can benefit communities and promote positive outcomes for young parents and their children.

Development options for the project are varied. They depend on the environment in which the Teen Parent Mentoring project works. All the organisational stakeholders interviewed believed that there was a need for the project to continue in North Lanarkshire. There were a number of reasons for this. Firstly, because it was seen as working well and worth continuing. Secondly because building parental capacity in the way that it does fits with the Parenting Support Strategy of North and South Lanarkshire that was launched in September 2011, as part of Lanarkshire's Getting it Right for Every Child plans and which is supported by the Scottish Government's policy framework to reduce health inequalities, promote parents' role in child development and improve the life chances of Scotland's children by targeting early years. And thirdly because incorporating voluntary sector initiatives and ideas into the services for teenage parents was understood to lead to innovative practice and bridges between disengaged teenagers and existing services. It is an environment in which the project could be expanded for the benefit of all.

## Recommendations

- ***Maintain the one to one, personalised, flexible holistic approach of the Teen Parent Mentor model: it is having a positive impact and should be developed further.***
- ***Maintain and develop the place of OPFS Teen Parent Mentoring Project in a multi-agency approach to the needs of pregnant teenagers.***
- ***Carry out regular review of referral and assessment processes in order to clarify the additionality that the project offers and the circumstances in which there should be multi-agency input.***
- ***Continue and extend work with local authority, NHS staff and other services involved in delivering the North Lanarkshire Early Years Strategy, to fund and develop mentoring as a means to achieve sustained improvements in maternal and child health and well-being.***
- ***Explore greater integration of project with North Lanarkshire housing and supported tenancy services as well as benefits and financial advice in order to address the significant housing, income and welfare related issues that will continue to face young parents, both mothers and fathers.***
- ***Work with funders and local partners to support parents beyond the first six months of parenthood, in order to achieve sustained health, education and employment outcomes for parents and children. This could include a drop in centre for group work to support young mothers after their children are six months old and a more structured 8 week course that focuses on personal***

*development, parenting and combining education or employment with parenting parents.*

- *Build on the training and career progression support for the young lone parent mentors. This would have the net effect of retaining the advantage of mentoring from people who have experienced and understand the situation of the young parents, at the same time as providing a role model of routes into employment and training for the future.*
- *Extend the existing high quality monitoring information to collect evidence of the quantitative and qualitative impact of the service on users.*
- *Introduce father-focused initiatives into the project, to support and stimulate greater involvement of fathers and more positive male role models for the future.*
- *Share best practice across a wider geographic and service base, in order to build on the substantial partnership between OPFS and health professionals that exists as a result of the TPM service, in order to embed good practice elsewhere. This could include attendance at key events by mentors as well as project coordinator and manager as well as preparation for and organisation of events by mentors and users.*
- *Give consideration to the ways in which the young parents could be trained as 'ambassadors' for the project in order to sustain any increase in self esteem.*

## SECTION 1: BACKGROUND

- 1.1 Evidence of the adverse effects of socio-economic disadvantage on the health of young mothers and their children has been established for many years<sup>1</sup>. Becoming a first time mother is a major milestone for any woman, but for teenage mothers pregnancy represents more of a milestone than most: coping with the demands of pregnancy, emotional demands of adolescence, and the development of a future maternal role. This group of young mothers, moreover, is regarded as high risk because of the effects of early motherhood on physical and mental health, education, economic independence and social relationships<sup>2</sup>.
- 1.2 Scotland has a higher rate of teenage pregnancy than most western European countries – around 4000 live births to teenagers every year. North Lanarkshire has 9 per cent of all Scottish teenage pregnancies, representing about 350-370 live births every year, the third highest local authority rate in Scotland. A strong connection between teenage pregnancy and deprivation exists in Scotland and North Lanarkshire is no different: in the under 20s, the most deprived group have approximately ten times the rate of delivery as the least deprived<sup>3</sup>.
- 1.3 Supporting young parents has become identified as key to the experience of parent and child health and well-being in Scotland. Indeed the Ministerial foreword to the 2011 new guidance on reducing antenatal health inequalities states,

*Improving universal antenatal healthcare and supporting women with multiple and complex health and social care needs will help improve the health of newborns and pressures on neonatal services as well as improve later outcomes. Crucially these improved outcomes will not only be health outcomes but will include educational, social and economic outcomes as well.*<sup>4</sup>

- 1.4 The reference to educational, social and economic outcomes suggests that health and wellbeing are not the only focus of interventions with this group of young people. The Scottish Government is committed to 'increase the proportion of school leavers in positive and sustained destinations', Skills Development Scotland, together with Glasgow City Council, have developed a young parents programme to address such issues. However the intervention reviewed in this report focuses on actions designed primarily to address issues that affect the health and wellbeing of pregnant teenagers rather than employment and education. It is a focus that North Lanarkshire has taken seriously in the Early Years and Parent Strategies developed since 2007.

<sup>1</sup> Roberts, H. (1997) 'Socio-economic determinants of health: children, inequalities and health' *British Medical Journal* **31:4**: 1122-1125

<sup>2</sup> Cronin, C. (2003) 'First time mothers – identifying their needs, perceptions and experiences' *Journal of Clinical Nursing* **12**: 260-267

<sup>3</sup> Information Services Division, NHS Scotland *Teenage Pregnancy Report 2010*

<sup>4</sup> Scottish Government (2010) *Reducing Antenatal Health Inequalities: Outcome focused evidence into action guidance*.

- 1.5 The Teen Parent Mentoring project reviewed here arose after careful analysis by One Parent Families Scotland (OPFS) of the issues facing the group, and as a result of a concern amongst public health services and North Lanarkshire Council Early Years Department that parenting programmes in the area were not engaging with 'hard to reach' teenage parents.
- 1.6 OPFS had undertaken research in local nurseries in North Lanarkshire in 2010, to identify the barriers and issues faced by lone parents in the area. Over 300 lone parents were surveyed, 80 of whom were young lone parents aged 16-25 years. Analysis of the responses revealed that young lone parents faced many of the issues of any first time mother but also faced additional issues, such as homelessness or problems sustaining tenancies, issues around drugs/alcohol, budget management difficulties, family and relationship breakdown and a lack of positive role models<sup>5</sup>. It became clear from the research that a great number of the young parents identified had very little or no support throughout their pregnancy and often felt lonely, unprepared for motherhood and stigmatised and, through this, did not take up local services available to them. The Teen Parent Mentoring Service was a response to the challenges identified. It provides an integrated person centred package of support geared to the needs of pregnant teenagers aged 13-19 (21 years if a care leaver), living in the North Lanarkshire area.
- 1.7 The early intervention model adopted was that of paid, trained peer mentoring. An informal approach was felt to be key to success. The idea of mentoring, moreover, held considerable appeal as it could provide a positive way of bridging boundaries between young people and the professional ante natal services as well as between them and the services they needed to overcome the major issues facing them as they made the transition to independent adults and young mothers.
- 1.8 The aim of this report is to produce a record of the Teen Parent Mentoring Project based on its first eleven months of operation. The key questions the report sets out to address are:
  - 1.9
    - What are the key elements of the project – what distinguishes it from other interventions?
    - How does the project fit with local and national strategies regarding teenage pregnancy?
    - What distinguishes it from other approaches to teenage pregnancy?
    - What have been the main outputs and outcomes of the project? What has been the impact of the approach on participants and mentors?
    - What could be done better?
    - What recommendations do these findings lead to?

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<sup>5</sup> One Parent Families Scotland, Survey Results, 2010

1.10 There were two stages to the evaluation.

1. **Desk based research:** review of monitoring reports, financial reports, training materials, project promotion material, policy documents, reports of other projects supporting young parents in Scotland and relevant academic research.
2. **Input and feedback** from participants and stakeholders: two focus groups with participants, one-to-one meetings with project staff and mentors, telephone interviews with the project's funders-North Lanarkshire Early Years and with stakeholders in the area from health and social work services.

## **SECTION 2: KEY CHARACTERISTICS**

2.1 The key characteristics of the Teen Parent Mentoring project model are:

- It is located, developed and delivered by a voluntary sector organisation
- Developing and training young lone parents as mentors capable of engaging with and delivering a tailored, holistic service to pregnant teenagers aged between the ages of 14 and 19 although care leavers can access the service up to the age of 21
- The provision of a holistic mentoring service that helps pregnant teenagers address the health, housing and income issues and multiple barriers they face
- Offering early intervention, typically from 12 weeks pregnancy
- Offering a single, ongoing and flexible point of support with a mentor who has experienced a similar start to motherhood
- Offering support over an extended period of time if necessary
- Offering both one-to-one and occasional group-work activities, at ante natal and postnatal stages, designed to support progression to successful parenthood
- Developing and delivering group sessions – focusing on issues such as: personal development, healthy food, weaning for babies, Benefits advice.
- Introducing and accompanying young parents to group sessions delivered by other agencies, particularly the ‘Young Mums’ group in Cumbernauld organized by Community Education and Community Midwife
- Signposting to, linking and advocating for the mother-to be with a wide range of other services and agencies critical to their overall progression to parenthood and wellbeing

2.2 The project is delivered by 2 lone parent mentors who work 25 hours per week on a flexible basis, alongside a full time project co-ordinator and operational management from One Parent Family Scotland. North Lanarkshire Early Years department regularly monitors the service. The service is delivered in two areas of North Lanarkshire: Kilsyth/Cumbernauld and Bellshill.

### **Costs, funding**

- 2.3 The project has been piloted in 2011 with the support of £56,000 from North Lanarkshire’s Early Years and Childcare Department. This included a Development and Training period that started in December 2010 through to a full mentoring service delivered May to October 2011.
- 2.4 The £56000 underestimates the actual cost of the project as the staffing costs of the second mentor were met from the Future Jobs Fund until July 2011. Pro bono support from OPFS also does not appear in the budget but should be considered if full cost analysis was to be undertaken.

- 2.5 Main items of spend were staff salaries, core costs, travel, mobile phone usage (essential because of the young parents use of text messaging) and room hire for the group sessions. Virement from the budget allocation for the Local Hubs that had been planned to set up a teen parenting drop-in group was undertaken in order to cover additional travel costs once the possibility of duplication of group work activities at Kilsyth was recognized.
- 2.6 It is difficult at this stage of the project to assess whether the money spent represents value for money. At around £2000 per young parent, however, it does appear to offer a low cost intervention that could be added to other services to improve the overall service landscape for teenage parents and, as preventative spend it could be a significant cost reducer. As yet the project is too small in terms of output and still at too early a stage to fully assess its 'value for money'. Any model that did attempt a financial accounting method rather than social impact might include:
- Savings to a local authority in terms of support costs for children at risk
  - Savings to health authority in terms of increased rates of healthy deliveries and consequent reduction in health costs
  - Savings to LA and health in terms of reductions in subsequent pregnancies
- 2.7 The focus in this report, however, has been to examine the nature of the project in terms of the impact on the young parents and mentors involved in the project. These are explored below and show that the benefits of the project go further than ensuring teen parents have a healthy pregnancy and birth but extend to potentially longer term impacts on parenting attitudes and confidence to plan for a family's future.

### **Management and Monitoring**

- 2.8 Day to day and strategic management of the project are provided by OPFS. A project manager, and project co-ordinator, provide weekly support and supervision of mentors as well as being available to mentors at any time to support them in their work. They in turn are supervised and supported by the Policy and Development Manager at OPFS. All those involved in supervision and support find it very useful, particularly as the project is a pilot and the regular contact allows the project to respond quickly to participants and other stakeholders, as well as ensure it fits into and benefits from the services overall of OPFS.
- 2.9 The Principal Officer at North Lanarkshire (NL) Early Years who are funding the project described the project management as 'excellent, delivering everything necessary and more'. Praise was also given for the original idea and ideas for development that have been presented by the project to NL since. Comment was also made that OPFS has shown a commitment and capacity to work in partnership and have worked hard to establish a good working relationship, even with services that were initially quite skeptical about the project and the mentors.

- 2.10 The project is supported by a multi-agency Advisory Group, chaired by OPFS, and comprising representatives from (NL) Early Years' Service, NL Economic development Department, Public Health, and Community Learning. The Advisory Group helps to make management aware of the policy and service landscape they are working in as well as provide a resource of expertise and knowledge relevant to the day-to-day running of the project and future development.

### SECTION 3: WHAT DISTINGUISHES IT FROM OTHER PROJECTS

- 3.1 Whilst mentoring is not a fully proven intervention with young people, research has shown that an individual's relationship with a 'significant other' can increase resistance to stress, confer a level of protection and promote a degree of resilience. Interest in it derives from evidence that it can significantly increase the life successes of young people who face challenges of socio-economic disadvantage. Mentoring has been most established in education, employment and vocational training but also has an established place in 'engagement' and health interventions. Mentors often provide both direct assistance (e.g. to fill in grant, benefit, college or job applications or locate appropriate housing) and indirect support (e.g. encouragement or acting as a positive role model) that would otherwise be unavailable. Phillip et al's analysis of mentoring with vulnerable young people<sup>6</sup> concluded that mentoring can be a useful part of the range of interventions for vulnerable young people and showed that mentoring was seen as different than other relationships, that mentors who shared and were willing to discuss similar backgrounds and experiences were particularly valued and that the mentor relationship provides a bridge between young people and workers with more professional roles.
- 3.2 Research suggests that mentoring could be implemented as a valuable component of intervention programmes with people who are at an early stage of their parenting careers. It is different than the health professional/ client relationship - but it is no easy intervention. Setting up a programme of mentoring is complex. To make the model work with pregnant young people it needs:
1. Sufficient acceptance by health professionals as a link in the chain to effective health care that they will refer
  2. To be geared to the needs of the pregnant young person
  3. Effective selection of mentors that understand the client group and are trusted by the mentees
  4. Training that can help mentors identify and meet the needs of clients
  5. Regular evaluation and feedback
- 3.3 OPFS had had considerable experience of mentoring - so in developing the Teen Parent Project they knew what was needed and what was realistically possible to achieve. This was particularly important when there is evidence that difficulties in initiating contact, developing peer-mentor relationships and time constraints contribute to uncertainty regarding the efficiency of peer mentoring for first time mothers in other areas of socio-economic disadvantage<sup>7</sup>.

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<sup>6</sup> Philip, K., King, C. and Shucksmith, J. (2004) *Sharing a Laugh? A qualitative study of mentoring interventions with young people*, York. Joseph Rowntree Foundation

<sup>7</sup> Murphy, C., Cupples, M., Percy, A. and Stewart, M. (2008) 'Peer mentoring for first time mothers from areas of socio-economic disadvantage', *BMC Health Services Research* **8**: 46

***Views from other services – it reaches the parts that others can't!***

- 3.4 For the funders, health professionals and social workers working in the area of North Lanarkshire where the project was based, the potential of early mentoring in the area was seen as having strong local relevance. One interviewee reported that whilst teenage pregnancy strategy is still under development in North Lanarkshire it is still 'further on' than many other local authority areas<sup>8</sup>. She further reported that, a lack of a service for young mums outside Cumbernauld Centre before the project, for example, meant those living in Moodiesburn, Abronhill and Kilsyth as well as Bellshill were poorly served. The project thus provided two things that were valued: additional geographic coverage and a bridge into services such as the Young Mums group in Kilsyth that offered antenatal care and Community Learning.
- 3.5 The informality and holistic nature of the project is what makes it different than other types of intervention, according to the stakeholders interviewed. One interviewee stressed that whilst Health Promotion could offer funds for transport to antenatal classes they found it difficult to persuade younger mothers to attend – and the project was filling this gap. They reported that whilst it is still 'early days' increased confidence and increased participation in health and education were expected from the project – and were already beginning to be shown. Comment was also made that there was evidence that young people will not engage with statutory services at a time of crisis<sup>9</sup> and the project was supported because it offers a means of developing trusted intermediaries such as mentors who could reduce the reticence to use services. There was a consensus among the organisational stakeholders about the relevance of the project to the needs of young people who would not have had access to support without the existence of the project.
- 3.6 Stakeholders positively endorsed aspects of the Teen Parent Mentor support and pointed to the particular strength of OPFS in delivering such a service in the area. At a time when partnership working was valued OPFS' experience of engaging lone parents in services in North Lanarkshire was a strong asset that could be added to existing services. Since OPFS, moreover, already had a strong reputation amongst professionals before the project started, and an enthusiasm for working with statutory services and trying something out that statutory services could not develop, the opportunity to develop the project together was welcomed by all. For midwives the project is seen as one that can bring teenage mothers much closer to using their service effectively, for social workers the service is one that can reach young people that are not the most vulnerable and therefore receiving social work support, but who, nevertheless, need support if their lives and those of their children are to be made more stable and structured.

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<sup>8</sup> See Lanarkshire's toolkit *Getting it Right for Every Child in Lanarkshire*  
<http://www.girfecinlanarkshire.co.uk/resources/>

<sup>9</sup> Wider evidence of this can be found in Phillips, D., Telfer, C. and Scott, G. (2011) *Hopes and Expectations: how families living in severe poverty engage with anti poverty services*. Save the Children Scotland

### **Teen parent views**

- 3.7 The teen parents involved in the project felt that the service offered them something unique and something that was geared to their needs – whether it was and emotional, health, housing or benefits need.
- 3.8 They reported that the mentors felt like a 'big sister', someone they could trust and could tell their troubles to.  
*“I've never told anyone how I feel before”*  
*“Someone to speak to that was not my family – didn't judge me”*  
*I've opened up a lot about stuff – and she's helped me.*  
*“I've always got someone now to talk to about my problems”.*
- 3.9 When asked if there was anyone they could turn to if the project was not available a number of the teens said they could turn to their mothers and even the Job Centre for some information - but generally felt there had been little else available for them as younger parents before the project.
- 3.10 It was not just a listening ear that was valued - they commented that the knowledge that the mentors brought to the project helped them with their concerns and helped them approach services with more authority and confidence.  
*“When we were just going as mums – applications were getting lost. Housing'll just muck you about. When your mentor goes with you it was different- things happened”*  
*“I always need help with forms – I just looked at them and felt useless. I asked (Mentor) to help me. Now I realize how easy it is. I feel more confident”.*
- 3.11 Statutory services were viewed as being helpful, but on their own terms and without the time to listen to them.  
*“Sometimes you're just in and out. They don't have the time.”*
- 3.12 At times, however, there was a feeling of being stigmatized.  
*“The midwife I had before – she just looked down her nose at you. It made you feel down about yourself”*  
*“At the job centre some of them are disrespectful – they think – you're young- you should be getting a job not having a baby. (Mentors) are just not like that.”*
- 3.13 By contrast comments about the mentors included:  
*“ They'll help you with anything you're worried about”*  
*“They're there when you need them. Anytime”.*  
*“You text and you'll always get a text back quickly”*  
*They'll always fit you in, even if they're busy.”*  
*“They treat everyone the same. That doesn't happen at the hospital. Some of them at the hospital are fine but some of them look down their noses at you.”*

### ***View from the Mentors***

- 3.14 Finding mentors that have similar experience to the young parents was a feature of the project that had been seen as highly important and unique by those developing the project. The teen parents reaffirmed its importance. However, what did the mentors themselves think of the project? Was working in the project different than other things they had experienced, either as workers or as parents?
- 3.15 For both of the lone parent mentors recruited to the project this certainly appeared to be the case. They had both worked in a variety of jobs before but felt this was different than other posts – both in terms of what was available to them when they were younger lone parents, and in terms of what it offered the workers.
- “ We can offer additional support whilst they are pregnant. It wasn’t there for me when I became a lone parent. ”*
- “Every young person that I work with – their needs are different – that’s the challenge - and it’s very rewarding”.*
- “The job has made me a better person”*
- 3.16 The level of support and supervision is much higher than in most peer mentoring programmes. This was highly valued by the mentors. They felt they were fully supported in dealing with and developing responses to what at times were complex issues facing the teen parents. They felt, moreover, that the nature of OPFS as a learning organization, i.e. willing to respond to the training needs as issues arose amongst the mentors and their clients, was a model of support for new projects and staff moving into this area of work.
- 3.17 In a similar way to the young parents themselves the mentors felt that their experience prior to becoming mentors made the project different to other types of one to one support for young parents. Their experiences were helpful in two ways. Firstly it allowed them to build up trust with their young people as they had personal experience of some of their issues in their own families. Secondly because that experience was used to reflect on and develop appropriate and effective responses for themselves and their clients.

## **SECTION 4: OUTPUTS**

4.1 If we define outputs as the services put in place in order to achieve the changes desired by funders and project developers and outcomes as the changes and benefits that have resulted from the project activities a range of indicators can be used. Outputs of the project by October included:

- Recruitment of Teen Parent Co-ordinator and two Teen Parent Mentors
- A training programme that equips mentors with the skills, qualifications, knowledge and confidence to carry out their role effectively
- Appropriate paperwork for referral, registration, assessment process and data capture
- Range of marketing material
- Attendance at events and networking opportunities to promote the project at local and wider levels
- Referral routes through health, education, social work, Job Centre Plus etc
- Integrated person centred package that includes peer mentoring, access to group activities, voucher scheme to engage and participate, travel and refreshment costs, access to all OPFS services and access to local services through partner agencies
- Engagement and mentoring support to 27 young pregnant teenagers

4.2 Outputs that staff, referral organizations and North Lanarkshire Early Years Service felt still needed to be developed included:

- Greater dissemination of the successes of the project to health visitors and the Public Health Forum to highlight what can be done and how it constitutes an important, additional part of integrated support for teen parents.
- Stronger contact between mentors and health professionals to ensure professionals fully understand the service and the preferences and needs of teen parent service users are listened to
- The development of 'less forbidding' situations than the Public health Forum (e.g. speed networking) where mentors can contribute and gain confidence in their contribution
- Sensitive and ongoing long term support to the teen parents, to ease a smooth transition to additional services including employability, employment, learning and childcare to provide opportunities for moving on as the child reaches nursery school age and welfare reform pressures a parent to seek work
- Services for the very youngest parent, including stronger contact with schools
- More accreditation for mentors to ensure their increased competence and confidence have a longer term personal impact

- Clearer assessment tools to measure the 'distance travelled' of the young parent and mentors
- Activities to include fathers and other male role models in the bringing up of children
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### Targeting and referrals

4.3 The project supports 14 to 19 year olds (up to 21 if a care leaver) during their pregnancy and for up to six months after her baby is born. Referrals are largely made from NHS staff (particularly community midwives), social workers, Job Centre + Under 18s advisers, schools. The majority of referrals in the project's first year of operation came from community midwives and self-referrals. They were slow to begin, partly because the project was still building relationships with professionals in the area, and partly because the same professionals feared that short term funding would mean mentors and mentees would be left feeling they had been let down by the service and those referring them to it. Nevertheless by October referrals were averaging 8 new clients per month and were higher in Kilsyth/ Cumbernauld than in Bellshill.

<b>Teen Parent Mentoring Project</b>	
<b>Referrals to Date</b>	
<b>REFERRALS TO DATE</b>	<b>36</b>
<b>REGISTERED</b>	<b>27</b>
<b>PENDING</b>	<b>5</b>
<b>DECLINED</b>	<b>4</b>
<b>Sources</b>	
<b>Midwife / Health Visitor</b>	<b>18</b>
<b>Skills Development Scotland</b>	<b>1</b>
<b>Self-Referrals</b>	<b>3</b>
<b>Social work</b>	<b>5</b>
<b>Job Centre Plus</b>	<b>5</b>
<b>Voluntary Sector Organisations</b>	<b>4</b>
<b>TOTAL</b>	<b>36</b>

4.4 Some organizations expressed the view that referrals from schools were an area that still needed developed as the very youngest of teen parents was still to be fully supported. Nevertheless, it was generally felt that communications between the project and the referral agencies were strong and ensured integrated support to be developed more effectively. Establishing a regular referral path depends on building up a reputation in the operational area of the project: a reputation of quality service and additionality. By October a significant number of referrals had been made, very few refusals for support had occurred amongst those referred by other agencies and 27 pregnant young people were receiving regular support.

- 4.5 The vast majority of the parents had had no previous pregnancy (there was one exception). A number of the young people had experienced what it is like to be socially isolated; a significant number had experienced multiple forms of deprivation such as poverty, breakdown of family structures, and lack of work in their family. They all lived in a deprived data zone, had a low income (for the under 18s this was only £17.50 per week). More than half were facing pregnancy without a supportive partner and whilst most were living with their parents when they first registered with the project 75 per cent felt this was unsustainable in the long run. Few were technically homeless. These are all factors that contribute strongly to health inequalities even without the additional challenge of a teenage, often lone pregnancy. So whilst few of them had needs that made them immediately eligible for statutory social work interventions, preventative interventions like the Teen Mentoring Project offered a way of reducing the likelihood of them needing such services at a later date in their lives.
- 4.6 Referral out as well as referral into the project is an important aspect of the work of the Teen Parent Mentoring project. The project team has developed a range of links to other services, including OPFS services, health (Health promotion, health visitors, community midwives), Education (Community Learning, some schools, colleges) Housing services, Social Work, Employment and training (Job Centre Plus, Skills development Scotland) and specialist services such as counseling. All clients are regularly referred to 2 or 3 other services or projects. Often this means mentors accompanying a participant to a service, including the Kilsyth Young Mums group, where the average age is higher and teen parents feel an initial concern about joining. Mentors have also accompanied young parents to housing department, where the complexity of forms and processes is intimidating for the young person, to counselling sessions, to social work departments, to police stations and court appearances.

### **Typical progression**

#### 4.7 An example of a typical young person's progression with the project

- Referred by community midwife .
- Register with project at 10-12 weeks pregnant – first meeting with project co-ordinator to assess whether the service meets their needs, discuss issues and assign mentor – in environment where young person feels at ease. Typically shopping centre café.
- Raises individual issues at first meeting – typically financial/ Benefits, housing, health in pregnancy.
- Introduced to mentor by co-ordinator who has matched them to mentor who will be working with them on their concerns.
- Continues contact with mentor by text messaging and one to one meetings initiated by both mentor and young person.
- Increases attendance at antenatal care as a result of personal support and encouragement given by mentor personal support

and financial help with travel costs. Mentors continue to check and support them in this activity throughout the pregnancy..

- Develops more confidence as responds to more personal, emotional support from mentor. Starts to see mentor as someone who understands their situation and whom they can trust.
- Feels less isolation as introduced to other teen parents in group activities of project – who act as contacts through to delivery of baby and beyond.
- Decrease in isolation as joins and attends Young Mums Group to take part in sessions on antenatal care, budgeting and money advice, self-esteem and confidence building.
- Increased knowledge and access to services dealing with specific barriers as mentors introduce the young person and advise them on their best use e.g. benefits and maternity grant .
- Increased confidence in using other services as and when needed through support of mentor and mentor accompanying them to meetings e.g. Counseling, Housing Department .
- Identification of personal goals, including parenting, education and employment through working with mentor .
- Birth of baby.
- Receives support during early months of parenthood, childcare, healthy eating, and setting of personal goals through continued contact with mentor and other teen parents.
- Increasingly positive about the future – more confident independent individual, confident parent .
- Referred to post 6 months services if available .

#### 4.8 A typical example of a mentor's journey

- Recruited through rigorous and robust recruitment and selection process to ensure they have the appropriate experience as young lone parents and commitment to the project .
- 1st 3 months – Induction/ Training – including ,
  - mentor training,
  - child protection,
  - money advice/debt counseling,
  - housing
  - information sharing protocols and record keeping
  - healthy start and breast feeding awareness
  - shadowing
- At the end they are able to go out and shadow project co-ordinator, communicate with teenagers, keep up to date records and reflect on relevance of their own experience and training.
- Carry out area profile to establish resources in the area (updated continually).
- Clear and consistent matching process starts.
- Month 4 – Takes mentoring session with project-co-ordinator present. By end of month able to take session on their own.
- Establishes rapport and trust with young parents.

- Engages in a range of activities with young person including meeting for lunch, taking them to 'Young Mums' sessions, helping them make housing application, talking to them about their personal and general issues.
- Learns what the young person knows and does not know and helps them build up skills and knowledge needed for stable future with baby.
- Receives support and supervision sessions once a week focusing on mentor experiences, personal development and team building and ensuring.
- Provides consistent encouragement and makes sure young person feels confident that they can depend on the mentor.
- Contributes to evaluation process and future planning to improve and extend service.
- Continuous training including
  - Play @home
  - Mental health first aid
  - Domestic abuse
  - Child and baby first aid
  - Suicide prevention
  - Practical cooking
  - Weaning training
  - Youth tobacco & Cannabis awareness
- Confident worker, able to fully contribute to service development and plan own career progression.

## SECTION 5: OUTCOMES/ IMPACT

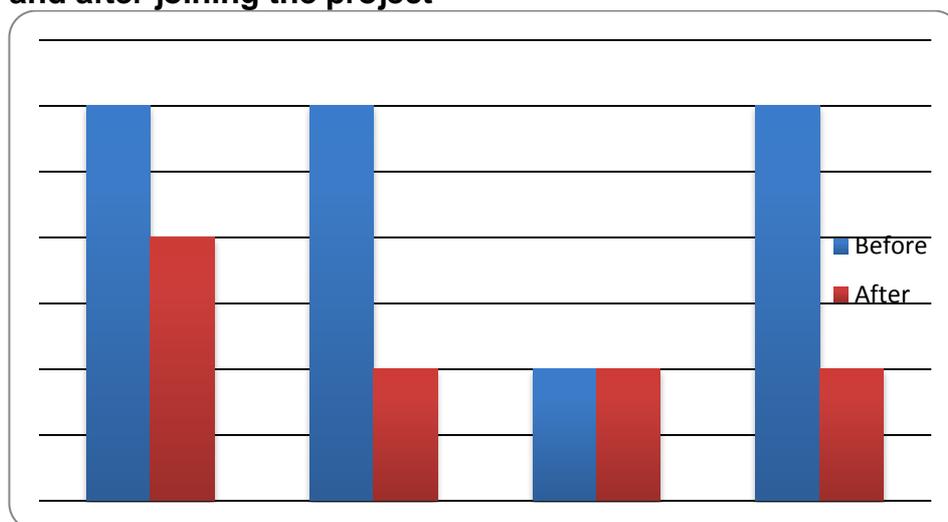
### Outcomes/ Impact on pregnant teenager

- 5.1 When the project was being planned it was hoped that it would enhance community-based resources that could help, along with other services, to improve the health and well-being of pregnant teenagers and improve their effective use of services. It has not been running long enough to make a full evaluation of the long term impacts but even at this early stage it has been possible to find evidence of impact on the young women and also on the mentors who have been trained to support them.
- 5.2 Interviews with project staff highlighted how client issues and fears at first registration focused on health, housing, income and relationships and by focusing on these they hoped to help the young women feel more confident about themselves and their ability to achieve a stable life for themselves and their future babies. They reported a noticeable change as the young parents drew on the support of the mentors, highlighting an increased attendance at health clinics, and community learning events, a reduction in the fear of professionals from health and social work, increased housing stability, new friendships replacing those of pre parent days and a growing confidence in their ability to cope with the transition to parenthood.
- 5.3 It is not only project staff and mentors that have noticed this change. The young women, at a focus group, reported changes themselves,  
*“Helps you feel better speaking to them.”*  
*“I feel more confident.”*  
*“I thought I knew everything for the baby – but I didn’t. I know a lot more now. I did, even after just one session”.*  
*“I feel as if I’ve grown up since I started with the project”.*
- 5.4 Evidence of these sorts of changes can also be found in the contact sheets which mentors fill in every time that they meet or contact one of the young women. Each records the issue or issues that the young parent is presenting with, the discussion that takes place and the action that the mentor is to take to follow up with the young person or the agency that she is helping them deal with. Tracking one case, for example, shows 37 contacts over four months. These included texts, face to face meetings, telephone conversations and the accompanying of the individual to meetings. The contact sheets show the mentor dealing with a complex range of issues that included life skills, housing, mental health, social work, antenatal care, hospital appointments, family relationships and partner relationships. They show a growing trust between the mentor and young person and a development in the young person’s capacity to deal with health, housing and personal issues as she approached motherhood.
- 5.5 A survey of the effect of the project on the young parents was carried out during the evaluation. Returns from the survey highlight the impact of the project in reducing worries of the young parents. When asked how

worried respondents felt (on a scale of 1 to 5, 1= not worried) about certain issues when they first joined the project and how worried they felt later some interesting changes emerged.

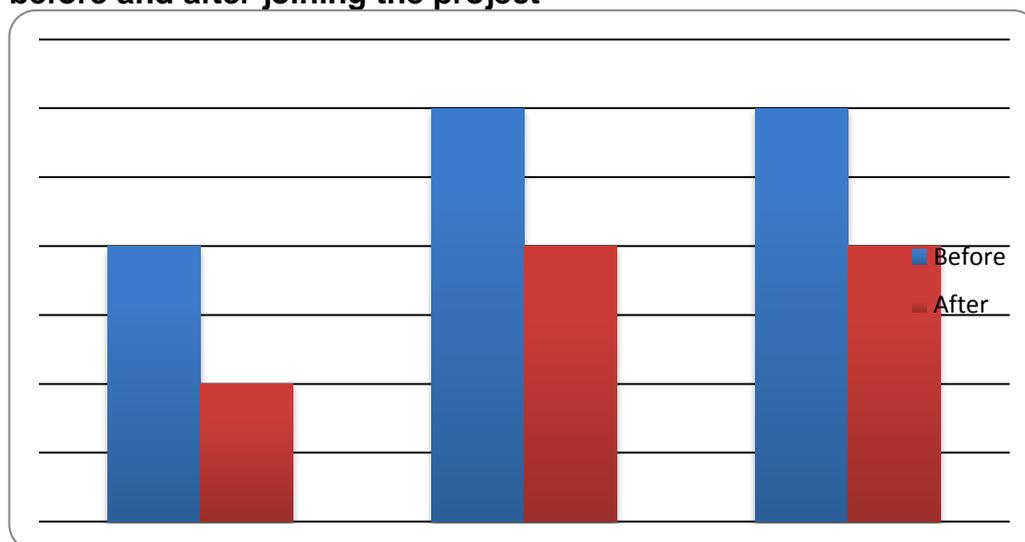
- 5.6 The respondents had been with the project for between 11 and 14 weeks and the reduction in worry is noticeable and are reported below.
- 5.7 On issues relating to health and wellbeing Graph 1 shows a noticeable change in the worry about the actual birth and in the concern about how good a mother they would be.

**Graph 1: Level of concern about health and wellbeing issues before and after joining the project**



Scale 1= not worried at all, 5= very worried

**Graph 2: Level of concern about services and sources of help before and after joining the project**



Scale 1= not worried at all, 5= very worried

- 5.8 Graph 2 shows increasing confidence and awareness about using the service. Raising awareness of services and increasing confidence in

using them was a central aim of the project and the survey showed, even at this early stage, that change could be achieved. As mentors themselves gained knowledge about services, and were able to pass on knowledge and encourage the young women to use them, a noticeable decrease in worries about using them appears. Encouraging the young women to develop the skills they will need as they prepare to care for their child and sometimes set up their own home is a major concern of mentors, particularly for care leavers. They commented,

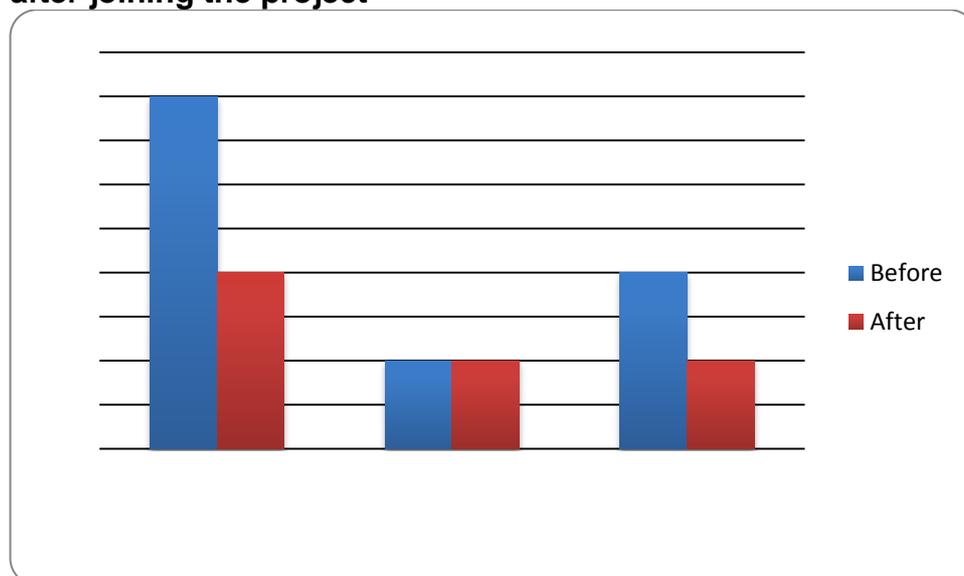
*“For some care leavers it’s really hard. They can’t cook, they can’t make a bed, they’ve never been shown how to. These are all new skills. “*

*“I think a lot of them have no positivity in their lives. They’ve been put down with family members saying things like ‘You’ll be a crap mother’.*

5.9 The marked reduction in participants’ own worries about how they will cope as a mother is a further positive feature of the project.

5.10 Mentors commented about housing and benefits being a key concern of participants when they first joined the project. Certainly the survey showed worries about income and budgeting had been major ones when starting with the project and were much reduced at 11-14 weeks contact. Housing was more complex. Each of the graphs averages out responses (using the median) and on this one the responses were quite varied. Care leavers in particular showing greater concern at initial stages than those living with their parents, albeit with reduced concerns at the later stage as mentor support had helped them with their tenancy issues.

**Graph 3: Levels of concern about housing and money before and after joining the project**



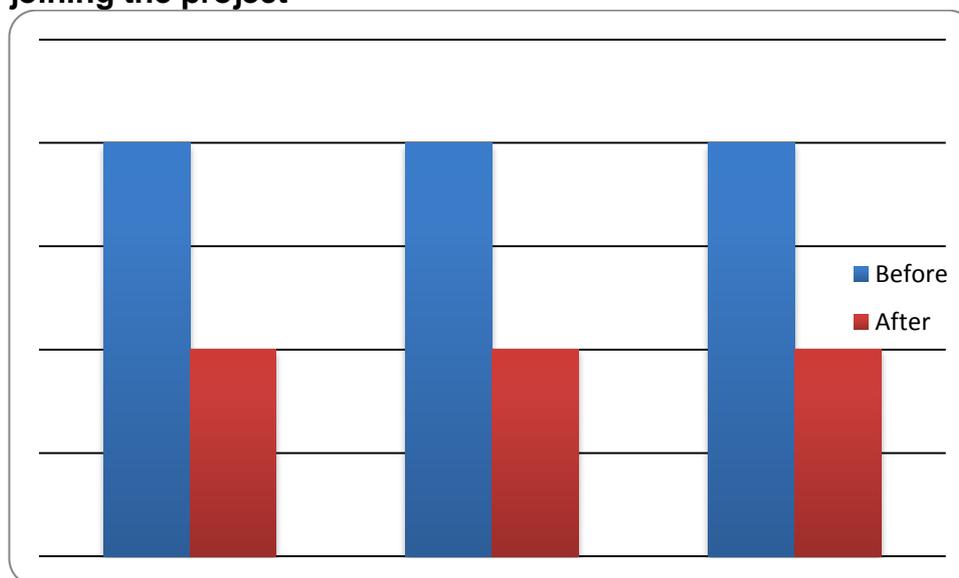
Scale 1= not worried at all, 5= very worried

5.11 Helping participants deal with money issues is a significant part of the mentors work. It is not easy: many of the issues are fairly complex and

the reduction in worry reflects the hard work done by mentors. Benefits for pregnant teenagers under 18, for example, depend on different things such as age and residence with parent. If the pregnant teen is still with parents or carers they can continue to get child benefit and child tax credits but balancing this with claiming on their own behalf can be difficult as it involves renegotiating family relationships.

- 5.12 Clearly the transition to parenthood is a major one: changing relationships between the mother-to-be and her partner, family and friends. For a teenager making the transition to adulthood is difficult enough; combining it with the transition to motherhood is even more significant. For this reason it is notable that many of the participants in the focus group sessions reported that the project was fun and sociable as well as helpful, they felt they had made new friends that would support them in their transition to parenthood.

**Graph 4: Levels of concern about relationships before and after joining the project**



Scale 1= not worried at all, 5= very worried

- 5.13 Relationships with parents are an area that mentors have found they are responding to regularly.

*“None of the problems they come with are easy. For example. You get introduced to a client. She stays at home, has her parent support, the boyfriend is still around. She’s thinking of going back to college. You think – this is easy. But it’s not. It’s emotional support she’s looking for. There are clashes with parents, the mum’s trying to sort things out at the same time as the teenager is trying to be independent and valued as an adult. You have to be careful not to overstep the mark- help them deal with it themselves. You can only advise and encourage them.”*

- 5.14 Half of the respondents in the survey were very worried when they first joined the project that they would not be able to maintain their friends once they became pregnant. Others were not nearly so concerned.

Reasons for this varied. For some it was because they had ‘outgrown’ their friends, for others it was because they felt less good about themselves in company:

*“Folk can let you down. I don’t want to sit with lots of drunken people so I just stay in.”*

*“I’ve given up working now so in the week everyone else is out at work and I’m sitting there – being bored”.*

*“Pregnancy makes you feel less good about yourself.”*

5.15 Graph 4 shows a reduction in worries about such issues, an indication of the impact of the project when support to socialize is available.

5.16 Increased and sustained attendance at antenatal clinics and at the joint community midwife/ community learning ‘Young Mums’ group in Cumbernauld following contact with the project were further indications of project impact on the community engagement of participants.

### **Outcomes/ Impact on mentors**

5.17 It has to be admitted that while good mentoring can work for some young people, there is evidence to suggest it does not always work, particularly for the most disadvantaged<sup>10</sup>. This is particularly the case if mentors are not carefully screened, there is insufficient training for them and resources to support the development and management of a mentoring project are lacking. A key element of the Teen Parent project was the screening, development, training and support of two young lone parents as mentors who would be paid to work for 25 hours per week on a long term basis with the project. The screening, training programme and support and supervision offered to the two workers has been outlined above. Here the impact of it on the two pilot mentors is reviewed and the extent to which this has led to a highly skilled, specific form of intervention, particularly well geared to the needs of mentors and participants is explored.

5.18 Both mentors were young lone parent that had worked with OPFS before, as participants in the Future Jobs Fund schemes introduced by the Department for Work and Pensions (DWP) in 2009 as a response to significant concerns about the long-term effects of rising youth unemployment. It had allowed OPFS to offer temporary paid jobs lasting six months for unemployed young people and people living in disadvantaged areas. The result of that involvement was that both mentors entered their posts with an already raised level of training, a desire to improve their careers, an understanding of supporting vulnerable young families and of OPFS as an organization, and a knowledge of the type of area in which the work was to be delivered, as they both lived in deprived areas of North Lanarkshire. They had shown themselves willing to learn, committed to supporting young families and keen to progress into related, sustained work following their FJF

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<sup>10</sup> Rhodes, J. E. (2002) *Older and wiser: Risks and rewards in youth mentoring*. Cambridge, MA: Harvard University Press.

experience. However, whilst their backgrounds and recruitment via the FJF programme were viewed as a positive feature by themselves and by OPFS there was a certain skepticism from some health visitors working in the area about their capacity to provide the sort of support that pregnant teenagers needed.

- 5.19 At the very least mentors felt they had made great strides in their movement towards sustained employment as a result of the project but the impact was considerably more: their ability to do the job, the satisfaction with their lives, the assets they could now bring to their families, communities and their employer were all mentioned as positive outcomes of their employment as mentors.

*Ability to do the job.*

- 5.20 Between the two mentors there was experience in the past of homelessness, financial difficulty, lone parenthood and 'false starts' in education. This has been used as a positive element in their work. Both felt that it enabled them to understand the young women and the organizations dealing with them – but also to offer a role model of how such things can be overcome.

*“I was a young mum myself, I wasn't a teenage mum but I was still young. I'd been homeless in my time – a lot of the girls had the same problems . I'd had debt problems that I needed help to sort out. I'd been in education – seen different bits of that. So I could identify with them, help them realize that you have to take one step at a time, deal with things so they don't build up”*

- 5.21 There was a recognition, however, that similar experience was not enough, by any means, to provide the sort of support that was needed. The first three months of their job involved in depth training in what mentoring involved, introductions to the services and organizations that they could draw on to help their mentees, shadowing the skilled mentor who is project co-ordinator, introductions to the network of professionals in the community that they would meet in their work. All these were seen as highly relevant to their job and to continue to be so as new issues crop up. Being able to access ongoing support and supervision was seen as essential to deal with what at times are very complex cases. In addition, the project welcomed and encouraged them to identify relevant training for the project and for their own development and to see it as essential to their own development.

- 5.22 Much of the learning about local services, for example, was seen as useful in their own lives as well as their clients'.

*“A lot of it is useful in your own life. If you're trying to help a young person whose got into debt I'd warn them about certain companies now. I'd advise them to think about credit unions. I wouldn't have said that six months ago. It's helped by the OPFS approach that recognizes*

*that if you are going to be going out and helping people you need to know things for yourself too and not be embarrassed to ask.”*

- 5.23 A number of the young women that mentors are supporting have complex and difficult lives. Both mentors felt that, whilst at times they were anxious about their clients and ‘in tears thinking about what was going to happen to them’, they were now at a stage where they know when they are out of their depth but could, with support from the project coordinator and manager, help the young parents in their transition to a stable, secure life for themselves and their babies.

*“We’ve been trained well.”*

- 5.24 It’s not just the mentors themselves that see themselves as now able to do the job well. The Principal Officer North Lanarkshire Early Years Service commented that whilst there had been a concern about recruiting the mentors from the entry level posts of the Future Jobs Fund the training and support for the mentors had been so good that there were no longer any worries on their part about their ability to deliver the service. In fact their concern now was how mentors could be supported to gain professional qualifications, not so much for the project but more to ensure that the experience they had gained contributed to their future career progression.

#### *Satisfaction with the job*

- 5.25 The two mentors exhibited a level of job satisfaction and commitment to the job, that many would be envious of. The commented,  
*“It’s definitely intense but if you’ve got a passion for what you do then it shouldn’t be a problem. “*  
*“I’m very proud of the fact that that I make a difference in peoples’ lives on a day to day basis. “*  
*“The job has made me a better person.”*  
*“There’s a buzz to the job. Every young person’s needs are different – that’s the challenge but it’s very rewarding.”*

- 5.26 Mentors, other project staff and external stakeholders all mentioned the increased confidence of mentors since joining the project. Mentors are seen by professionals in the area as having gained a great deal in confidence and their success in delivering a different way of working with vulnerable young people was reported to offer something that other services could learn from.

- 5.27 Juggling work with their own childcare was something the mentors have managed too.  
*“It was difficult working with three kids to begin with. But I’ve come through that.”*

#### *Future plans*

- 5.28 An indication of the increased confidence and capacity of mentors can be seen in the plans that mentors have for their future. When asked if

they felt they would be able to support any new mentors that were recruited to the project both felt that they would be able to give advice and help where it was likely to be needed because of their training and the experiences they had had since starting the work.

- 5.29 Both mentors were keen to stay with the project if funding allowed. At the same time, both were now looking at more formal training that would allow them to a) do the job better, and b) build on their current learning to allow them to develop a career in the field. One was pursuing the possibility of Youth Work training, the other training in Counseling. They did not want to waste the opportunity that the job had given them to have a secure employment future to which they were now committed.

### **Outcomes/ Impact on OPFS**

- 5.30 The project's two main objectives were to train and support a group of young parents to work as mentors and to provide tailored advice and a holistic, supportive peer mentoring service to pregnant teenagers that would bring benefits to the teenagers and their children. The evidence above shows that the project is well on the way to having a well working model in place that achieves this. One further area of impact worth examining, however, is the impact on the organization delivering the service. The North Lanarkshire Council investment has allowed One Parent Families Scotland to harness the skills of two individuals who had entered the organization under the Future Jobs Fund programme at the same time as developing a valuable service and model for supporting a group of teenagers whose needs are not being met and which could not be delivered by other staff in OPFS or in existing statutory services.
- 5.31 Stakeholders, OPFS staff and project staff all felt there had been effective information sharing and there was increased confidence amongst all that the project had added to other locally available provision.
- 5.32 It has laid the basis for future collaborations between the local authority and the voluntary sector that could be reproduced in other parts of Lanarkshire and indeed other local authority areas. There was a fear amongst stakeholders and OPFS, however, that when pilot funding ends the service will have to cease.

## SECTION 6: AREAS FOR DEVELOPMENT

- 6.1 Although there was considerable satisfaction amongst users, providers, funders and other agencies working to support pregnant women, there were a number of areas for development of the Teen Parent Mentoring service that were identified by participants, mentors, project co-ordinators, managers and stakeholders.
- 6.2 These included a concern that the positive change in engagement, motivation and resilience achieved during pregnancy and early motherhood would disappear as there were no fully developed plans for ongoing support and reinforcement of the improvements. The young parents that feature in the project are the ones with limited support networks and who will be most targeted in forthcoming welfare reform. They are unlikely to use existing routes into employment as they may find it difficult to make any transition to further training, education or voluntary work whilst their child is very young. Concern was expressed that without sustained support until a child reached nursery school age the impact of welfare reform would almost inevitably make life more difficult for the mothers. A number of the teens who felt they had changed a great deal as a result of the project expressed an interest in volunteering, acting as informal mentors but there is no existing route for such activity.
- 6.3 Initially the project had expressed an intention to work with families and partners where appropriate. In some cases the father of the future child was still in contact with the mother-to-be but it has not been possible to develop appropriate measures to support them as well as the mothers. It is not an easy area to work in. There is little previous experience of working with young fathers, the young mothers in this project were not convinced that the sort of support they receive is relevant to the fathers and there has been little time to develop a strategy. It is, however, an important area when teenage fathers are often maligned and need support<sup>11</sup>. Young fathers are some of the most invisible and vulnerable parents in the UK<sup>12</sup>. They are seldom recognized as needing mentoring support by services, yet where this does happen it is seen as a vital element in their lives<sup>13</sup>.
- 6.4 Participants, managers and funders saw young lone parent mentors as crucial to the success of the project but the long-term future for the mentors was not clear. There has, understandably, been little time to focus on an exit strategy for mentors yet it is essential given the

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<sup>11</sup> Quinton, D., Pollock, S. and Golding, J. (2002) The transition to fatherhood in young men – influences on commitment. ESRC Report available online at [www.regard.ac.uk](http://www.regard.ac.uk)

<sup>12</sup> Sheldrake, E. (2010) The experiences of being a teenage father. Unpublished PhD thesis, University of Birmingham

<sup>13</sup> Neale, B. and Clayton, C. (2011) 'Following Fathers: the lived experience of teenage parenting over time'. University of Leeds. Accessed at <http://www.timescapes.leeds.ac.uk/assets/files/Policy%20Conference%202011/paper%202.pdf>.

uncertainty of funding and downsizing and redundancies in the public and voluntary sector.

- 6.5 The nature of short term funding means it is difficult to plan fully for progression of the work into a new phase and into additional geographic areas. The commitment to the work by both OPFS and North Lanarkshire Council Early Years Service and Health Services has meant discussions over future strategy and funding sources are well progressed but need to be in place quickly if the expertise is to be maintained.
- 6.6 Referral routes are now well established through midwives, health visitors but the full extent of possible partnerships and ways in which organizations can fully complement one another's work has still to be fully explored. For example, school referrals are still reported as below expectations so there is still much to do to support the very youngest teenage group and the expectations of social work in relation to the project is not clear.
- 6.7 Other suggestions for improving operational issues were given by participants, mentors, OPFS staff as well as North Lanarkshire Early Years and Health Services. They included : better accommodation for the project to allow a drop in service for mothers and babies to develop, accommodation for administration and record keeping if the project expands into other areas of Lanarkshire, increased and innovative methods of involvement of mentors in public health networks, improved evaluation tools to measure the 'distance travelled' by parents.

## **SECTION 7: CONCLUSIONS AND RECOMMENDATIONS**

- 7.1 The findings of this report show that the Teen Parent Mentoring project offers a promising model of working with teenage pregnant women. It focuses on the needs of pregnant teenagers and providing one to one mentoring support from young parents who have had similar experiences has positive advantages. It can boost positive health outcomes, work for young parents in areas of deprivation, provide the basis for a stable start to parenthood, as well as use and improve the assets of young parents who provide mentoring, and improve multi agency work. It offers an attractive option for stakeholders in an environment where preventative spend and locally based asset building are valued. It represents a cost effective intervention that can benefit communities and promote positive outcomes for young parents and their children.
- 7.2 Development options for the project are varied. They depend on the environment in which the Teen Parent Mentoring project works. All the organisational stakeholders interviewed believed that there was a need for the project to continue in North Lanarkshire. There were a number of reasons for this. Firstly because it was seen as working well and worth continuing. Secondly because building parental capacity in the way that it does fits with the Parenting Support Strategy of North and South Lanarkshire that was launched in September 2011 as part of Lanarkshire's Getting it Right for Every Child plans and which is supported by the Scottish Government's policy framework to reduce health inequalities, promote parents' role in child development and improve the life chances of Scotland's children by targeting early years. And thirdly because incorporating voluntary sector initiatives and ideas into the services for teenage parents was understood to lead to innovative practice and bridges between disengaged teenagers and existing services. It is an environment in which the project could be expanded for the benefit of all.
- 7.3 The policy and practice landscape also contains organisations that are interested in specific features of the model at the same time as supporting a voluntary sector approach. OPFS is aware of these – there is potential to explore funding, for example, from the William Grant Youth Opportunities Fund. It is a fund that offers financial support to voluntary agencies in Bellshill providing services to re-engage young people not in education, employment or training. Other opportunities that could be and are being explored include the Scottish Community Jobs Fund, launched after the UK Future Jobs Fund was closed in 2010. It offers the possibility of OPFS training and employing 4 new mentors as the fund is geared to 16-24 year olds unemployed for six months or more moving into a job within a civil society sector organisation in their community. Working with North Lanarkshire Council this could be used to develop the mentoring model and the role of the voluntary sector within it.

7.4 Specific recommendations are

- ***Maintain the one to one, personalized, flexible holistic approach of the Teen Parent Mentor model: it is having a positive impact and should be developed further.***
- ***Maintain and develop the place of OPFS Teen Parent Mentoring Project in a multi-agency approach to the needs of pregnant teenagers.***
- ***Carry out regular review of referral and assessment processes in order to clarify the additionality that the project offers and the circumstances in which there should be multi-agency input.***
- ***Continue and extend work with local authority, NHS staff and other services involved in delivering the North Lanarkshire Early Years Strategy, to fund and develop mentoring as a means to achieve sustained improvements in maternal and child health and well being.***
- ***Explore greater integration of project with North Lanarkshire housing and supported tenancy services as well as benefits and financial advice in order to address the significant housing, income and welfare related issues that will continue to face young lone parents, both mothers and fathers.***
- ***Work with funders and local partners to support parents beyond the first six months of parenthood, in order to achieve sustained health, education and employment outcomes for parents and children. This could include a drop in centre for group work to support young mothers after their children are six months old and a more structured 8 week course that focuses on personal development, parenting and combining education or employment with parenting parents.***
- ***Build on the training and career progression support for the young lone parent mentors. This would have the net effect of retaining the advantage of mentoring from people who have experienced and understand the situation of the young parents, at the same time as providing a role model of routes into employment and training for the future.***
- ***Extend the existing high quality monitoring information to collect evidence of the quantitative and qualitative impact of the service on users.***
- ***Introduce father-focused initiatives into the project, to support and stimulate greater involvement of fathers and more positive male role models for the future.***
- ***Share best practice across a wider geographic and service base, in order to build on the substantial partnership between OPFS and health professionals that exists as a result of the TPM project, in order to embed good practice elsewhere. This could include attendance at key events by mentors as well as project coordinator and manager as well as preparation for and organization of events by mentors and users.***

- ***Give consideration to the ways in which the young parents could be trained as 'ambassadors' for the project in order to sustain any increase in self esteem.***

**Professor Gill Scott  
One Parent Families Scotland**

8 February 2013