Review of the National Teen Parent Support Programme

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Executive Summary

A review of the national Teen Parent Support Programme (TPSP), consisting of 12 projects, was initiated by Tusla to inform an expansion of the programme under the European Social Fund Plus (ESF+). A desk top review was undertaken, including internal TPSP documents, national policies, and evidence informed best practice. Consultation with 55 stakeholders was also undertaken, and findings and recommendations drew on both processes.

Findings were considered in relation to the core implementation principles of utilisation, organisation and fidelity. It was concluded that TPSP currently works with about one third of young parents nationally, and that under resourcing of the projects is a significant issue. Over half of referrals are antenatal, which is very positive as research indicates that providing supports to young and/or vulnerable parents during pregnancy is critical to positive outcomes. This does however vary considerably across the projects. Maternity hospital social workers are the main referral source nationally but the range of referring agencies is reflective of the breadth of issues which young parents experience.

In terms of organisation, there was positive feedback on the national structures which support TPSP, and the National Advisory Committee was seen as effective in addressing policy issues as they arise. The National TPSP Manager fulfils an important coordinating role, particularly in terms of project reports and data. Project staff clearly value opportunities to share learning and reflective practice, and have good access to supervision, support and ongoing professional development. There was a lack of clarity locally regarding ownership of budgets and decision-making processes in regard to TPSP service level agreements, with much of this being seen as the result of historical agreements.

In considering fidelity to the TPSP model, it became clear that there is no definitive framework utilised consistently and addressing this gap is a key recommendation. There are processes which appear to be applied with quality across all projects, and the consultation identified a number of 'enablers' which are critical to the successful engagement of young parents. A number of recommendations were identified to enhance the quality of engagement and ensure more evidence informed and consistent practice. These include agreement on the contents of a TPSP induction programme; provision of standard training for all TPSP staff in a range of areas including trauma informed practice; review and updating of the TPSP Toolkit and accompanying training; and ensuring that work with young fathers and the extended family are given greater attention in practice and reporting.

1.0. Introduction

In late 2022, following a competitive tendering process, the Childhood Development Initiative (CDI) was commissioned by Tusla to undertake a review of the Teen Parent Support Programme (TPSP). The purpose of the review was to inform the development of the TPSP under a significant European Social Fund (ESF+) Plus grant, due to run from mid-2023 to 2027.

1.1 The Teen Parent Support Programme

The TPSP, hosted by Treoir, originated in July 1999 when the Teen Parents Support Initiative was established by the Department of Health and Children under the 'Children at Risk' strand of the National Childcare Investment Strategy (1998). The Programme is a response to the vulnerability of families headed by teen parents and provides preventative support services for both the young parents and their children and includes the following objectives:

- Provide services to enhance and support the wellbeing of young parents and their children, empower young parents in their parenting role and ensure equality of opportunity.
- Identify the needs of the targeted young parents, the services available to them and any gaps in these services.
- Encourage existing services to work collaboratively to enhance the capacity of the community networks and local agencies to respond to the needs of this client group.
- Collect, collate, and disseminate information on the experience of targeted young parents.
- Monitor and evaluate programmes, disseminate the findings of the evaluation, and stimulate any necessary change at policy level.
- To build up the teen parents' parental capacity and therefore increase their confidence.
- To enable teenage parents to achieve for themselves and their children positive and sustainable life options and outcomes by inclusion in service, information, education and their communities.
- To proactively enable, by supporting an integrated approach, access to adolescent health education and service.
- To raise awareness of sexuality and sexual health issues.
- To provide access to information and links to other service providers.

- To work in partnership with all relevant agencies and to be inclusive of representation of teen parents and their families.
- To support throughout pregnancy and after (up until the child is two years of age), access to services and information.
- To advocate on behalf of teen parents.
- To continue TPSP participation in Tusla with Meitheal and the Child & Family Support Networks (CFSN) under Prevention & Partnership Family Support (PPFS).
- To ensure that best practice is adhered to in terms of Children First legislation, reporting to funder and data collection from the service, and good governance is also adhered to by the host organisation.
- To ensure there is shared learning between projects, the national collection of data, the sharing of resources and tools for working with young parents and the development of expertise across the projects.

An evaluation of the TPSP in 2002 by the Dublin Institute of Technology identified 15 underpinning principles to working with pregnant and parenting teenagers. These principles form the basis of the TPSP Toolkit, (2017) which is intended to inform the work of all TPSPs. The 15 principles are set out in Section 4.4 below.

1.2 National Structures

TPSP is supported at a national level through Treoir. Whilst salary and programme costs are managed at local level, the School Completion Programme (SCP) grant, provided by Tusla Education Support Services (TESS) comes through Treoir, who also employ the National TPSP Manager.

A National Advisory Committee with a Ministerially appointed Chairperson meets twice a year and has wide ranging representation from key government departments and agencies. The terms of reference for the Committee are as follows:

- To provide a forum for interagency working and the sharing of information in relation to young parents
- To provide an opportunity for the development of coherent national policies in relation to young parents

- To advise Tusla, Child and Family Agency and relevant Government Departments regarding policy and other issues affecting young parents
- To advise Tusla, Child and Family Agency on the overall direction of the TPSP.

The Committee fulfils an important function in addressing policy issues and enhancing delivery.

The role of the National Manager is to '*provide a central focal point for the promotion of the work of the TPSP and the enhancement of the lives of all young parents including those living outside areas covered by a TPSP*' (TPSP, 2022:17). Whilst the chart below indicates a direct line between the National Manager and the individual projects, the National Manager has no authority in regard to local decisions. Likewise, the relationship between the Manager and the employing organisations is an advisory and supportive one, rather than decision-making or directive. The role is largely a coordinating one, in terms of communication, data collection and advocacy.

A Host Organisations' Group is also established, convened by the National Manager twice a year, with the following objectives:

- '*Share information (both national and regional) between Host Organisations around the country to identify issues emerging and support good practice*
- *Develop common positions (relating to policy and practice) on issues of concerns to TPSP*
- *Formulate common responses, make proposals or take other agreed actions based on the common positions*
- *Bring issues from the Host Organisations to the National Advisory Committee*
- *Select and replace representatives for the National Advisory Committee every two years*' (Treoir, 2022a).

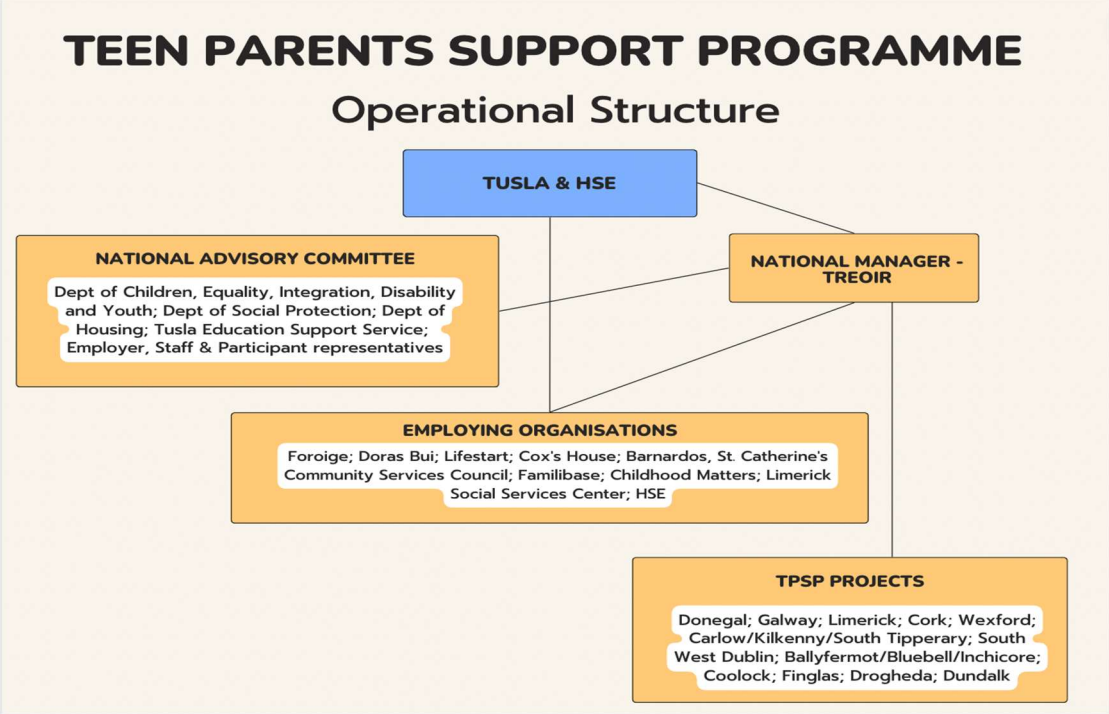


Figure 1: TPSP National Structures (Treoir, 2022)

1.3 Purpose of the Review

The objectives of the review include the following:

1. To carry out a review of all TPSPs currently operating in the Republic of Ireland
2. To document the details of the current operation of each service including:
    - Details of the model used, key policies, materials and resources used, and the range of services offered
    - Details of funding, staff / volunteers, and management of the service
    - Details of referrals and the quantum of service delivered in the last two years
    - Details of key relationships with other services
    - Details of outcomes achieved, and any evaluations undertaken
    - Details of any development plans and / or the potential for development
3. To document the fit of the TPSP with key national and local policy, strategy, services, and need

4. To document the advantages and disadvantages of the TPSP in comparison with other similar programmes

5. To identify the range of options for the future development of the TPSP

6. To recommend, in consultation with key stakeholders, a strategy for the future of the TPSP, with special consideration to the planned developments from 2023 – 2027.

Tusla and the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) were successful in seeking a European Social Fund Plus (ESF+) grant to extend the TPSP from 2023 to 2027. Specifically, the ESF+ will enable the following to be achieved:

- Preparation of a detailed development plan to achieve full national coverage of the programme through the commissioning of the service in new areas and expanding the geographical coverage of existing services where appropriate.
- Implementing the development plan to achieve full national coverage.
- Expanding the remit of the programme to be available for all young parents aged twenty-four and under
- Increase the proportion of parents referred to the programme during pregnancy.

This review is intended to inform this expansion. An Advisory Group was established to oversee the review. (See Appendix 1 for membership).

The report is structured as follows. Section 2 outlines the mixed methods approach taken and states the levels of participation in the consultation. Section 3 summarises available research on effective models of working with young parents, whilst Section 4 provides an overview of the current provision offered through the TPSP, and the external context which impacts on it. Section 5 summarises the findings in terms of utilisation, organisation, fidelity, and enablers, whilst Section 6 sets out key recommendations under these headings.

2.0 Methodology

2.1 Overview

The following mixed methods approach was agreed with the TPSP Advisory Group.

A detailed survey (see Appendix 2) was circulated to the managers of the 11 TPSP's and completed by all of them. (Whilst Louth TPSP is managed by two separate agencies, it is treated as one project for the purposes of this review). The following information was sought:

- Output data (eg. numbers of sessions; referrals; participants etc)
- Outcome data (M&E plans; logic models etc)
- Models of intervention/ programme content
- Participant profiles
- Staff information (qualifications; hours; role eg. manager; frontline/ volunteer)
- Financial information.

Desk research was undertaken as follows:

- Review of internal and published TPSP documents such as annual reports and retention plans
- Collation of national data on young parents
- Identification of existing, evidence-informed models of intervention with young parents.

Focus group discussions (FGD) were undertaken with the various stakeholder groups as illustrated in Table 1. Where individuals were unable to attend an FGD, one to one interviews were offered. All FGDs and all bar one interviews were held remotely over zoom. Following the provision of consent, these were recorded, and subsequently deleted, having been listened to by the researcher and detailed notes taken.

The consultation utilised a process evaluation approach, which '*seek(s) to examine 'how' something happened and can be useful in disseminating learning from demonstration sites or projects, especially where replication is being considered*' (Canavan et al, 2014:12).

Specifically, the consultation sought to understand the following implementation elements:

- Utilisation: The extent to which the service reached its target audience, who the service was used by, and how well the target group engaged in the service
- Organisation: How the service was managed and delivered, including reporting and monitoring
- Fidelity: The extent to which the service was implemented as intended
- Enablers: Those elements which support effective engagement with young parents.

The semi-structured FGD and interview approaches are included in Appendices 3-8. Project Managers acted as Gatekeepers for the consultation process, disseminating the information sheet and consent forms to frontline staff, commissioners, referring agencies and young parents. In addition, a short video was made by the researcher explaining the purpose of the review and the consent process. This was made available to any young parent considering taking part in the review.

The final phase of consultation involved a summary presentation of the findings and recommendations. All those involved in the initial consultation were invited to attend and 31 professionals took part in this discussion. Two sessions were also offered to young parents with none attending. A recording was circulated to some invitees who were unable to attend. The feedback from this phase informed the final report. Specifically, an error in calculations regarding antenatal referral rates was identified and corrected.

2.2 Participants

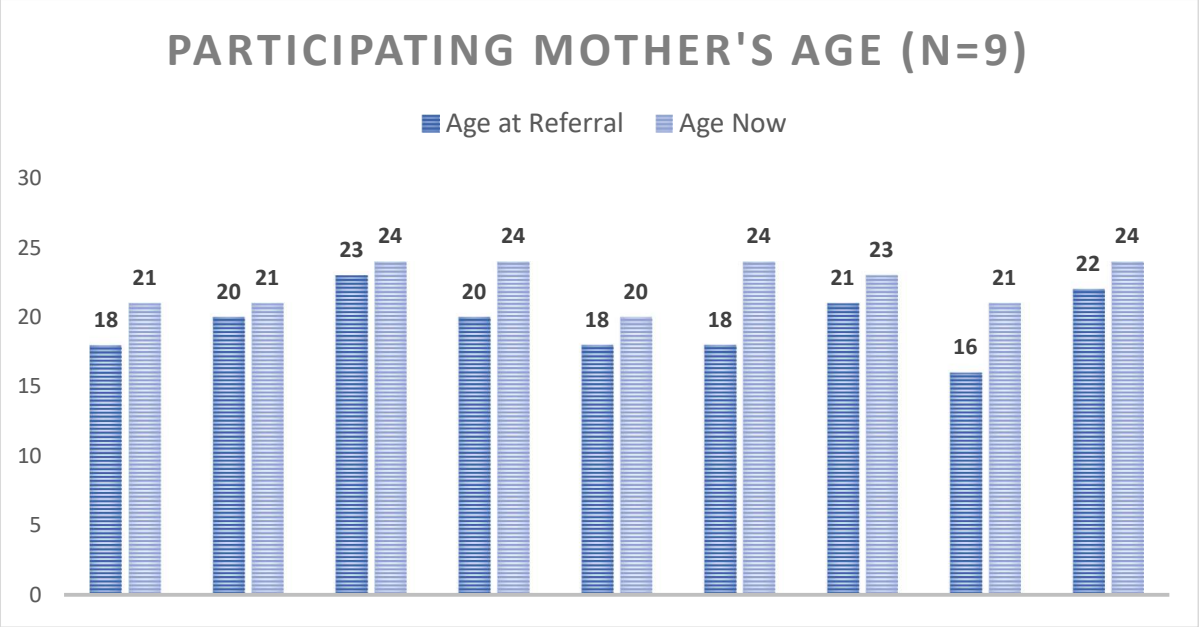
Table 1: FGD and one to one interview participants

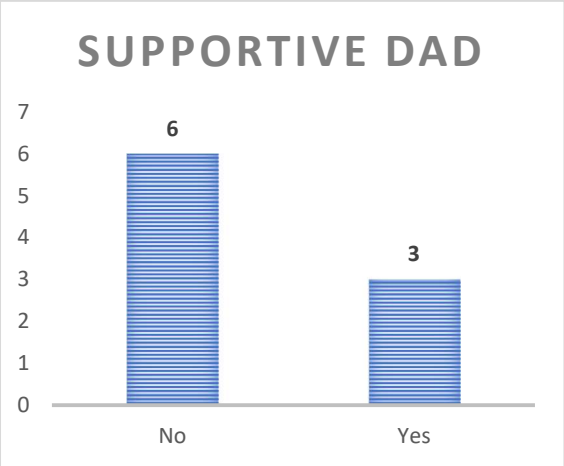
	Focus Group Attendees	Individual Interviews	Total no. of participants
Managers	10	I	11
Frontline staff	12	0	12
Young parents	8	1	9
Referring organisations	4	2	6
Commissioners	11	1	12
National Governance/policy	n/a	5	5
Total Participants			55

In total, nine young parents participated in the consultation. All are currently actively engaged with the projects and all were female. A profile of the participating parents is provided in Table 2 below.

Table 2: Profile of participating parents

	Age at referral	Point of referral	Age now	Referring agency	Dad supportive	Family of origin involved	MH issues	DV	in EET
1	18	Pregnancy	21	Midwife	No	Yes	No	No	Third level
2	20	Pregnancy	21	Self-referral	No	Yes	Not known	Not known	Third level
3	23	Not known	24	midwife	Yes	No	No	No	No
4	20	8 months pregnant	24	Social work	No. Addiction issues	Yes	Yes	Yes	Works part-time
5	18	Not known	20	Not known	Yes	Yes	No	No	Not known
6	18	First child was one and a half	24	Social work	Yes	Yes	Yes	Yes	No
7	21		23	Not known	No. Barring order	No	No	Yes	Works part-time; studying at night.
8	16	Six months pregnant	21	Youth service	No	Limited	Not known	Not known	At third level
9	22	Baby was six months old	24	PHN	No. Barring order	Limited	No	Yes	Works full time





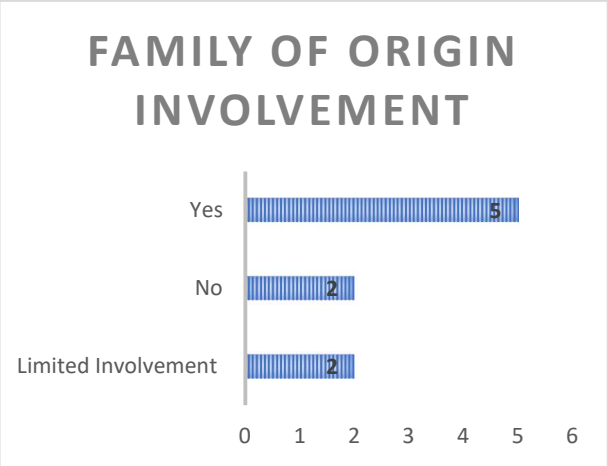


Figure 2: Profile of participating parents

2.3 Participant Responses

The following categories are used throughout the document to describe the level of responses:

- 'Almost all' - more than 90% - 10 or 11 projects
- 'Most' - 75%-90% - 8 or 9 projects
- 'Majority' - 51%-74% - 6 or 7 projects
- 'Fewer than half' - 25%-49% - 4 or 5 projects
- 'A small number' - 16%-24% - 2 or 3 projects
- 'A few' - up to 15% - 1 project.

3.0 Best Practice

There are a number of aspects to be considered when identifying research to inform supports for young parents and their children. The most readily available evidence relates to programmes, or curriculum based, often manualised interventions, with prescribed content, standard hours of delivery (or 'dosage') and specific learning objectives for the participants. Less well researched are approaches or processes, although home visiting and mentoring are relevant models which have growing evidence. Other important aspects relate to implementation (the capacity of staff to deliver the intervention as intended, their level of training, support and supervision), and organisational readiness or contextual enablers. All of these play a part in shaping the likely outcomes for participants and must therefore receive attention.

Research clearly demonstrates that young parents have additional challenges to manage alongside their new parenting role, including potential stigma (Raising Children Network: 2020); completing their education during pregnancy and early parenthood; 'physical, psychological, social and cognitive' changes (Mangeli et al, 2017: 2); and navigating new and changing relationships, whilst experiencing a loss of freedom and increased responsibility (op cit). Young parents are also more likely to parent alone, which results in increased risk of poverty and limited workforce engagement (Treoir, 2015).

There is very little evidence on interventions specifically aimed at young parents. The Early Intervention Foundation Guidebook has only one programme (*Family Nurse Partnership*) which explicitly targets young parents. It is therefore inevitable that a great deal of the work with young parents has been informed by either supports targeted at vulnerable (but not necessarily young) parents, or youth work. Indeed it is the '*dual developmental demands*' of being a young person and a parent which makes this target group unique, as they are '*at a critical stage in their own physical, psychological and social development (while)…. also, simultaneously, developing as parents with responsibility for the nurturing of their child's developments*' (Treoir, 2017: 25).

Research from the longitudinal *Growing up in Ireland* study indicates the need to encourage young pregnant women to engage early in ante-natal services:

> '*Whereas younger and less educated women tended to drink more in early pregnancy, their consumption fell quickly in the second or third trimesters, whereas consumption among more advantaged women often increased over the pregnancy. Evidence suggests that this pattern*

may partially reflect the later date of first antenatal visit among younger and less educated women (suggesting later confirmation of pregnancy)' (Layte and McCrory, 2014:27).

Hennessy and Polek found that '*the birthing complications traditionally associated with teenage child-bearing can be eliminated if adolescent mothers receive high quality maternity care'* (2016: 3). A review of evidence relating to the incidence of low birthweight babies amongst young mothers found '*specialist antenatal services, early enrolment and consistent attendance at antenatal servic*es' to result in improved birth weights (Institute of Public Health in Ireland, 2006). It further found that '*targeting of services to pregnant teenagers at local level in high-risk areas, based on local needs assessment*' is effective. Thus strategies to encourage early engagement with maternity services must be central to effective interventions for young parents.

Family Nurse Partnership (FNP) has been demonstrated as having lasting benefits to children of young first-time mothers, particularly in relation to cognitive functioning. This targeted intervention is delivered by specially trained nurses from early pregnancy until the child's second birthday, using home visiting as the central method of engagement. Whilst the visits are structured '*using a wide range of materials and activities that build self-efficacy, change health behaviour, improve care-giving and increase economic self-sufficiency*' (Early Intervention Foundation, 2023), the relationship between the nurse and the parent is central to the model. FNP has a clear theory of change, invests highly in training and supervising the front-line personnel and programme data are utilised to inform ongoing quality improvements.

A review of the *Community Mothers* programme identified the following as being key aspects of an effective home-visiting model:

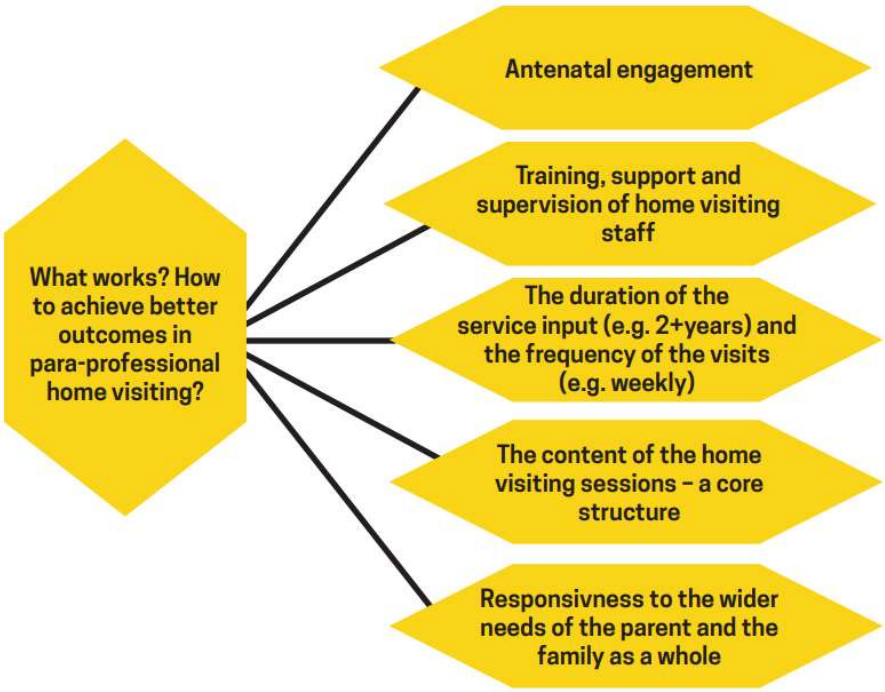


Figure 3: Para-professional home visiting - what are the factors of an effective programme based on research?

From: Brocklesby (2019).

Whilst there is clearly evidence for a home-visiting approach to supporting young mothers, others have found that this is most effective when delivered in conjunction with other forms of engagement.

> *'Programmes that used more than one modality achieved better results than programmes that only used one modality. For example, the studies that improved child physical health outcomes showed that group settings must be combined with other modalities. These findings suggest that by having parents exposed to multiple modalities for a long period of time, the message of appropriate and adequate nutrition gets reinforced. Therefore, combining home visits with group sessions is more effective than only home visits or only group sessions' (Britto et al, 2015).*

Similarly, Blok et al found that the use of diverse methods of engagement can influence outcomes:

> *'Centre-based interventions and interventions following the combined home- and centre-based delivery mode produced greater effect sizes than did home-based programmes in the*

cognitive domain, but not in the socioemotional domain. The programme inclusion of coaching of parenting skills was also positively related to outcomes in the cognitive domain' (Blok et al, 2005).

There are many parenting programmes which have been found to have positive benefits for parents, including young mothers, such as *Parents Plus, Triple P* and *Incredible Years* (See https://guidebook.eif.org.uk/). The *Family Foundations Programme* (https://guidebook.eif.org.uk/programme/family-foundations) whilst a universal programme, has been delivered in Sixth Form (equivalent to Leaving Certificate) settings in the UK, and been found to have a range of long term benefits. These include an increase in the baby's ability to self-soothe, improvements in child behaviours, and improved prosocial behaviour. A group work programme for both parents, delivered antenatally and postnatally, *Family Foundations* is very inexpensive to deliver. The programme specifically aims to improve parental capacity to manage their relationship with each other and to positively manage conflict.

The involvement of fathers in raising their children has been demonstrated to have positive benefits in terms of children's outcomes, and parent-child relationships:

'*Fathers' active and engaged involvement in childrearing through responsive care and stimulation has demonstrated positive outcomes in early learning and cognition, as well as socio-emotional development*' (Alemann et al, 2020).

Research also indicates that father's active engagement in raising their children reduces the use of physical discipline and domestic violence (op cit). There is also evidence that mothers' outcomes are enhanced by paternal involvement (CDI, 2021) and results from the National Maternity Experiences Survey (2020) highlight the importance of partner support during ante-natal care, labour, birth, and the post-natal period. Gonzalez et al note that there is

'*an increasingly large body of literature which highlights the unique positive contributions fathers make to children and families when they are engaged in parenting interventions. As the role fathers play in families shifts to become more inclusive of childcare responsibilities and less narrowly defined by financial contributions, it becomes increasingly important to understand how best to engage fathers in interventions that aim to enhance parenting efficacy and family outcomes such as coparenting*' (2023).

Global research on the engagement of both parents (including heterosexual couples only) demonstrates positive and lasting benefits from the provision of tailored programmes:

> *'Research from multiple settings finds that couple-focused approaches and changes in relationship dynamics can lead to consistent and sometimes longterm changes in parenting involvement and styles*' (Van der gaag et al, 2019:77).

There is growing recognition that when engaging fathers in child focused supports and parenting programme, there is a need to be explicit about including them, and to tailor activities which resonate for them.

> '*A range of materials specifically on the importance of the father's role, how to care for and bond with baby, support mothers and become a co-parent, would enhance and promote a family centred approach…..Many of today's fathers lack a realistic role model for the type of father they wish to become. They need practical information on what involved and engaged fatherhood entails*' (CDI, 2021:28).

Positive role models (formal and informal) have been found to be extremely valuable, and drawing on previous programme participants to support and encourage young parents is also suggested as effective:

> '*Fathers valued program staff for both the "street cred" they brought to their work and the support they provided. Staff served as positive and inspirational role models for many fathers, recognizing that staff had experienced and risen above many of the same life challenges confronting the fathers*' (Mathematica, 2018:13).

Thus, interventions should be tailored to the needs and experiences of the fathers. The invitation to engage in parent supports needs to be explicit and backed up in resources and programme materials, so that fathers' involvement is visible, acceptable and welcome.

4.0 Context for the Teen Parent Support Programme

This section draws primarily on desk research to set out the national context of the TPSP in terms of the incidence and profile of young parents, the policy context which shapes services available to them, and describes the model of intervention which underpins the TPSP. It also summarises referrals to TPSP, the resources available to the projects and the approaches utilised, as well as identifying some key factors influencing the context of young parents' lives. Essentially this section attempts to set out the facts relating to the context, operation, management and delivery of the TPSPs.

4.1 National data on young parents

There are over one million parents in Ireland living with children under 18 years of age, constituting almost one third of the total population (DCEDIY, 2022). In addition, there are parents who in part, live elsewhere than with their children. Of these, just 0.01% are aged under 20, and the figures for young parents have been steadily declining.

National data indicate a decline of 73% in the number of births to teenage mothers in the twenty years to 2020 (HSE, 2022). Several reasons for this are suggested including wider availability and knowledge of contraception; women's increasing desire to complete education and gain meaningful employment; changing social norms, and the wider acceptability of using contraception.

Table 3: Births to under 20's in the State

Year	15–19-year-olds	Fertility rate*
2008	2,402, 3.2% of the overall births (75,173)	16.5
2009	2,249, 3% of the overall births (75,554)	15.6
2010	2,043, 2.7% of the overall births (75,174)	14.4
2011	1,690, 2.3% of the overall births (74,033)	12.3
2012	1,616, 2.3% of the overall births (71,674)	11.8
2013	1,380, 2% of the overall births (68,954)	10.0
2014	1,226, 1.8% of the overall births (67,295)	8.7
2015	1,199, 1.8% of the overall births (65,536)	8.3
2016	1,101, 1.8% of the overall births (63,841)	7.5
2017	1,038, 1.7% of the overall births (61,824)	6.9
2018	956, 1.6% of the overall births (61,022)	6.2

2019	858, 1.4% of the overall births (59,294)	5.4
2020	857, 1.5% of the overall births (56,812)	5.4
***2021**	699, 1.2% of the overall births (58,443)	Not available

Source: Central Statistics Office, (2022). Vital Statistics Annual Report 2020.

**Fertility rate refers to the number of births per 1000 women aged between 15 and 19*

*** Data has been rounded to the nearest decimal point*

****Data from 2021 is provisional*

An HSE report (2022) notes that this decline occurred in the context of health and education policies that aimed to reduce unplanned pregnancies and improve sexual outcomes; improve health and wellbeing outcomes of children and young people; encourage young people to remain in school; and increase access to third level education.

Other changes amongst young people are widely recognised too, and so it is not surprising that there is a steady decline in young parenthood:

> '*Teenagers in Ireland today are more likely to remain in education, and more likely to make healthier lifestyle choices than in the past. They are less likely to smoke and drink alcohol, and are more likely to eat healthily, and to use contraception the first time they have sex*', HSE: 2022).

The average age of first-time parents in Ireland is now amongst the highest in Europe (Eurostat, 2023). This is a welcome shift but may also make it increasingly difficult to be a young parent and to access targeted services.

Although the number of young parents is diminishing, they remain a highly vulnerable group. Whilst four out of 10 parents experience stress 'always' or 'often', a 2018 study found this to be more likely amongst young parents (Amarach, 2020). Young parents are more likely to parent alone, and whilst this does not directly impact on children's outcomes, it does impact directly on maternal wellbeing, which influences children's wellbeing (Brand et al, 2015). Lone parenting is also known to increase the risk of poverty, and it is this economic outcome which has been found to be most strongly related to the presence or otherwise of a second parent:

> '*It* (lone parenting) *bears strong and significant relations with lower maternal well-being, higher levels of conflict in the familial dynamic in addition to higher levels of disordered*

emotional and behavioural child symptomology. In the case of child outcomes and maternal well-being, the familial economic status has the strongest influencing effect of any variable relating to the familial context' (Brand et al: 2015:16).

The centrality of economic status is reiterated in a study based on UK longitudinal data which found

'*poor developmental outcomes for children in teenage families were a related outcome of early maternal disadvantage and deprivation, with maternal age at birth being an additional exacerbating factor in the negative parental outcomes associated with this background demographic*' (Brand et al: op cit).

In terms of locations of young parents in Ireland, the following tables illustrate the births and locations of mothers aged 24 and under, in TPSP and Non TPSP areas, respectively:

Table 4: Number of births to young parents in TPSP Areas, 2021

County/Area	Under 20	20 – 24	Total
Cork	53	376	429
South Dublin*	55	335	390
Fingal	55	239	294
Limerick	31	215	246
Wexford	32	176	208
Tipperary**	29	175	204
Galway	26	166	192
Louth	46	132	178
Donegal	16	126	142
Carlow**	18	79	97
Kilkenny**	13	75	88
Total	**374**	**2,094**	**2,468**

*This TPSP does not cover the full geographical area.

**One project covers all of Carlow and Kilkenny, and part of Tipperary.

Table 5: Births and locations of mothers aged 24 and under in non TPSP areas, 2021:

County/Area	Under 20	20 - 24	Total
Kildare	30	163	193

Meath	20	173	193
Kerry	16	117	133
Wicklow	12	117	129
Offaly	12	103	115
Westmeath	21	88	109
Clare	21	88	109
Laois	26	74	100
Mayo	13	87	100
Dun Laoghaire Rathdown	12	80	92
Cavan	9	70	79
Roscommon	7	54	61
Sligo	9	52	61
Longford	7	46	53
Monaghan	5	45	50
Waterford	7	39	46
Leitrim	2	22	24
Dublin City*	109	517	626
Total	**338**	**1,935**	**2118**

* While parts of Dublin City have a TPSP project, not all areas have access to the service.

From: Treoir, (2022).

From the tables above, it is apparent that there are a number of areas with significant numbers of young parents, which do not currently have access to the TPSP.

4.2 Policy context

Whilst the policy context within which the TPSP operates is set out in the TPSP Toolkit, and does not require repetition here, there have been some important developments since its publication which are noteworthy. As Brand et al note '*state provisions play a large role in determining the experience of teenage motherhood from the moment of conception*' (2013:3) and suggest that '*the anti-abortion stance of the Irish constitution means that a large number of welfare provisions are available for single, unmarried mothers*' (op cit). They also reference the fact that Ireland has had consistently low levels of teenage births compared with international rates, despite there having been no in-country access to abortion until recent years. Whilst their paper acknowledges a culture shift bringing Irish

data regarding young pregnancies more in line with international data, they highlight the influence of macro systems and a fundamentally conservative landscape.

The 2018 Constitutional Reform allowing abortion in Ireland for the first time prompted a Government commitment to provide improved crisis pregnancy supports, so that viable alternatives to abortion are available. The National Sexual Health Strategy, 2015-2020, (2015) published in advance of the reform, refers to limited supports, and focuses rather on improving data regarding crisis pregnancies. However, the Strategy Review (2023) notes a number of developments which were implemented subsequent to the legislative change including the commencement of a national condom distribution service, legislation to allow the provision of free and emergency contraception to 17–24-year-old females, and the publication of a number of resources to support professionals and parents to engage children and young people in discussion about healthy sexual development. The consultation undertaken as part of the review noted the importance of establishing a '*specialist workforce targeting work with at-risk groups*' including young people, (2023: 27).

The Department of Children's High-Level Statement on Child and Family Services (2015) lay the groundwork for the progressive universalist approach which now underpins the sector. It also very clearly states the importance of multifaceted responses to the needs of families:

> '*Good family support has to work to ameliorate the effects of external stressors and for some families these are primarily what is impacting on how the family is functioning. This situation emphasises the critical role of cross-sectoral, cross-agency and cross-disciplinary action and coordination when looking at families who may need support*' (DCYA, 2015:18).

The development and publication of the *National Model of Parents Support Services* was undertaken with the following objectives:

- '*Greater awareness of parenting support services*
- *Greater access to parenting support services*
- *More inclusive parenting support services*
- *Needs-led and evidence-informed parenting support services*' (DCEDIY, 2022:4)

The National Model specifically identifies young parents as potentially being in need of additional supports. The development of a national model was committed to in another relatively new policy, *First 5, A Whole-of-Government Strategy for Babies, Young Children and their Families, 2019-2028*

(DCEDIY, 2020), which also commits to developing a dedicated child health workforce and delivering on a number of measures aimed at addressing child poverty.

Other relevant policies include Slaintecare, which references the development of a dedicated Public Health Nursing service for families with new-born babies and infants; commits to a prevention and early intervention approach and highlights the importance of services being delivered in or near the family home where possible.

The HSE suggests that the positive changes in teenage pregnancy rates and other health outcomes for young people noted above should not be taken for granted, and that:

> '*in order to maintain these trends, it is important that statutory and community stakeholders continue to work together to address the overall determinants of health, in addition to measures that focus on relationships and sexual wellbeing*' (HSE 2022).

In its most recent statement on Irish progress in delivering the commitments of the Convention on the Rights of the Child, the United Nations specifically refers to the TPSP, and its role in promoting fatherhood:

> '*Ensure that the Teen Parents Support Programme includes measures to raise awareness of and foster responsible parenthood, with particular attention to boys, and to protect the rights of pregnant teenagers, adolescent mothers and their children*' (UNCRC, 2023:11).

4.3 Service Provision

In considering the efficacy of TPSP to respond to local needs, and the factors which might inform its expansion, the context of existing service provision must be considered.

Reference to other family support services in the consultation process often indicted a perception that these are, by comparison with TPSP, short term and light touch. Whilst some Tusla funded organisations, such as Family Resource Centres (FRCs) and Area Based Childhood (ABC) areas, do provide universal services such as baby massage, parent education and information, these are largely in order to offset any potential stigma associated with engaging in a targeted service. The Community Families (previously Community Mothers) programme is universal, engaging with all first time mothers and their families in the agreed geographical area. Family support services provided directly by Tusla are by their very nature targeted, requiring a professional referral.

Mapping of existing provision, service target groups, referral processes and criteria should all form part of the approach to identifying the location of new or extended TPSPs, alongside consideration of data relating to populations, mothers' age at birth, poverty levels and so on.

4.4 TPSP Structures

As noted above, national structures are well established to support TPSP. The National Advisory Committee (NAC) has been effective in addressing a number of specific policy matters which were adversely impacting on young parents. It has a notably high attendance rate, with one respondent suggesting that this is due to it being '*in problem-solving mode, and it helps that everyone understands the work. You don't get many places where you get education, health, children, housing sitting around the table. It's good to have that*' (National Governance/Policy).

All the TPSPs are managed by a 'Host Organisation' as opposed to being independent organisations. Barnardo's manages two projects, the HSE directly manages one, and the remainder are managed through various local or national structures. Line management relationships also differ across the projects, with some TPSP Managers working closely with their funder (largely Tusla), and sometimes being supervised by them. Others had little engagement with the local funding agency, and line management support was provided through the Host Organisation. Given these arrangements, there are overhead costs associated with the TPSP which cannot be extrapolated here, such as financial and HR management.

In terms of resourcing the projects, there are two main funding streams. All bar one TPSP receive their core funding from Tusla through a local Service Level Agreement. The exception is funded by the HSE. In addition, all TPSPs also receive additional funding through the School Completion Programme (SCP), although this is allocated at varying levels, largely relating to the timing at which the project entered the national TPSP. SCP funding requires the submission of a Retention Plan (RP) in which the anticipated levels of engagement, interventions and the profile of programme participants are described. Some projects also receive voluntary donations. The levels of funding allocated to each Project are as follows:

Table 6: Resource allocation per TPSP.

	Financial resources	**Staff**	**Referrals**	**Planned Capacity***

Project name, (geographical area covered): Host organisation.	**2022** Core funding 2022, (SCP 2022-2023): Total	**2021** Total funding	Number of staff (WTE) (actual number of staff)	2021 (rating of number of referrals)	2021 /22	2022/ 23
TPSP Doras Bui, (Coolock and Darndale): Doras Bui Parents Alone Resource Centre.	€127,839.72 (€27,555.83): €155,395.55	€149,410	WTE 2.59 (4)	99 (1)	81	82
TPSP Limerick, (Co. Limerick): Limerick Social Service Council.	€44,977 (€30,464.66): €71,640	€79,083	WTE 0.99 (2)	87 (3)	43	29
TPSP Wexford, (Co. Wexford): Barnardos.	€257,544 (€13,693.86): €271,237.86	€162,301	WTE 1.07 (1)	23 (11)	10	37
TPSP Dublin South West, (Clondalkin/Tallaght): Barnardos.	€127,548 (€43,640.52): €176,188.52 **	€173,426	WTE 2.37 (4)	59 (6)	49	49
TPSP Louth, (Co. Louth): Lifestart, Drogheda; Cox's Demense, Dundalk.	€95,000 (€20,415.67): €115,415.67 **	€95,000	WTE 1.57 (2) Plus P/T Tusla manager	83 (5)	12	
TPSP Donegal, (Co. Donegal): Foroige.	€148,108 (€17,114.85): €165,222.85	€131,657	WTE 1.49 (2)	52 (8)	58	59
TPSP Cork, (Co. Cork): St Anne's Day Nursery.	€129,948 (€17,114.85): €147,062.85 **	€146,408	WTE 3.23 (4) Plus P/T Tusla manager	84 (4)	48	29
Finglas TPSP, (Finglas): Barnardos.	€148,320 (€16,893.04): €165,213.04	€135,645	WTE 0.96 (3)	43 (10)		17
TPSP, (Ballyfermot): FamiliBase.	€104,977 (€13,697.29): €118,674.29	€115,040	WTE 2.21 (3)	45 (9)	48	37
Galway TPSP, (Co. Galway): Galway University Hospital.	Salaries paid by HSE. (€32,895.96)	€31,626	WTE 2.29 (3)	96 (2)	62	60
TPSP Carlow/Kilkenny/Tipperary, (Carlow, Kilkenny, Tipperary South): St Catherine's Community Services Centre.	€143,872.44 (€19,682.44): €143,872.44	€143,109	WTE 1.97 (3)	59 (6)	8	8
MEAN	€152,992***	€123,882	(2.82)			
MEDIAN	€152,992***	€135,645	(3.00)			
Total Referrals				729		

*This refers to the projected target population as stated in the RP

** Income from sources additional to Tusla SLA and SCP.

*** Excludes TPSP Galway, due to salaries being funded by the HSE.

As can be seen, all projects other than Limerick reported an increased budget for 2022 compared with 2021. The proportion of School Completion Funding as part of the total income varies widely, from 5% in Wexford to 42% of the total Limerick income. One project has the equivalent of just over three full-time members of staff (split across four post holders), with the mean being three whole time equivalent posts. There is a clear reliance on part-time staff. In addition, Galway, Louth and Cork rely on staff funded through non-TPSP grants. Whilst this brings additional resources, it may also indicate some vulnerability, as these resources are not necessarily ring fenced for young parents.

There does not seem to be any relationship between the funding provided and the number of referrals received or level of local need. The differing terms and conditions of staff across the various host organisations is undoubtedly one aspect of this, however, this does not fully explain the differences. For example, Limerick predicts the third highest level of referrals and yet receives the lowest income (when allowing for the fact that Galway salaries are paid by the HSE). The extent to which funding of TPSP is the result of 'legacy' issues and regarded as being outside the control of the local commissioners is discussed below.

4.4 The TPSP Model

There is an inherent challenge in developing a responsive, needs-based model of intervention whilst also maintaining consistency and adherence to core principles. The TPSP Toolkit states that a '*systematic approach to assessing needs, planning, implementation and evaluation of outcomes*' is required (2017: 31) and proposes the Hardiker model as the assessment framework. It goes on to summarise the use of logic models as a way of clarifying outcomes and provides a template for projects to use.

The bulk of the Toolkit consists of information sheets and activities related to specific aspects of pregnancy and early parenthood, such as physical wellbeing during pregnancy, self-esteem, accessing benefits and financial management. It is wide ranging, frequently includes links to websites and other information sources, and is presented with lots of graphics and illustrations. It primarily offers a curriculum for those working with expectant and young parents, which can be used on a one-to-one basis, with pairs, or with groups. The introduction highlights the importance of professional judgement in identifying the relevant aspects of the Toolkit, deciding on the delivery

method, and making any changes to the content. In these ways, the Toolkit reflects a responsive, needs-based approach.

A set of fifteen 'guiding principles' inform the Toolkit and provide the basis of the TPSP model. These are as follows:

- *'Work within the young parents' level of maturity and abilities: Young people develop differently to each other; tailor supports to meet the young parents where they are at in their stage of development*

- *Work from a client centred perspective: Value the young parents' uniqueness, allow them to guide the form of support they receive to benefit their individual needs and those of their child*

- *Work from a strengths-based perspective: Identify and build on their existing skills and knowledge of their health and well-being needs and those of their child*

- *Attend to the challenge of dual developmental demands: Young parents are at a critical stage in their own physical, psychological and social development. They are also, simultaneously, developing as parents with responsibility for the nurturing of their child's development. Aim to foster both roles*

- *Consider both parents: Young mothers and young fathers can play significant roles in their children's lives. Aim to engage, either together or separately, with both*

- *Consider family relationships: Be aware of family supports and the dynamics, especially with grandparents. Determine if working with the family as a whole may be beneficial*

- *Be cognisant of child protection guidelines in relation to working with minors and their children: Young people under the age of 18, even as parents themselves, are still protected under national child protection guidelines, as are their children. Be clear about confidentiality and its limits and prioritise the health and safety of the young parents and their children.*

- *Make supports relevant, practical and realistic: Build the skills and knowledge of young parents to enable them to meet day-to-day demands and to set goals for their future*

- *Do not make assumptions: Young people may not have the confidence or knowledge to ask for help, but do not assume they do not need it. Support them to discover what they need and how to seek help*

- *Offer supports which are acceptable and accessible to teenage parents: Teenagers may not be able to engage effectively with methods that are geared towards adults. Be creative and flexible in your approach and work within a teenage focussed ethos*
- *Know what you are doing: Agree at an early stage, with both the young parents and others who may be involved in their care, what your role and function will be in the young person's life*
- *Know what works: Base your intervention or support on evidence of best practice and effectiveness, through the use of recognised programmes or curricula and established approaches with defined outcomes*
- *Aim to integrate the young parents within their community and support networks: Support the building of their social relationships through the provision of group engagement and interaction with community-based activity and services*
- *Be aware of the social determinants of health: The health and well-being of a young parent and his/her child is shaped by a wide range of influences. The young parent should be supported to affect changes in his/her wider circumstance such as housing, education and environment*
- *Be consistent in your support but avoid fostering total dependence: Young parents will benefit from having a constant, trustworthy person in their lives and that of their child. However, they should be empowered to do things for themselves and to build a wider network of support on whom to depend in the long-term*' (Treoir, 2017: 25-26).

Most of these principles are relevant to any effective work with young people or vulnerable populations but some also indicate specific curriculum content or interventions methods, anticipated outcomes and target group.

In addition to the above, an internal document sets out 13 factors which summarise the '*Rationale and Strengths of the Teen Parent Support Programme*' (TPSP, 2022: 4) (Appendix 9).

Although there is some alignment between these two frameworks, there is also considerable disparity. Nevertheless, both will be considered when reviewing the TPSP for fidelity, as will the individual and collective project Retention Plans and logic models.

4.5 External Factors

An examination of the Retention Plans (RPs) and case studies from the TPSPs indicates two recurring themes which are largely external to the TPSP: lack of suitable childcare, especially creche places for under one-year olds, and the housing and homelessness crisis. An ongoing review of the childcare sponsorship scheme (unpublished) has noted that very few young parents are being included in the scheme, and that the dedicated sponsorship access for schools is not being utilised.

In relation to housing, one commissioner noted:

> '*One of the most difficult areas for us to work in….they (TPSP staff) can do the parenting piece but what is been underpinned by is access to housing and living outside the family home, being an independent parent. I think that impacts on their ability to do the piece of work that they'd like to do. That's been a big challenge for parents to set up a home of their own*' (Commissioner).

These difficulties are discussed further below, as they were also identified multiple times in the consultation process. Other external influences noted by staff as bringing new challenges included young mothers for whom English is a second language; young people in or leaving the care of the State; and food and fuel poverty.

The newly established Child Poverty and Wellbeing Unit may drive some relevant national and local developments, such as the introduction of local child poverty plans, as proposed in the Government's Implementation Plan for the EU Child Guarantee (DCEDIY: 2022).

Finally, several of the focus groups referenced Covid as having had a negative impact on young parents, particularly in relation to withdrawal of services during the pandemic, some of which have not yet fully returned.

5. Research Findings

This section draws on the desk research, the survey responses and the consultation process to provide a summary of recurring issues, consider different experiences across the TPSPs, and identify both those aspects of the model which appear to be working well, and those which require further development. The individual participant data are extracted from the project RPs, which are summitted annually to Tusla.

Section 5.1 will examine the extent to which the TPSP's currently engage with young parents and provides a profile of referrals and participants. Information relating to assessing needs and demonstrating outcomes will also be noted here. Section 5.2 considers organisational factors such as resources, staff supports, national structures and interagency working. Fidelity to the TPSP model is considered in Section 5.3, whilst those factors which enable positive interventions are highlighted in Section 5.4.

5.1 Utilisation

In considering how well the TPSP is utilised, the review sought to examine the proportion of young parents engaged with nationally, and the extent to which the young parents participated in the services provided.

5.1.1 Reach

There was agreement from all stakeholders that the TPSP does not reach all young parents. As an example, Louth TPSP anticipated engagement with 83 young people in 2020, whilst the latest census figures indicate there were 178 births to young mothers in that year. In the same year there were 246 young parents in limerick, whilst the TPSP aimed to work with 86 of them.

Unanimously, this deficit was seen as being the result of inadequate resourcing. Staff within the projects, and those working with them, recognised that the projects are largely unable to respond to requests for support from outside their geographical area. This issue is discussed in more detail in Section 5.2.

The second theme regarding barriers to participation was raised by the young parents and relates to social stigma. In questioning why more young parents don't avail of the supports available, some of the participating mums suggested this relates to fear of stigma.

'*Maybe they just don't have the confidence to contact them, I don't know…..I think some people are a bit embarrassed, a bit shy. I was shy at the start too but then I felt so welcomed*' (Parent No. 1).

'*I could list about five friends who are teen parents, and they don't engage, I don't know why they don't engage, but there is something there that needs to get them involved. Maybe it's a communication thing, I'm not sure, but she has the list of who's to come, and she has a big list and then only three of us show up*' (Parent No. 2).

'*They have a Facebook page. I'm in it and I know a good few people in my area who are in it. It's mad, that some people don't get involved …… I wouldn't say embarrassment, but I know one of my friends, she wouldn't go but she felt they wanted all your information kind of thing. She felt very, like the person was just being nosy*' (Parent No. 4).

'*I just hated being pregnant in leaving cert, it was just the most horrible thing. I was so glad when covid happened because then I stopped going out before I started showing. I was in an all-girls school, and all the gossip and girls being bitchy, it was horrible*' (Parent No. 1).

This was echoed by some TPSP staff, one of whom noted:

'*The judgement part is massive.. they feel very judged and there is a sense of embarrassment about having a baby at such a young age and what people will think about them*' (TPSP Manager 7).

The continuing prejudice regarding young, unplanned pregnancy was referenced by a small number of participants, and seems to be more prevalent in rural than urban areas:

'*There are parts of the county that are very rural, and where there would be judgement, stigma; they're still very religious, and that can be challenging for young people in that context*' (Commissioner).

'*The school piece can be very difficult. Some schools will go above and beyond to help the young person stay or go back to education, but that's not always there*' (Commissioner).

'*And the way they're spoken to as well, its just awful. By officials……the ones that don't have a voice are the ones I worry about. It (stigma) still exists, it really really does. You might think Ireland is, you know same sex marriage, you'd think we're really progressive, but you just*

have to scratch the service….. I had a teen parent not so long ago who had a baby. She couldn't get the baby christened in her own parish, the priest wouldn't do it because she wasn't married.…the unconscious bias is alive and well' (TPSP Staff).

Trust was also identified as central to young parents' engagement, and this can be especially difficult to establish with young people who have experience of being in the care system.

'*They find it very hard to trust services I suppose, so the fact that they can engage with so many services under one roof is really helpful. A lot of the times the mums don't want to send their children to creche but the fact that's it's under the same roof, they're more open to it, and the children know the space, and if parents want to engage in something for themselves they can do that too*' (TPSP Manager).

'*Fear of the system, if they're coming from an after-care service. They're very fearful of what information people are looking for, historic family fear of different organisations. I've been asked "this won't be reported to Tusla if I'm signing up for this*" ' (TPSP Manager).

One interviewee suggested that more open access activities might help address some of these obstacles:

'*Could they do more group work or drop ins for the mums? Sometimes it's hard to encourage them to participate or engage – something informal and nonthreatening would be really helpful*' (Referring Agency).

There were mixed perspectives on the participation of fathers in TPSP activities. Project staff referred to efforts to engage fathers in group activities, such as parent and baby groups, and the mothers spoke of the project workers' efforts to reach out to their babies' father. Examples of the latter included the provision of leaflets, invitations to events or informal chats, and supporting them with employment and training.

'*My boyfriend came to some of the meetings when I was pregnant and then when we split she asked me does he need help with anything, does he need any support? She always says he's more than welcome to join (trips) and asking how he's doing. When I was pregnant he was looking for an apprenticeship and she gave him a number of someone who could help him*' (Parent No. 5).

'*She was always like, if he needs help, to let her know…She gave me two leaflets about becoming a dad, and how to support Mum, and I gave them to him…..I feel like boys are a bit like that though, they're not as open to supports*' (Parent No. 2).

Although there was very little experience of fathers joining TPSP activities, on the occasions that this did happen, they were generally not regarded positively. One respondent noted that a father in the group can negatively change the dynamic, and this may be uncomfortable for some of the mothers, especially if they don't have an engaged partner.

Another member of staff suggested that:

'*They (the fathers) need to know who else is going. They won't go on their own, they have to know one of their pals will be there*' (TPSP staff).

'*Lots of them know each other, and that helped with attendance at group sessions – it's easier for them to come as a group*' (TPSP staff).

One member of staff noted that some TPSPs allocate a separate case worker to both the mother and father, so that support doesn't depend on them engaging with the same member of staff. Despite this awareness, there was general agreement that fathers do not receive adequate support and attention:

'*Dads are often side-lined – interagency meetings focus on Mum and baby – need to advocate on their behalf, so their needs get some attention. No-one else is looking at them*' (TPSP staff).

Some of the mothers themselves did not see fathers' engagement in group settings as appropriate:

'*One of my friends wanted to bring her partner on one of those trips. They said no, and I think that was a really good decision. The rate of breakup is really high, and if you're going through a difficult time you need to know they're there for you, and that he won't make that awkward*' (Parent No. 8).

'*I think the trips and that are better for just the mothers and the kids, for the mothers to make friends with other young mothers like*' (Parent No. 6).

Despite working with both parents being one of the underpinning principles of TPSP, the consultation did not identify any dedicated group activities for fathers, with one exception. The

overall RP for 2022-23 notes that one 12-week group for young fathers will be held with the proposed outcome that participants will

> '*feel affirmed in their fatherhood and their parenting role and are encouraged to remain in education and find a career pathway that can offer them a viable employment and job satisfaction and financial security*' (Treoir, 2023).

Working cross generationally is another guiding principle of TPSP and is also referenced in the internal document describing the key underpinning processes. The consultation with TPSP staff and those referring young parents to the project indicated minimal engagement with the wider family, and specifically the babies' grandparents, despite their important role as both supports to the young parents, and as a source of conflict for some. Some of the young mothers spoke about tension between themselves and their own mothers, particularly in relation to parenting styles:

> '*When I had the baby we (Mum and I) clashed a lot so I decided it was time to move out. The project was really good, helping me to fill out the forms, and paying for me to stay in hotels, and eventually I got to a family hub and then I got HAP….Now I'm in my own house, I go to her place every day, and we have dinner there, stay there, but I go home at night-time*' (Parent No. 5).

> '*When I had (daughter) I kept clashing with my mum – she reared us one way, whereas I had a routine, and like she wasn't allowed to have sweets after six o clock. Mam would give her whatever she asked for; she wasn't being bad, it was just her way. My kids have a routine, and I'll rear them how I want to rear them. I love going up there, and she loves my kids, but it's better having my own place*' (Parent No. 4).

Whilst some of the young mothers had limited contact with their parents, most indicated positive relationships with their mothers, and saw them as important supports, particularly once they moved into their own home. The barriers to young parents finding their own home, and thus having to stay with the family of origin may add to intergenerational tensions.

5.1.2 Referrals

Although the total number of births to younger mothers has decreased, as noted above, an increasing proportion of referrals to the TPSP are presenting with more complex needs. These include younger parents, care leavers, those experiencing repeat crisis pregnancies, those affected by the housing crisis, and young migrant parents.

'*We've been side stepping education outcomes – going back to basics with them because that's what they need. The pandemic really threw them, and the work is much more about getting them to a point where they can even think about going back to education*' (Commissioner).

Over half of all new referrals (58%) in 2021 were for young pregnant women, indicating early engagement with maternity services and opportunities to intervene early. This is an important finding given the evidence regarding the benefits of such early intervention.

Table 7: Pregnancy Status of New Referrals in 2021 by Project.

	Total Referrals		**Stage of new referrals in 2021**			
	2021	Antenatal	% Antenatal of all cases	Postnatal	% Post-natal of all cases	Other (e.g., father, primary client not teen parent)
Doras Bui TPSP	21	13	62%	8	38%	
Limerick TPSP	21	9	43%	9	43%	3
Wexford TPSP	14	4	29%	10	71%	
Dublin Southwest TPSP	20	6	30%	14	70%	
Louth TPSP	22	16	73%	4	18%	2
Donegal TPSP	10	8	80%	2	20%	
Cork TPSP	29	17	59%	12	41%	
Finglas TPSP	11	8	73%	3	27%	
Ballyfermot TPSP	10	1	10%	9	90%	
Galway TPSP	27	25	93%	2	7%	
Carlow/Kilkenny/Tipperary TPSP	12	8	67%	4	33%	
Total	**197**	**115**	**58%**	**87**		**5**

Galway TPSP, which is the only TPSP based in a maternity hospital, has the highest levels of early intervention, with 93% being antenatal referrals. A number of other projects also achieve very high levels of early engagement, such as Donegal (80%), Louth and Finglas (both at 73%). Given the importance of early intervention, and particularly the improved outcomes for young mothers when linked in with maternity services during pregnancy (see Section 3), it is worth identifying the strategies utilised to achieve these rates and looking to emulate the effective practices in other locations. This will of course be more complex in areas where the maternity hospital covers a geographical area wider than the TPSP catchment area, or indeed where several TPSPs may offer a service to women attending the same hospital.

In terms of the ongoing cases being managed by TPSP in 2021, it is not surprising that the proportion of postnatal cases shifts to the majority, amounting to 71%. The fact that 27% of existing cases are antenatal is indicative of these young people being referred at a very early stage of pregnancy which is very positive.

The number of referrals and ongoing case management is also noteworthy. With almost 200 referrals annually, in addition to over 700 young people already engaged with, it is likely that project staff have difficulty providing the level of support required for all, or even having to cease engagement in advance of individual readiness, due to resource limitations.

Table 8: Pregnancy status at point of Referral, active cases, 2021

Pregnancy Status of Primary Client	Count of Pregnancy Status of Primary Client
Postnatal 1st Child	414
Antenatal 1st Child	160
Postnatal 2nd Child	88
Antenatal 2nd Child	31
Postnatal 3rd Child	17
Primary Client not teen parent	5
Antenatal 3rd Child	3
Father of baby	4
Postnatal twins	2
Miscarried	3
Not known	1

Postnatal 4th Child	1
Grand Total	**729**

From the review of RPs, and specifically the projected numbers of target parents and their ages, it appears that most parents supported by TPSPs are in the 18-21 years old category, rather than the 'teen' category (< 16 years of age and 16-18 years of age). Only 35% referrals (252/729) in 2021 were for parents who were 17 or younger. This was evident from RPs as noted above, is confirmed here in the referral data and is in line with national data on young mothers.

Table 9: Age at Referral.

Age at Referral	Count of Age at Referral
15	35
16	82
17	120
18	150
19	161
20	78
23	2
<15	15
>20	85
Primary client not a teen parent	1
Grand Total	**729**

Data from 2021 referrals confirm the complex needs of parents supported by TPSP, with 36% of parents (264/729) being judged as having an indicated level of need (i.e., Hardiker level 3 or higher). This is approximately every third client supported.

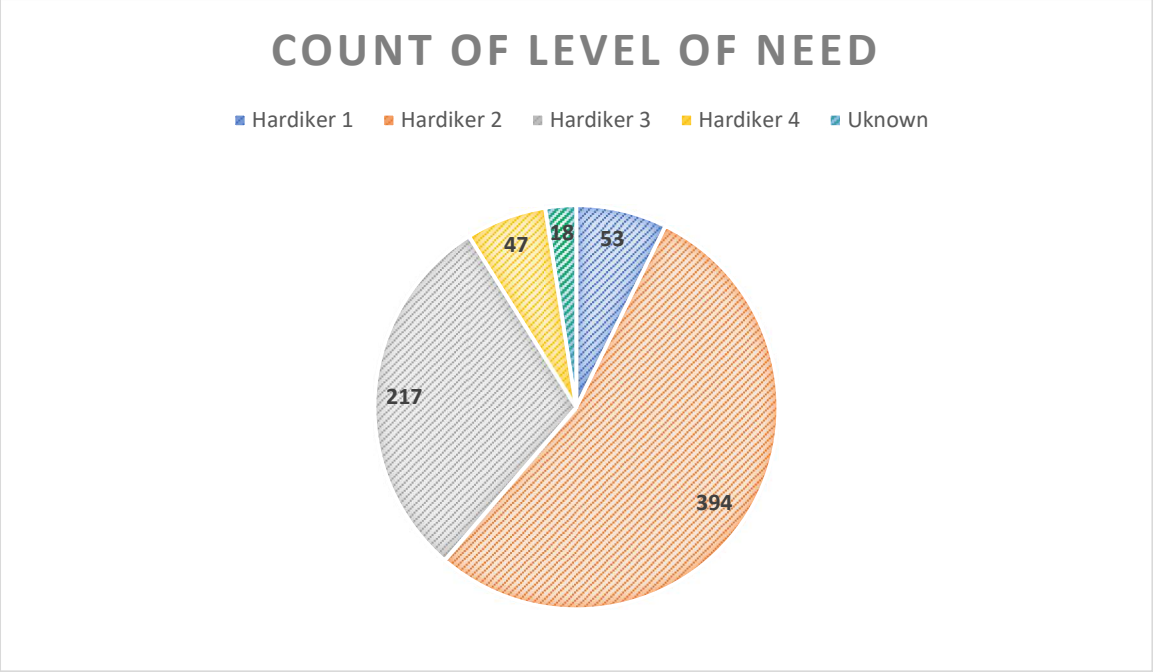


Figure 4: Level of need at point of referral

The FGDs reiterated these findings, with participants emphasising the increasing levels of need amongst young parents:

> '*The complexity of the issues has really grown compared to a number of years ago. Over the course of the years, the numbers have reduced in terms of the number of teen births, but the complexity has grown*' (TPSP Manager).

> '*Catching them where they're at; working with the school so they don't fall out of education. Parenting programmes are so far down the line, they need so much work before they are ready for this*' (TPSP Staff).

> '*The complexity of need has just gone off the wall. It's very challenging, there's no extra funding for anything really*' (Referring Agency).

> '*A lot of them are coming from crisis situations, they not thriving, they're just surviving. A lot of them are sleeping on couches, and it's undocumented. They're not telling people because they're afraid of their children going into care*' (TPSP Staff). .

RPs indicate that 18% of supported clients currently experience or have a history of domestic violence.

Table 10: Experience of domestic violence

Has Primary Client ever disclosed Domestic Violence to you?	Count of Has Primary Client ever disclosed Domestic Violence to you?
No	600
Yes-past experience. No current risk	98
Yes-current experience. Current risk.	31
Grand Total	**729**

Some of the young mothers who participated in the consultation also identified a range of complex needs which were experienced either directly, or amongst their immediate family and partner. These include domestic violence, mental health issues, seeking asylum and addiction.

> '*There's not one thing.…with every court date she helped me, with every access visit I had with my son, she helped me to do things that were good for his age…….They closed the social worker case for good last Wednesday with all the help of Teen Parents, and I have custody, full custody of two of my kids, and that's all down to the project*' (Parent No. 6).

> '*I thought I was in love, but she was always reminding me it was trauma; he hurt me so much but he was also my safe space. She kept reminding me how good I was and that my kids needed me. She kept me alive; she was absolutely amazing*' (Parent No. 4).

The ability and motivation to address isolation and engage in activities was also a recurring theme, highlighting the importance of accessible services and outreach:

> '*Where there is isolation and challenges around mental health… the ability to work with apathy…the dawning and realisation about how much this has changed their lives as a young person from being able to go out with their friends on a Saturday night. There's a particular skillset needed to guide them through those challenges, and to reintegrate and gently prompt them into other activities*' (Commissioner).

> '*A lot of these needs can exist for any parent, but for a young parent, possibly with mental health issues or anxiety, can be amplified*' (Commissioner).

> '*We went on a one or two trips when he was young…you're so tired from having the baby and you don't have much money, and you don't have the head space for planning anything, so it was great, they did all the planning and you just had to turn up*' (Parent No. 8).

From the analysis of referral data in 2021, Social Workers in Maternity Hospitals are the main referrer to TPSP projects, accounting for a total of 47% of all referrals. However, the range of referring agencies identified is indicative of the breadth of issues young parents face.

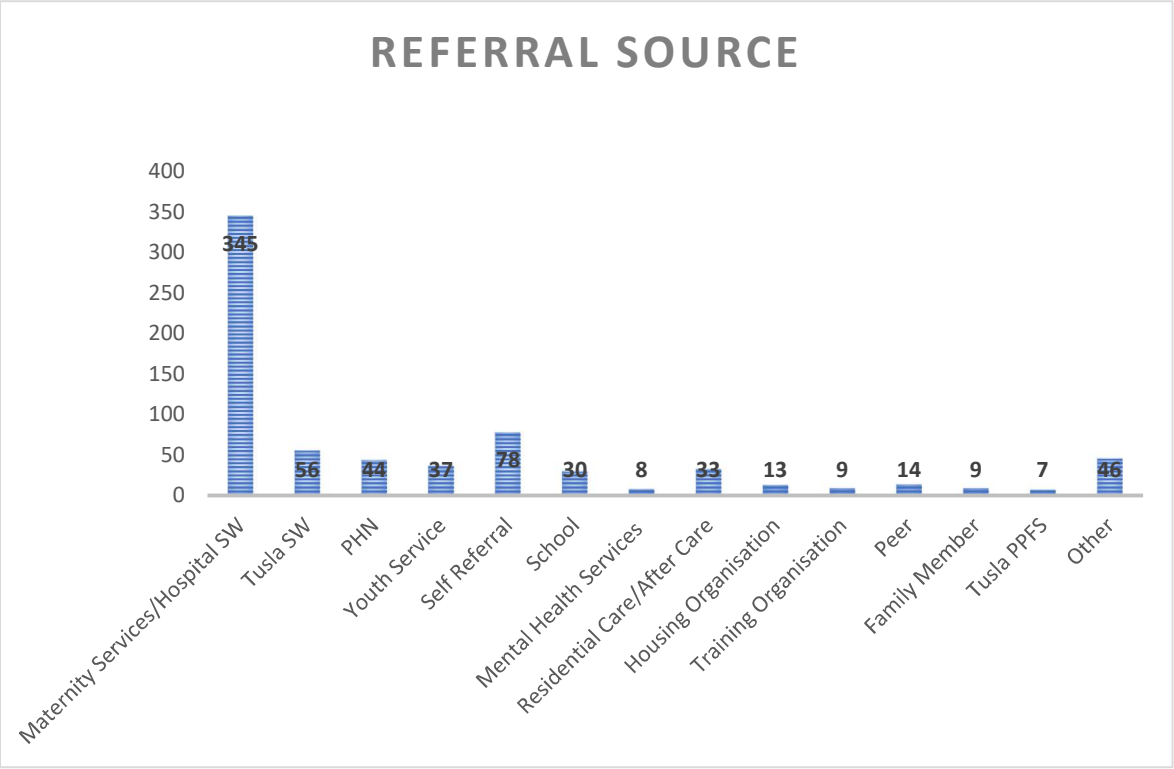


Figure 5: Referral Source

It is worth noting that approximately 9% of referrals are self-referrals. For example, in the 2021 dataset, 66 out of 728 were self-referrals. This is indicative of TPSPs having a strong community basis and being integrated with and known by other services. The next largest set of referrals come from other social workers, most likely relating to Tusla personnel, indicating a likelihood of child protection issues.

As part of Retention Planning, TPSP projects are required to specify the educational settings they work with (both secondary and third level education). Most TPSP projects list between 20 and 40 such settings but the range is wide (for example, Cork TPSP listed eight settings while Dublin Southwest and Kilkenny/Carlow/Tipperary TPSP listed over 40). This evidences that the local context in which TPSP projects are located varies, this context being important not only to the

implementation of TPSP projects but also playing a part in their capacity. In reviewing the source of referrals to TPSP, 'schools' do not appear to be a common referrer with only 4% of 2021 referrals being from schools (26 out of 728 referrals); this is most likely due to the reducing numbers of very young parents.

From the analysis of 2021 referrals, over 25% of clients appear to have a previous or current involvement of being in the care system, indicating a high level of need and likelihood of having experienced trauma.

Table 11: Social Care History of TPSP Referrals

Social/Care History -Primary Client	Count of Social/Care History -Primary Client
None	371
Not known	159
Previous Tusla SW	100
Previously in Care	41
Current Tusla SW	32
Other current Tusla Family Support	12
Currently in Care	9
Other	5
Total	**729**

More than half of young parents supported by TPSP are not in education, employment or training (NEET) (57%, 421/729). Only a few (9%, 65/729) are in 2nd level education, and a minority are of compulsory education age (<16 years of age, 18% or 132/729).

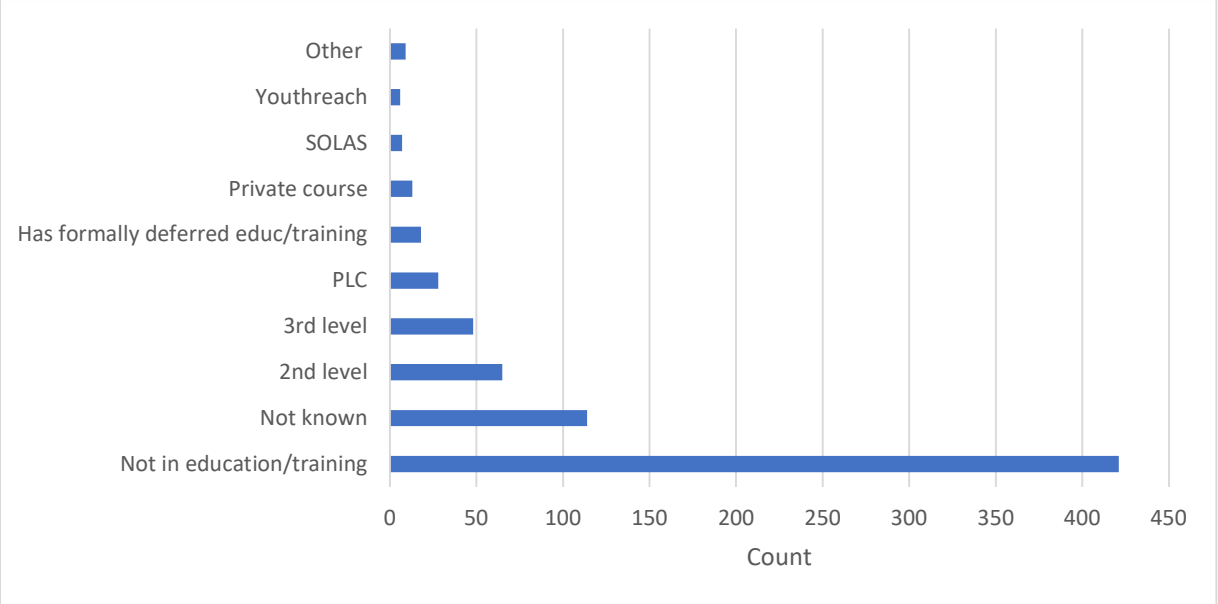


Figure 6: Education and Training Status of TPSP Participants

It appears that pregnancy is not the primary reason for leaving education/training with only about 11% of supported clients leaving education/training due to pregnancy. The RPs place a considerable emphasis on support to remain in education as an important intervention and these data indicate the complexities in doing so. The majority of young parents referred to TPSP complete at least their second level education and a significant proportion go onto achieve third level qualifications. Effective strategies to promote ongoing engagement in employment will require understanding the influencing factors which led to the young person leaving school, identifying possible motivators to reengage, and addressing potential barriers to such engagement.

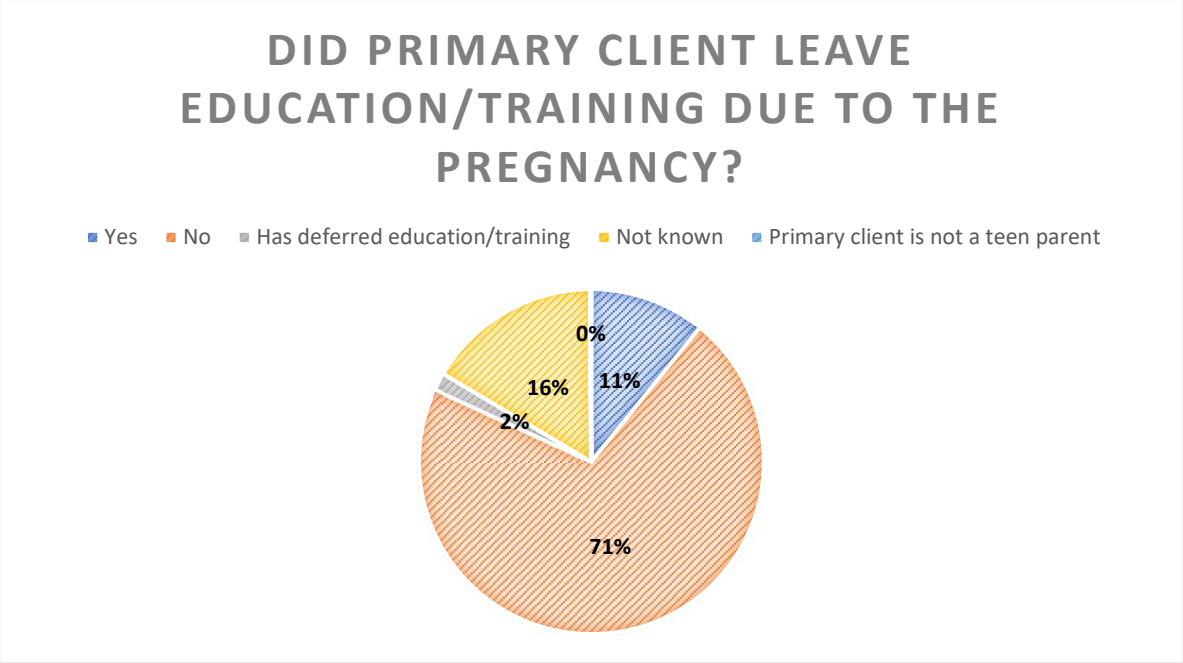


Figure 7: Cessation of Education and Training due to pregnancy

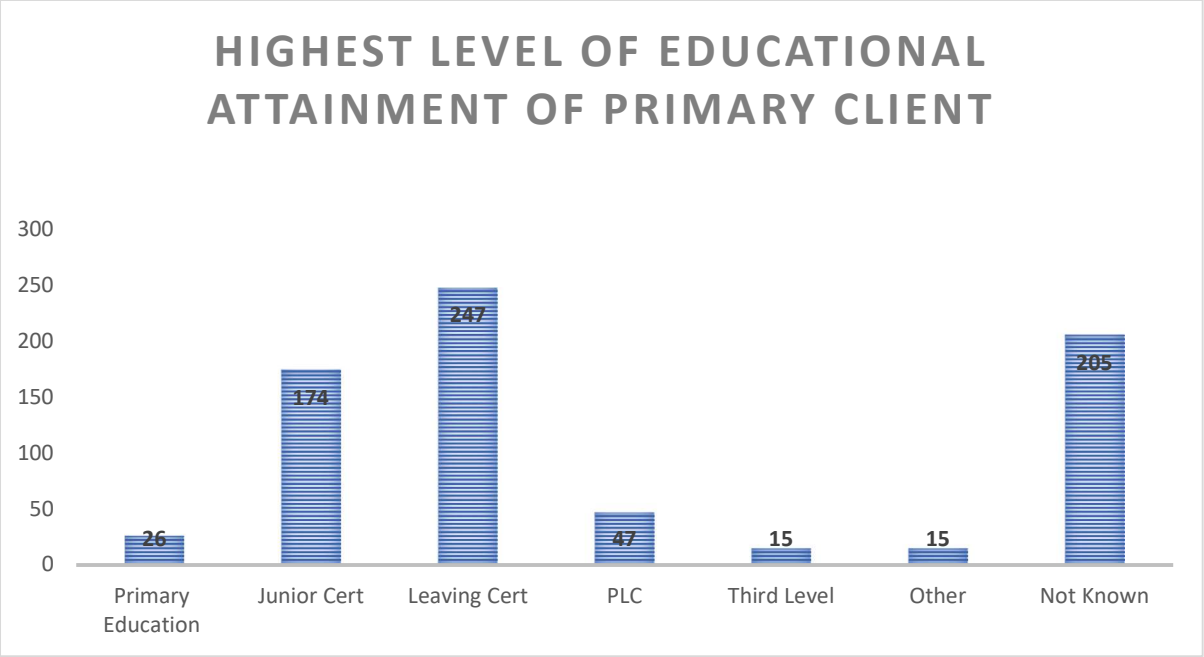


Figure 8: Highest level of education amongst TPSP participants, 2021

More than 60% of supported clients are not in employment (62%, 451/727). It is noteworthy however that of the known pathways (n= 524) the majority of TPSP participants (60%) went onto third level education (n=309) and just 25 young people did not complete second level. Support with education was identified by most of the young mothers as having been extremely important to them:

'*I'm nearly sure the Teen Parents helped me apply for the whole process after the LCA and different courses. I think they helped fund the fee. They were great with that. They helped me apply for (University)*' (Parent 8).

'*She (project worker) said if I needed any stationary and things like that….I get a receipt when I top up my leap card and they give me the money for that. I went back to college when he was eight weeks old. My granny said she'd look after him, and I get €35 a week for her. I know it's not much, but I felt guilty having her do it for nothing'* (Parent No. 2).

Not all participants received the same level of support, and the variance in financial support was named in one of the FGDs.

'*I had to pay for my college. I didn't receive anything for my course. That would have helped a lot. My parents are really good to me, they've given me so much support, but I'd kind of want to do it myself, but a bit of help would have been great*' (Parent No. 7).

Another young mother indicated that she received very little guidance in relation to grants:

'*The financial, like the grants you can get, I know every grant you can get, but no one ever gave me a list of the grants you can get. I found about one in first year, and then the next year I found out about another one. I know people who are in fourth year and they're only applying now for things I've been getting since first year. They should have a list of all the financial support and grants you can get*' (Parent No. 8).

In this same group, another parent indicated that she would like to return to education but did not feel this realistic for her due to financial constraints.

'*I really want to go back to education but I don't see any help, like with the baby expenses it seems impossible*' (Parent 3).

This parent had received no advice about grants and Parent 8 offered to email her a list of what is available.

Despite variations in the educational supports received through TPSP, it is apparent that many of these young mothers achieve impressive levels of attainment by the time they complete their engagement with the project. As Table 12 below indicates, of those mothers whose educational

status is known on leaving the project (n=144), over 63% had completed at least their second level education.

Table 122: TPSP Participants Highest Level of Educational Attainment on ceasing project, 2021.

Highest Educational Attainment	When support ceased in 2021	
	Mothers (194)	Fathers (22)
Completed 3rd Level Education	5	0
Completed PLC Course	19	0
Completed Leaving Certificate	74	4
Completed Junior Cert only	37	6
No 2nd Level Qualification	3	0
Other	6	1
Not known when data were collected	50	0
Total	194	11

Given the proportion of young parents who are in third level education, it is not surprising that over 60% of TPSP participants are not in employment. Future data collection might consider capturing the education and employment journeys of those young parents who are not in third level education, as this is likely the most vulnerable cohort.

Table 13: Employment of Primary Client

Employment of Primary Client	Count of Employment of Primary Client
None	451
Not known	127
P/time	102
F/time	37
Primary Client not teen parent	3
Other	7
Grand Total	**727**

The RPs indicate that the number of target parents the TPSP projects support (or plan to support) each year ranges from as few as eight (Kilkenny/Carlow/Tipperary TPSP) or 10 (Wexford TPSP) to 62

(Galway TPSP) and 59 (Donegal TPSP) and close to 80 (Doras Bui TPSP, namely 81 in 2021/2022 and 79 in 2022/2023). This range may be due to varying definitions of 'target' population, with some projects excluding the parents who may attend group supports (or these projects not offering group supports). RPs for 2020/2021 and 2022/2023 indicate that the number of projected clients has increased in most projects.

Only a small number of supported parents nationally are fathers (approximately 10%) but this engagement varies widely from 3/79 in Doras Bui TPSP to 8/49 in Dublin Southwest, 12/37 in Wexford, 11/62 in Galway, whilst some projects indicate they will not engage directly with any fathers. Again, this level of variation is likely to be due in part to differing definitions of participation.

Engagement with the extended family, and specifically the baby's grandparents, is not recorded anywhere. Nor did this population get named in the consultations, other than one brief reference to their supportive role in providing childcare.

Treoir's internal annual summary of TPSP notes that of 274 service users who ceased contact with the project in 2021, 58 direct referrals (56 mothers and two fathers) did not avail of the service (Treoir, 2022). The limited data available suggest that level of need rather than age is a determining factor in whether a young parent decides to engage with the TPSP. For example, 47% of all new referrals who were assessed in 2021 were considered as having high welfare/child protection needs compared to 12.5% of those who did not avail of the service. This indicates that the majority of those most needing the service do actually go on to engage in it.

In discussing referrals to TPSP, questions were raised about how well the projects are known by professionals, for example:

> '*The project doesn't seem very well known by professionals – it can be hit and miss whether people refer young parents or not. GP's don't tend to know about it – we may be missing opportunities to engage early with pregnant women because the service isn't well known'* (Referring Agency 3).

Discussions with frontline staff and managers confirmed that most projects do not promote their work for fear of being overwhelmed by referrals:

> '*We're not actively advertising because we're fearful about the numbers we're going to get. We already have such a high case load. We haven't advertised in the last two years….we'd*

love to be going down and actively recruiting, but we just don't have the resources; even within our boundaries we're stretched' (TPSP Staff).

5.1.3 Assessing need

From the review of RP, it appears that TPSP projects have limited access to specific assessment tools to measure the needs of their clients. Although there is a consistent use of the Hardiker framework, most identified needs are based on staff observations (e.g., increased mental health difficulties, poverty, unavailability of childcare or adequate housing), and largely relate to factors which TPSP staff have limited impact on (e.g., poverty, childcare, housing). There was very little use of standardised measures to assess for example parental stress or parent-baby relationships.

A small number of TPSP projects (i.e., Cork TPSP) identified numbers of clients affected by specific issues (namely, 16/50 clients having had mental health difficulties, 24/50 impacted by childhood trauma, 16/50 exposed to domestic violence, 22/50 exposed to addictions, and 9/50 being currently or previously in care). While most TPSP projects did not specify the exact numbers of clients impacted by these factors, from those that did, it appears that over a quarter of the parents supported are in care or have previously been in care and over a third experience mental health difficulties (e.g., depression, anxiety). Many young parents are supported by TPSP through second or third pregnancies (e.g., Cork TPSP estimated 23/50 parents are experiencing subsequent pregnancies). This indicates a very complex range of needs amongst TPSP users.

Consultation with TPSP staff, commissioners, and referring agencies identified recurring themes relating to the increasing complexity of need amongst young parents, and the significant impact of factors beyond the control of the TPSP. As noted above, these specifically relate to housing and childcare:

'*There's a lot of crisis and a lot of stress in the beginning, particularly around finding housing and creche places, overcrowding, we really do need the project worker to go out twice a week*' (TPSP Staff).

In relation to childcare, whilst availability of spaces was named by a number of respondents as being problematic, difficulties with sponsorship arrangements under the National Childcare Scheme (NCS) were also identified. It was recognised that the sponsorship scheme is becoming more accessible, with greater understanding amongst professionals and particularly Public Health Nurses. However, sponsorship requires the parent taking the full allocation of time agreed and some parents don't

want their children in creche full-time with the result that they do not use the support at all. In addition, both managers and frontline staff stated experiences of childcare facilities looking for 'top up' funding beyond the NCS contribution, which places a financial strain on parents, or results in the child not attending at all.

The opportunity for young parents to live independently of their family of origin, where they wish to, has been severely limited by the national housing crisis. It is apparent that supporting young parents to navigate the complicated benefits and application process, and to advocate on their behalf, is a significant role for many TPSP staff, and this was referred to by several of the young mothers as well as by the staff:

> '*We went through a list of what she could help me with, like benefits, and housing. She helped me to apply for housing. And she told me that she could help me with driving lessons and any courses I wanted to do*' (Parent 1).

> '*I find applying for things quite overwhelming, and so she comes out to me and prints it all out and sits down beside me, she holds the baby and talks me through all the forms. She'd even have the stamps for me*' (Parent 2).

Some of the young parents recognised the advocacy role played by TPSP staff in relation to accessing services:

> '*When you have to talk to people at college or about social welfare, it's hard if you don't have someone to break it down for you. They're not there to fight your corner exactly but to help you understand*' (Parent 2).

The RPs for some projects cite food poverty, domestic violence, addiction and mental health as impacting on the implementation of TPSP and as issues of increasing need. Some of these issues were also reflected in the FGD's with young parents, with four of the nine mothers referring to experience of domestic violence, two stating that they or their partner had mental health concerns, and one noting that the father of her baby had an addiction (see Table 2). It should be noted that mothers were not expressly asked about any of these experiences; they emerged and were shared naturally during the discussion. Given that the researcher was previously unknown to the mothers, it is very likely that these difficult experiences are underreported in this context.

Covid-19 was also suggested as having brought new challenges, as it weakened '*natural socialisation*' for parents and increased their isolation and disengagement from services, with subsequent

challenges '*in terms of re-engaging with parents at the same level and intensity as pre-Covid*' for staff. Access to health services (i.e., developmental checks, SLT, OT services, ante- and post-natal mental health services) was reduced during the pandemic, and many are still not functioning at pre-covid levels, exacerbating the difficulties of engaging effectively with those who need additional supports to utilise services. Some non-statutory services are also not fully operational post pandemic, such as parent and toddler groups, and their absence was noted as being problematic for some young parents who had few other opportunities to develop informal networks.

5.1.4 Outcomes

All TPSP's report annually on the Hardiker[1] levels of young parents at point of referral and at point of cessation with the project. Table 11 below provides a summary profile of the 250 young mothers and 24 fathers who participated in TPSP and completed their engagement during 2021.

[1] The Hardiker Model is used to understand different levels of need and includes four levels of service provision from universal to intensive and long-term support.

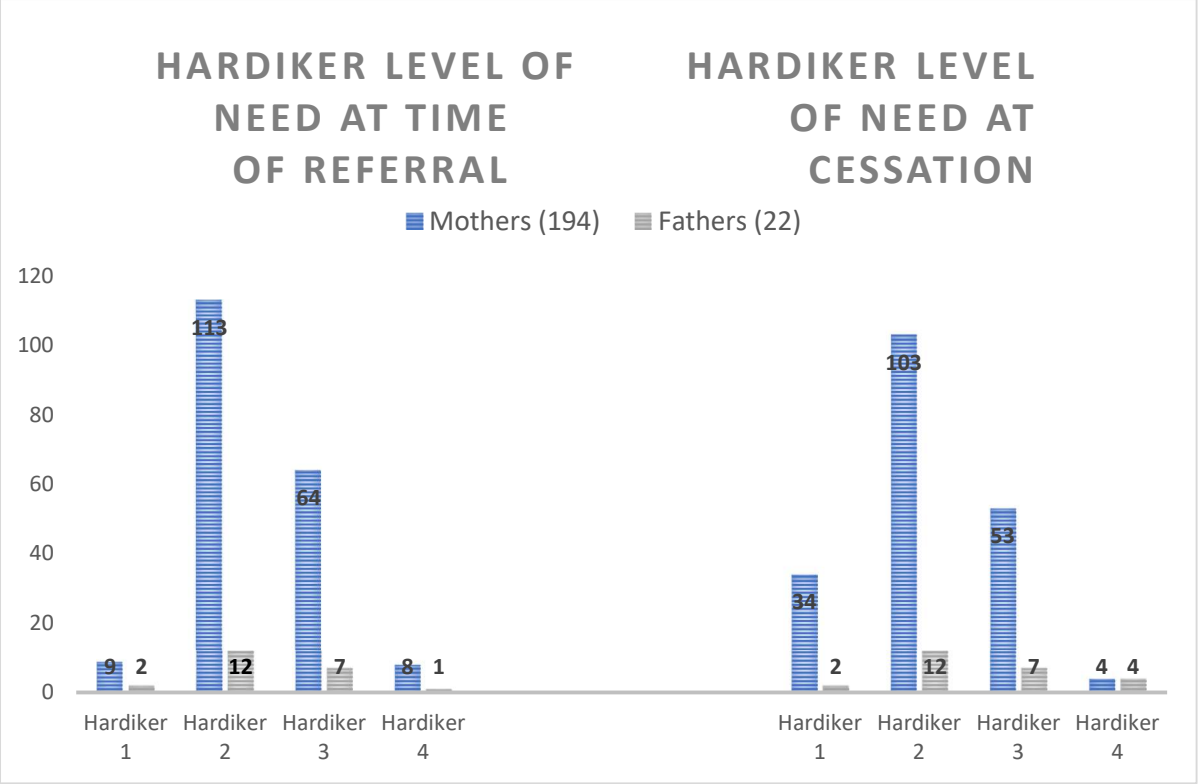


Figure 11: Hardiker level of need at time of referral and cessation of engagement with TPSPs, 2022

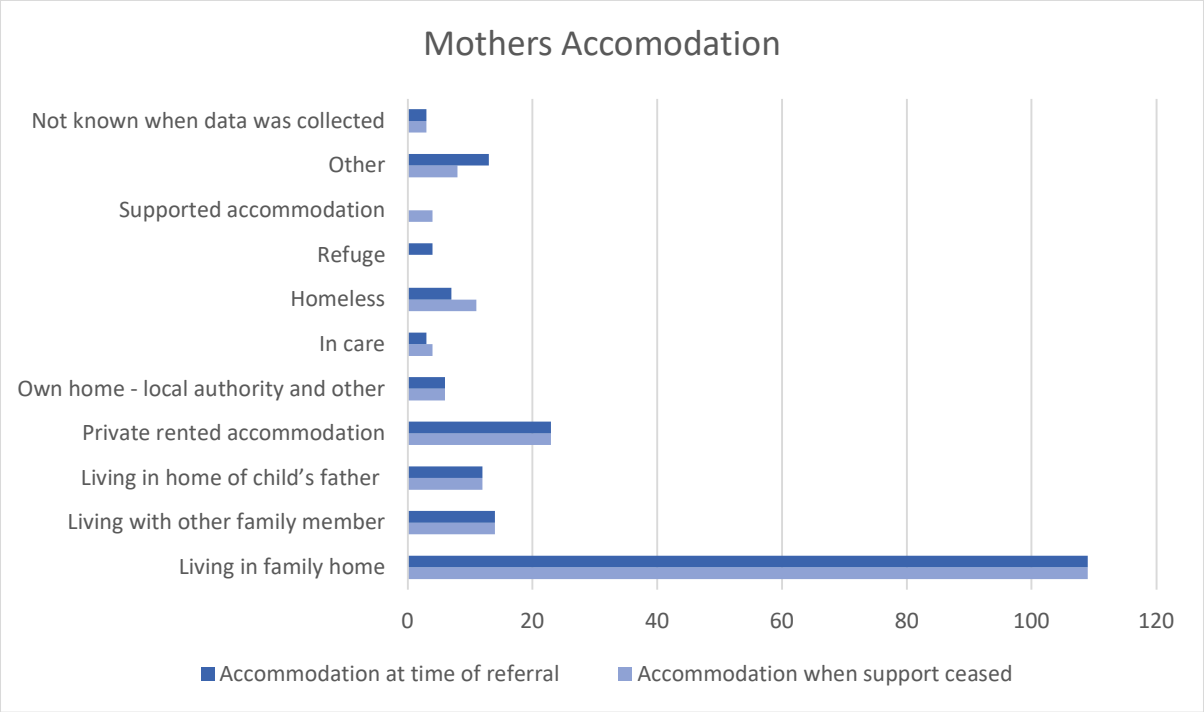


Figure 12: Mothers accommodation at time of referral and cessation of engagement with TPSPS, 2022.

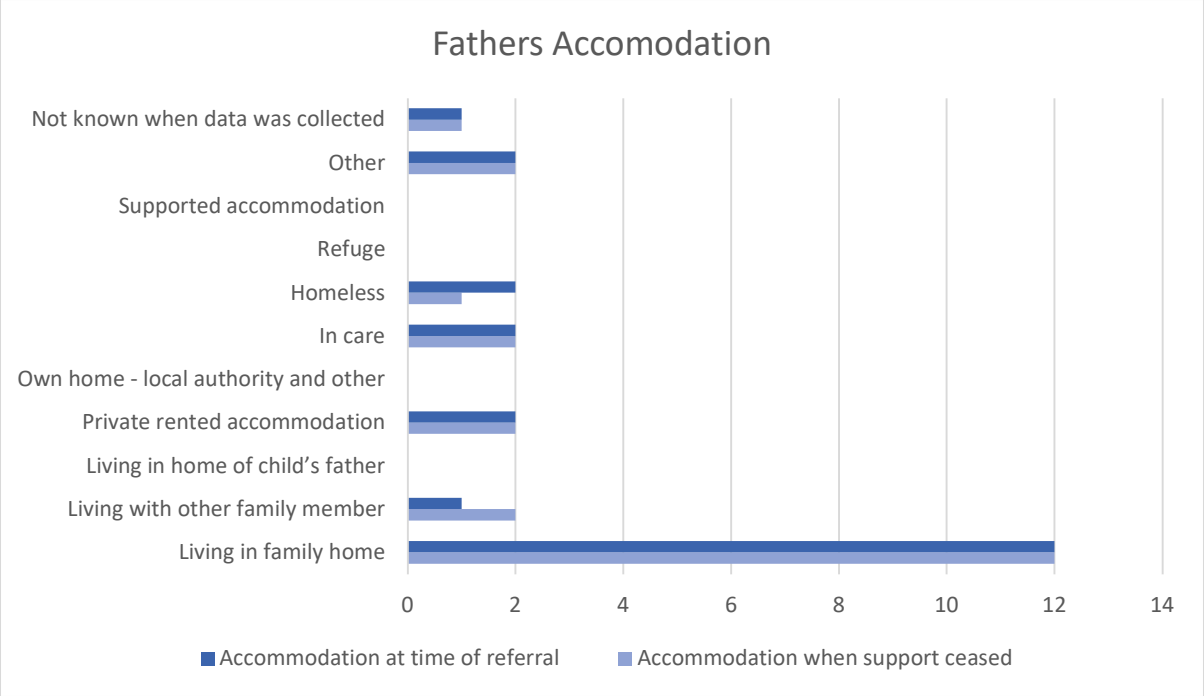


Figure 13: Fathers Accommodation at time of referral and cessation of engagement with TPSP.

The above tables indicate that the numbers of young parents with the highest level of need (Hardiker 4) reduced from nine at point of referral to eight on discharge, with an increase in young fathers at this level. Assessments of fathers showed no change at the other levels, although there was a slight reduction in the numbers of young mothers at Level 3 from 64 at referral to 53 at 'discharge' and an increase in those with lower levels of need with only nine being at Level 1 at the point of referral increasing to 34 on 'discharge'. There were more young people homeless at the time of cessation than at referral point.

5.2 Organisation

5.2.1 Location

All projects stated in the FGDs that they have received referrals from outside their catchment area, and several have extended their geographical remit without additional resources in order to respond to identified need. It was suggested that these referrals are often the result of gaps in appropriate services in parts of the country, and referral agencies (such as antenatal services) having much wider catchment areas than the TPSP. Data in Section 5.1 indicate the numbers and locations of young mothers, supporting the assertion that many young parents do not have access to TPSP.

Whilst there was agreement from commissioners and referring agencies that TPSP is flexible and responsive, it was acknowledged that parts of the country do not have a TPSP service. TPSP managers and staff spoke of providing limited support to young parents referred from outside their geographical area, and how challenging it is to be unable to provide a more appropriate level of support.

For several projects, the breadth of the geographical area, whether formally agreed or otherwise, is a considerable issue. Some cover very extensive areas, and given the focus on one-to-one engagement within the TPSP, travel can be very time consuming. These gaps in coverage are recognised by Tusla and the DCEDIY, who state in the ESF+ application that one third of young parents nationally are currently being referred to the TPSP, meaning that two thirds are not currently able to access this specialised service (Tusla, 2022).

Irrespective of geographical boundaries, resourcing of the TPSP was named as an issue by most projects, with insufficient funding for staff being mentioned as a key factor that hinders TPSP implementation (9/11). Most TPSPs are small projects, employing on average three project workers, the majority of whom are employed on a part-time basis (median number of project work hours per project is 59 per three staff members and mean 69 hours, indicating a wide range of employment hours among the staff).

5.2.2 Staffing

The projects are managed by a leader who in some TPSP sites is called a Project Leader (4/9), and in some Programme Coordinator (3/11) or TPSP Manager (1/11) or Child and Family Lead (1/11). TPSP's are not independent projects but are part of a larger service, for example, TPSP in Limerick is part of Limerick Social Service Council and is managed by a Child and Family Service Manager in Limerick Social Service Council.

Few TPSPs have administrative support, meaning that letters, phone calls, all reporting tasks must be completed by staff who might otherwise be delivering face to face supports. This was noted as a significant issue by both Managers and Frontline staff.

All projects indicated in survey responses that staff have access to CPD opportunities throughout the year. These are wide ranging and include training in the provision of specific interventions, mainly various Parenting Programmes (including Circle of Security, Lighthouse Parenting Programme, PEEP Antenatal Parenting Programme), and training in evidence-based and evidence-informed

approaches such as Trauma Informed Practice and Care and Theraplay. Domestic Violence Awareness, Promoting Positive Behaviours, Mediation, Mindfulness, Infant Mental Health, Sensory Attachment Integration, and Baby Massage training were all referenced as having been availed of by TPSP staff, as well as training on relevant topics such as Child Protection, Meitheal, First Aid, housing, social welfare, and family law. The TSPS projects that are part of large organisations such as Barnardos or Foroige, or medium size organisations such as FamiliBase, have access to in-house training through these structures, while it appears that other TPSPs may need to source the training themselves. Being part of a wider child and family service team *'which provides regular opportunities for learning, collaboration and peer support'* was explicitly stated by one survey respondent as part of the TPSP implementation support.

Most TPSP projects offer coaching opportunities for staff members (8/11), through supervision (7/11), general support for individual staff members from management and colleagues (5/11) and team meetings (1/7). Some TPSP projects offer supervision training to all staff members (e.g., supervision training in Tony Morrison approach), and some have a leader trained in professional coaching.

When asked directly about supervision, all TPSPs stated that they offer induvial and/or group reflective supervision to staff. 3/9 projects utilise the Tony Morrison supervision approach and in a small number of projects supervision is provided by an external facilitator.

The majority of TPSP projects offer mentoring opportunities for staff. Mentoring opportunities were described as collaboration with others, including via team meetings and reflective practice. Staff who work in TPSP that are part of a larger organisation have opportunities to attend wider Child and Family staff meetings to encourage peer supervision and mentoring. One TPSP mentioned that new staff may be *formally* allocated a mentor.

Being part of a larger organisation appears to give staff access to a range of supports, beyond training opportunities, for example, a small number of TPSPs provide an Employee Assistance Programme, access to a staff portal, team building and wellness days. Just over half the projects have access to Peer Support and Team meetings. One survey response mentioned that staff meet with other TPSP project staff (led by Treoir) and that '*this has been invaluable*'. This was also mentioned in the FGD:

'*Internally, we have varying kinds of supports available. Within Treoir, they value coming together with other workers involved in similar work, and learning from each other, sharing learning*' (TPSP Manager).

Other implementation supports mentioned by one or two respondents include IT and HR supports, referral and case management frameworks, and governance support. One project stated *'lack of data analysis at a local level due to service demands on existing resources'* as a barrier to implementation.

TPSP staff were regarded universally as being professional, skilled, empathetic and responsive:

'*Excellent project staff, who are highly committed and skilled. The work is multi-faceted so they need to have a wide range of skills and knowledge, from supporting the young person in deciding whether to go ahead with the pregnancy, to feeding, weaning, behaviour management' (TPSP Staff).*

5.2.3 Structures

The national structures which support the delivery of TPSP were largely regarded as positive and effective.

The National Advisory Group (Appendix 10) was noted as being very effective in raising and progressing policy issues, with specific examples being named. These related to child benefit not being paid to parents if they were aged under 18; and under 18-year-olds being assessed for the SUSI grant on their parents' income, despite being parents themselves. These anomalies were cited as examples of how matters have been addressed efficiently through the discussions at the Advisory Group and subsequent actions of its members.

It is notable that the National Advisory Group appears to have excellent attendance from all its members, and it was suggested that this was due to

'E*veryone's desire to improve their own services and a recognition that we want to get things right. It's in problem-solving mode and it helps that everyone understands the work……You don't get that many places where you get education and health, children, housing, sitting around the table. It's good to have that*' (National Manager).

'*People are interested and contribute to discussions*' (National Manager).

In discussing how programme participants can influence the work of the TPSP, it was noted at the final feedback FGD that the National Advisory Group includes two young parents, in order to ensure that their experiences inform decisions and debate. This had not been mentioned in the previous FGDs and interviews however and would suggest that greater attention needs to be given to the role of these young parents.

The role of the National TPSP Manager was also seen as a valuable resource, particularly in relation to the collation of data and provision of collective national reports.

> '*My experience has always been very positive. (name) represented us well in terms of lobbying, taking issues to the national policy arena*' (TPSP Staff).

As noted above, the TPSP managers referred to the value in bringing staff together from across the projects, to share learning and developments. It was recognised that these opportunities have been hindered by the pandemic and changes in personnel.

In terms of the utilisation of resources, a small number of respondents suggested that the provision of specialised services for young parents is not always necessary, and that developing capacity within universal family support would be more efficient:

> '*In a rural context, it's very hard to have overly specialised services, that's been our challenge. When you have a significant gap in the generic services in the county, there's an element for me where there's a skilled practitioner who should have the ability to adapt and have the level of training…and where there is wider support or guidance available. The national body can provide training' (Commissioner).*

There was considerable discussion regarding TPSP being part of a continuum of family support services, with somewhat mixed views on what this could look like, and how it currently operates. The most prevalent perspective is that TPSP works closely with 'generic' family support, but that it brings specialist expertise to work with those young parents with complex needs:

> '*This service isn't a replacement for any Tusla family support service; in fact for some parents it may be linking them in with those family supports, rather than directly delivering them. But there is value in having someone to support the parents and their child in their interactions with everyone else*' (National Manager).

The importance of holding onto the TPSP specialism was highlighted in some of the FGDs:

'*Dedicated workers – we can't dilute the skills of these workers into other roles due to funding demands and gaps, shared roles. They need to be focused on young parent*' (TPSP Staff).

Some of the debate regarding the appropriateness or otherwise of young parents being managed through other family support services seemed to be due to different understandings of how these services operate. Several of the FGDs referenced them as being short term and 'light touch', unable to work with complexity, and not offering the kind of intense support many young parents need. Given that the vast majority of family support services are targeted (other than *Community Families* and some aspects of delivery by Family Resource Centres and the *Area Based Childhood* programme), this perception would likely be challenged by some. Fundamentally however, TPSP staff and the majority of those working with the projects, see the specialism of the service as being essential to its efficacy.

Another interviewee echoed concerns regarding the disparity in family support provision around the country and suggested that the ESF+ expansion needs to take this into account when agreeing new TPSP locations.

5.2.4 Funding and Reporting

As noted, there is universal recognition that the current TPSP resourcing is inadequate to meet the needs of all young parents, even within the existing geographical boundaries.

'*The core funding of the TPSP at the moment doesn't meet the needs; we are currently in the red and that doesn't include the managers role, who's salary is separate so there's is underfunding before we do anything*' (TPSP Staff).

'*We've so few (TPSP) workers the pressure is then out on the child and family workers funded through other funding streams. Their funding isn't teen specific, but the teen parents meet the criteria for intensive supports. The area we cover is so dense I suppose we are putting pressure on other parts of the organisation to make up for that*' (TPSP Staff).

It was acknowledged that resource limitations influence how the projects communicate their work, and that if resources were addressed they would be able to raise greater awareness of the supports on offer:

'*The ability to profile/advertise the programme to ensure that every teen parent in the country is aware of the support they can access. We cannot do this right now due to pressures from existing referral pathways and the demand without advertising. This is also true in actual funded boundaries, fear of over whelming referrals and not enough staff to respond' (TPSP Staff).*

The School Completion Programme (SCP) funding through TESS was acknowledged on many occasions as being a vital resource which allows TPSPs to be responsive to emerging needs, and offer practical supports:

'*It's absolutely fabulous, there's discretion about how it gets used. The ones who are harder to reach need something practical to get them engaged*' (National Manager 5).

'*SCP funding is really useful, and whilst it is primarily to support the parents staying in education, there is flexibility about how it is used 'to be able to use it for more than just school, and having that collaboration with Tusla and the funders and that openness to how we spend it is great' (TPSP Staff).* '

'*We can use that money for taxis, for one off things…. Its absolutely invaluable and we'd be lost without it*' (TPSP Staff).

A minority of respondents suggested that this very flexibility makes the budget challenging to work with and requested greater clarity on how it can be used.

There was discussion at the FGDs regarding the salary budgets, which come through the local Tusla PPFS office for all but one project (the remaining one having salaries funded directly by the HSE). There were mixed views on how connected the work of TPSP is with the funding allocation process and wider Tusla oversight. Some saw these connections as being very positive:

'*Reporting to the (Tusla) Area Managers' office allows greater flexibility at local level. We can be more responsive to specifics. Some have expanded geographically, and age range, as needs are identified*' (Commissioner).

Others indicated some limitations to their role in overseeing the TPSP budgets:

'*The budget is embedded within our funding. It's not necessarily a specific piece of funding to the teen programme; it's an offer within (a wider project)*' (Commissioner).

Others were clear that they did not see themselves as having any role in overseeing or allocating the TPSP budget:

> '*It was beyond our remit to change the TPSP. I always had the sense that the host agency connected to the national links; I've never been sure where that line of information is*' (Commissioner).

> '*I have never had any engagement with anyone, whether nationally or locally in Tusla, with the funding of the TPSP before the ESF funding came on stream*' (Commissioner).

> '*A lot of the TPSP funding is historical, it's in place a long time. Local managers don't have control of decision-making in relation to this funding*' (Commissioner).

Clearly there is a lack of consistency in how the TPSP Service Level Agreements are managed at local level. There is also a national context which was referenced by a number of participants, who suggested that funding allocations are not always based on current need, and that a broader review is required:

> '*There's a huge legacy piece out there nationally as well. Even with the development of the Child and Family Agency, there's a lot of money wrapped up in different projects, different initiatives, that haven't been reviewed in maybe twenty years. Its rolling on and on and part of that is maybe not adapting to the current need*' (Commissioner).

> '*When these projects were set up, they were sometimes of their time, and they just continued to run. In the context of how we deliver now, they are one element of a continuum of support. We have to look at the projects in the context of the overall offer of family support and parenting….we've gone from providing a specific programme for a separate cohort but more about the ability of our services to respond and have the practitioners that are able to respond*' (Commissioner).

This raises issues regarding the current specialist approach taken by TPSP and suggests that a more integrated approach could be utilised for young parents. This is discussed further in Section 6.

Whilst the opportunities provided by the ESF were widely welcomed, there were also some concerns raised:

'*We currently have some flexibility with the geographical remit; there's discretion in terms of age and geography. The ESF may not be able to offer that flexibility*' (National Manager).

Reporting does not seem to be an onerous task for the TPSPs, possibly as a result of local Tusla managers not seeing themselves as having authority over the projects. Given the limited administrative support, any enhanced reporting requirements under ESF+ will need to be adequately resourced. Most projects referenced using specific planning, monitoring and evaluation tools in their work (i.e., logic models, results frameworks, monitoring and evaluation plans, etc.). Overall, the TPSP projects named clear outcomes they work towards, namely:

- Increased participation in education, including further education
- Enhanced parent-child relationships including intergenerational parent-child relationship and reduced conflict in the home
- Improved confidence in parenting, including improved attachment between parent and child
- Improved parenting skills (e.g., understanding of routine for baby, healthy eating, etc.)
- Increased parental knowledge of parental rights and entitlements and parental confidence in engaging with and accessing supports to improve quality of life (improved access to services)
- Improved understanding of children's developmental needs and increased capacity to meet these needs
- Improved understanding of ways to look after one's own holistic health
- Reduced risk of harm to baby.

One project stated that *'as every case is complex, the outcome for each participant varies widely from one to another'.*

Just over half the projects responded to the question about measuring outcomes ('How do you measure the expected outcome?'). Out of these, a small number (3/11) named specific assessment tools used (e.g., The Wheel Parenting Self-Assessment or Parent Child Relationship Inventory), and fewer than half referenced using pre- and post-questionnaires (with no further description), staff observations and feedback from teen parents. One project named monitoring educational outcomes such as school attendance, junior/leaving certificate completion, or progression to 3rd level education. Most projects (9/11) were able to quantify the achievement of specific outcomes (e.g., in percentage terms, this ranged from 60% to 95% for most outcomes and seemed to be approximated

by the respondents), but a small number of projects cited attendance and client engagement figures as outcomes (i.e., X number attended the programme). Two projects stated that there is '*currently no system in place to formally evaluate and measure the outcomes of the young parents'.*

Reporting on outcomes is an increasingly common expectation of funders. If this is a requirement within the ESF+, there will need to be agreement on core outcomes and how they are measured.

5.2.5 Interagency Working

TPSP projects work within their localities and the connections between TPSP and other services was evident from all the FGD's.

> '*Integrated services, having lots of services on site, having options within the same location and some central organisation, really helps. They don't have to repeat their story – a one stop shop makes the service really accessible*' (TPSP Staff).

> '*We have lots of services under one roof e.g. law, mediation, early years, counselling*' (TPSP Staff).

> '*Not all TPSP's are located with other services but they all have good interagency working – we know everyone, can pick up the phone*' (TPSP Staff).

> '*We couldn't do it without the support of our public health nurses, Tusla, the family support services that run the parent and toddler groups*' (TPSP Staff).

One TPSP project emphasised that community trust '*makes it easier to reach some of the harder to reach young people as many of our TPSP are self-referrals or referrals from friends'.* This was confirmed in the survey results with approximately 9% of all referrals to TPSP being self-referrals.

Interagency collaboration for some projects and some young parents, is built into the assessment and planning from very early on. One manager noted:

> '*Before the babies are let out of hospital, we'd have a meeting in the maternity hospital and schedule which days we can call out, so we aren't all landing in on the same day*'.

It was not suggested that this level of coordination would be in place for all young parents but rather that it '*very much depends on the needs of the young person, and their level of need and how many agencies are involved*' (TPSP Manager).

Having good connections with a range of services and agencies was repeatedly mentioned, as an enabler to the provision of '*wrap around supports e.g. early years, family support, FRC's, counselling etc. Some TPSP's are located in organisations that also manage these services, so it's relatively easy to step up or down the intensity of support being provided*' (Commissioner).

> '*What really helps it is that when the parents get to the stage where their much higher needs than the team can respond to, they can step up to intensive support, and then step down if they don't need the level of support*' (TPSP Staff).

Other benefits of this integrated approach were also highlighted:

> '*They find it very hard to trust services I suppose, so the fact that they can engage with so many services under one roof is really helpful. A lot of the times the mums don't want to send their children to creche but the fact that's it's under the same roof, they're more open to it, and the children know the space, and if parents want to engage in something for themselves they can do that too' (TPSP Manager).*

Some projects offer interventions in partnership with other local services, for example, the antenatal programme in one project is delivered by a local midwife (Ballyfermot TPSP) and another project delivers a programme devised in partnership with the local CYPSC ('Eat to Heat Programme').

All TPSP projects listed many schools and educational settings as partners in referral and collaborative work. Most TPSP projects distribute leaflets and posters in educational settings, and some provide talks in schools and work collaboratively with HSCL teachers, including making joint home visits (e.g., Dublin Northwest TPSP). However, educational settings do not appear to be a key referral source (see above, less than 4% of referrals come from schools).

Working with Tusla supports was noted as critical by all the TPSP projects given the complex needs of supported young parents. For example, in Wexford close to 50% of referrals have a Social Worker assigned. TPSP projects often work as part of Meitheal in the case of other referrals, and the Meitheal process was mentioned in all reviewed RPs.

TPSP projects typically work with a range of local community and voluntary agencies, including youth services, agencies addressing homelessness or addiction, childcare advocacy groups, and a range of other local agencies; this collaboration depends on the local context in which TPSP project is located.

Reductions in services and a more centralised referral approach amongst many was noted by some participants as being challenging:

> '*When I started we had a medical social worker connected to the maternity hospital, and it was a seamless process. They went in to get their antenatal, and they'd get seen by the social worker as part of the antenatal care, and then get sent to me. That was a great connection, it was seamless. You miss getting referrals that way……It's all so changed. Everything now is central. Before you could just go down to the local office; and responses and replies, you're pulling your hair out; but now you're having to fight for everything*'(TPSP Staff).

> '*Historically, we do try and work closely with antenatal care. Normally it would be the one midwife would be assigned to them, but every visit now it's a different midwife, so there's no rapport; it's luck of the draw who you get and how compassionate, empathetic professionals are*' (TPSP Staff).

It was also noted by one national manager that whilst there is a commitment to allocate social workers to all 19 maternity units, this is not currently in place. Given the very high levels of referrals from maternity hospital social workers to TPSP this will be an important gap to be addressed with the expansion of the programme.

5.3 Fidelity

This section will consider the programmes and approaches utilised in the TPSP in relation to formal curriculum-based supports, and also the methodologies and approaches which underpin engagement with young parents and the extent to which these are in line with the stated programme.

5.3.1 Implementation of the TPSP Model

Taking the TPSP Toolkit as the basis for the programme model, it is clear from the survey data, and the FGDs that many of the stated principles most definitely inform the work within TPSP projects. Of the fifteen guiding principles, TPSP staff, their commissioners and the young mothers all indicated that interventions are needs based; that young parents are enabled to identify their priority needs; that a strengths based approach is taken, and that interventions do not only relate to their parenting role; the provision of practical, accessible and relevant supports were referenced multiple times, as was the importance of facilitating young parents to establish connections within the community.

Alongside the fifteen guiding principles however, are the 13 factors which constitute the 'rationale and strengths' of the TPSP (Treoir, 2022a). It can be assumed that both of these frameworks should underpin the work of all projects and guide the staff in their planning and practice. However, the two sets do not always align, and there is duplication amongst the principles. Having reviewed the two existing sets of principles, the following seven core concepts were identified through which to assess the fidelity of the projects.

Table 144: TPSP Guiding principles and core concepts.

TPSP Toolkit, Guiding Principles	**TPSP Summary, 2022**	**Core concept/principle**
Work within the young parents' level of maturity and abilities (1)	Young parents have specific needs (1)	Assess and respond to identified need (1)
Work from a client centred perspective (2)	Young parents need separate services (3)	
Attend to the challenge of dual developmental demands (4)	Educational supports (4)	
Don't make assumptions (9)	Early intervention i.e. 'meet the young person where they are 'safe and comfortable' (6)	
Make supports relevant, practical and realistic (8)	Group work and one to one	
Be cognisant of child protection guidelines in relation to working with minors and their children (7)	Child protection considerations (2)	Be cognisant of child protection guidelines (2)
Consider both parents (5)	Teen parents are a family unit (7)	Work with the key people in the young people's lives (3)
Consider family relationships (6)	TPSP also focuses on fathers (10)	
Offer supports which are acceptable and accessible to teenage parents (10)	Prevention and young people i.e. ante natal care (5)	Intervene at the earliest opportunity (4)
Know what you are doing (11)	N/A	Use a logic model approach which requires a statement

		of outcomes to be achieved, how they will be achieved and how you'll measure what you do (5)
Know what works (12)	Cost effective (12)	Use evidence and research to inform your practice and planning (6)
Be aware of the social determinants of health (14)	Holistic service (11)	
Work from a strengths-based perspective (3)	Public policy and advocacy (13)	
Aim to integrate the young parents within their community and support networks (13)	Lack of contact with other social services (8)	Enable young parent(s) to integrate into their community and use the supports available to them (7)
Be consistent in your support but avoid fostering total dependence (15)		

Each of these seven core concepts will be considered below, drawing on the review of RPs, and the consultation focus groups and interviews.

- **Assess and respond to identified need**

Several of the young women referred to a 'checklist' which was used at their first meeting with TPSP, through which they were able to identify the areas which they might need support with. Some noted that the list included areas which they had not thought about themselves but which they realised would be useful, such as education or transport costs.

> '*I met her in Costa, which I thought was nice, it wasn't very clinical sort of. It was really local to me. She had a thing that I could tick that was really helpful, to see all the options. So like there was things about housing, and that wasn't needed cos I was happy being in my mam and dads, but then there was all the ante natal, so I was ticking away. …there*

was things on that that I didn't know I could get help with so that was good. Like finance, and classes' (Parent 2).

This certainly offers an informal assessment process, and it appears to be the basis for deciding the Hardiker level on which the young person is placed at referral point. However, this process is not described in the Toolkit, and there are no guidelines for assessing using the Hardiker model.

Whilst those TPSPs which are managed through national organisations referred to internal assessment processes, which appeared to be standardised and have some rigour, the checklist and Hardiker model without these additional supports are inadequate and do not equate to a formal, rigorous needs assessment. Firstly, the checklist is self-reported by the young person, (albeit in collaboration with the TPSP staff member) and so the process lacks independence or objectivity. Secondly, Hardiker provides a framework which indicates the level and complexity of service interventions required, but it does not provide an assessment of need, nor should it inform decisions regarding interventions. Rather, the Hardiker score should be informed by the findings from a standardised assessment, following the identification of appropriate interventions and supports. The Toolkit provides no guidance on how to deliver the core principle of assessing need and it is therefore not surprising that this is an area requiring development.

Despite the limitations of the assessment process, it is clear that the projects work hard to address the presenting needs and be flexible in their responses:

'*The work we do to help them return to or remain in education. The Schools' Completion fund is so important to us. Catching them where they are, when they are maybe 15, and in school, the work we do with schools to keep them in school, to bring down all the barriers, so that they don't drop out of school, that's all so important to future development for them and for their child, breaking the cycle. It takes a lot of time*.' (TPSP Staff Member)

'*A parenting programme is so far down the line for new parents. We have to do so much work with them before they are ready for that' (TPSP staff).*

The focus on one-to-one work and home visiting was referenced by many of the participants as being required because of the vulnerability of many young parents. The need for this 'scaffolding' approach was highlighted by many, whereby through the development of trust and confidence building, practitioners can enable parents to engage more widely, and with universal services.

'*Relationship building as the basis for all engagement, developing trust enables the young people to step outside their comfort zone, and this can expand their aspirations for themselves and their children*' (Commissioner).

Responding to need not only involves enabling young people to identify their individual needs, but also providing mechanisms through which they can inform the work of the project, and how it does it's work. This is also fundamental to a rights based approach, which ensures that young people's voices shape responses at both individual and collective levels. All projects stated in their survey responses that they use a range of approaches to continuously capture the voices of service users, and to monitor and evaluate their operations. One project specifically referred to the initial assessment as the key method through which young parents get to shape the work of the project, whilst others mentioned ongoing consultation and client feedback regarding service delivery and needs. One project involved young parents in more formal pieces of research in their organisation.

Although the young mothers recognised that the project responses were aligned to their own needs, and that staff went to great efforts to understand what would help, either through the initial 'check list' assessment or through ongoing discussion, they were unable to identify any way in which they could influence the overall work of the TPSP, or how it is managed.

At an organisational level, there was little reference to proactive efforts to engage young parents in how TPSPs deliver services. The National Advisory Committee includes are two young parents, but their role, how they influence projects and how they seek to represent the experiences of other young parents appears very unclear.

- **Be cognisant of child protection guidelines**

It is apparent throughout the interviews and focus group discussions that the needs of the child and young person are of equal concern for the TPSP staff. This is perhaps best typified by the recurring theme regarding the importance of responding to the 'dual developmental' needs of young parents. The Donegal TPSP was particularly strong in advocating for responses to young peoples needs independent of their parental role:

'*The youth work approach can be important….you're meeting them as a young person first and foremost and then as a parent as well*' (Commissioner). NB this is identifiable

'*That (confidence building) could get lost or diluted down where they were focused only on the parenting*'.

The young parents recognised this twin track approach in working to support their parenting as well as recognising their needs as a developing young adult:

> '*There used to be a toddler and mother group. There was sensory classes, there was baby massage classes, and then we'd be able to sit down and have scones and croissants; it wasn't all about the baby, we could meet with other mothers who were going through what we were going through. I've met a lot of parents through teen parents. Just to know that you're not the only one going through a breakup or toxic relationship, it's like we've all gone through the same thing*' (Parent 6).

It is clear from the consultation that groups for young mothers offer important opportunities to develop informal networks, as well as being important for the baby's socialisation.

The proportion of young people referred to TPSP by social workers (maternity hospital and community) and having had experience in the care system is indicative of the likelihood of these (soon to be) young parents having experienced trauma and been subject to child protection concerns themselves. Managing to respond to these no doubt often fundamental needs with empathy and professionalism whilst also being cognisant of the safety and welfare concerns for the baby is a tough balance to achieve. The fact that the TPSP staff do in fact appear to ensure that the parents know this is a space for them, whilst also encouraging and nurturing them in their parenting role is testament to the skill of the staff.

Finally in relation to child protection, one focus group identified concerns regarding the responsivity of Tusla social workers when child protection referrals are made by TPSP staff. One participant noted that '*referrals just come right back to us*'. This group noted a lack of confidence in the social work capacity to respond to identified need.

- **Work with the key people in the young peoples lives**

Despite being one of the guiding principles, there are very few references in the Toolkit to involving extended family members in activities. The opportunities for and importance of working with the family of origin was not referenced in any of the FGDs either, apart from one reference to the valuable role that grandparents can play in providing childcare. This is despite several of the young mothers sharing difficulties they had with their own mothers, and somewhat ironically, that this was largely due to differing parenting styles.

In the feedback focus group it was suggested that there is in fact regular engagement with extended family members but that there is no requirement to record this work. This may influence either the value placed on the work, and/or the time dedicated to it. The Toolkit needs to be more explicit in naming the evidence-informed approaches to working effectively with the family of origin, and the issues which can commonly arise between generations. Tailored training may be needed to provide mediation/restorative skills to TPSP staff to that they can facilitate positive engagement when tensions arise.

Fathers are not explicitly referenced in the Toolkit either, nor is there reference to the *Young Dads Resource Pack* (Treoir, 2020). As noted above, some of the mothers talked about supports provided or offered to their baby's fathers, and to dads attending group sessions, but none mentioned any dedicated engagement with the fathers. This also needs to be addressed, in terms of raising awareness amongst TPSP staff of best practice and evidence in relation to engaging young men; updating the Toolkit accordingly; developing training as required and establishing comprehensive reporting systems which capture all aspects of the model.

- **Intervene at the earliest opportunity**

Section 3 highlighted the importance of engaging pregnant young women in antenatal services, and the benefits that this engagement can have in terms of positive outcomes for both mum and baby. There is a plethora of barriers to young women presenting during early pregnancy, including shame, denial, and lack of information, and so it is very impressive that 58% of referrals to the TPSPs are antenatal. Some areas have achieved more success than others in this, and opportunities to share, learn and debate the various strategies used should be provided.

- **Use a logic model approach which requires a statement of outcomes to be achieved, how they will be achieved and how you'll measure what you do**

All TPSPs are required to complete a logic model as part of their School Completion Fund application. The review of these documents indicates some inconsistency regarding definitions of outputs and outcomes, which could be resolved with some training and support in core implementation concepts. Those projects which are managed through national structures and have greater access to this expertise could bring this knowledge to their colleagues in other projects, in a peer learning approach.

The use of evidence and research to inform activities and interventions was not strongly demonstrated, particularly in the context of developing a logic model. Some specific findings include the following:

- Some key outcomes are well documented in the annual reporting process, including educational participation and attainment and accommodation status.
- Many outcomes named in the TPSP School Completion Submission 2022-23 are not however reported on in these reports. For example, parent-child attachment; parental confidence and acquisition of personal development skills.
- As noted above, there is no consistent approach across the projects to naming outcomes, although from the review of RPs, it seems that most list similar if not the same short/medium- and long-term outcomes. For example, *'young parents are empowered to identify their own strengths and supports and to become active participants regarding decisions to do with their own learning/life'* (short/medium term) or *'young parents acquire the confidence, self-esteem and knowledge to identify their own learning needs and implement realistic plans to achieve their goals while balancing the demands of being a parent'* (short/medium term) or '*young parents are integrating into their communities both contributing to and using local resources including those to do with parenting support and lifelong learning'.* A small number of projects did not appear to provide interventions which specifically address these outcomes, and it may be that some TPSPs list these outcomes as a 'requirement' for the RP, but do not in practice operate this outcome-based planning. Another explanation is that some staff require further training on the concepts of logic modelling, and the related definitions, as noted above, or that the interventions are individualised supports which are problematic to collectively report on.
- Process monitoring is an important aspect of the logic model approach, to ensure that quality is being delivered, and fidelity adhered to. There are strong processes in place to support staff, including reflective practice, supervision and peer learning. A more comprehensive quality assurance framework, along with appropriate induction training, ongoing professional development and capacity building, would enhance these existing processes.
- Only a few projects specifically named logic modelling as a used approach, even though it is a stated framework and one project stated that they *'do not currently have system in place to collect this data'*.

- The Toolkit notes that '*it is essential that the organisation tracks and monitors progress towards the achievement of these intended outcomes*' (op cit:32) but does not provide any guidance on how to do so. Information regarding monitoring of outcomes was limited in both the survey responses and FGDs, but the processes seemed strongest in those TPSPs managed through national organisations. A more structured and consistent approach to monitoring outcomes would greatly improve the authority with which TPSP can share its positive impacts, and also inform planning and resource allocation.

The overall conclusion from the desk research and consultations is that the Logic Model approach does not underpin or centrally inform the work of TPSPs in the way it should when utilised effectively.

- **Use evidence and research to inform your practice and planning**

In addition to the evidence-based approach discussed above, a core principle of the TPSP is that planning and practice are informed by the best available research.

In terms of the actual interventions utilised across the TPSPs, survey responses referenced the delivery of both one-to-one and group supports, although the vast majority of engagement appeared to be at an individual level. All projects deliver personal development and advocacy services in the home of the client (home-based) and a majority deliver it in one-to-one settings; more than half of the projects deliver the services in their centres (centre-based), and only a few projects deliver group work supports.

Parenting supports are delivered via a range of similar approaches, with over half delivering group work, slightly less than half providing centre-based, home-based, one to one work and peer support.

One-to-one interventions focus on offering support in relation to a range of issues including the following:

- Career guidance
- Education supports
- Relationships
- Practical support to remain in school e.g transport, childcare, grinds
- Practical supports to access specialist services e.g. referrals, transport to appointments

- Support in navigating access to services such as housing/education/entitlements
- Wellbeing supports (emotional supports)
- Child protection, court support, crisis interventions (almost half of all projects named this as an intervention).

From the review of RPs, it appears that many TPSP projects use home-based approaches, from general home visitation (Louth TPSP) to more structured home-based services ('Partnership with Parents' in Dublin Northwest TPSP, led by Barnardos).

Some TPSPs offer therapeutic and counselling services to their clients (Galway TPSP and Louth TPSP), another offers play therapy to children of the parents they support (Kilkenny/Carlow/Tipperary TPSP), and one offers mediation for families in conflict (Doras Bui). All of these are specialist services and are likely contracted from external professionals.

Most TPSP projects provide childcare support, often in the form of advocacy and advice, but a small number of projects offer childcare subsidy (e.g., Louth TPSP) and one project appears to provide actual childcare to parents (Kilkenny/Carlow/Tipperary TPSP). One mother noted that she received a weekly allowance for her childcare arrangements.

Most projects provide practical workshops such as baby massage (Wexford TPSP), baby bonding classes (Galway), and weaning classes (Limerick). Most also offer practical and financial supports to support their client's engagement in education, mainly in the form of grinds or supervised study provision, and financial support with transport, books, uniforms or fees. Career guidance is a common intervention provided by most projects.

A range of personal development programmes tailored to the needs and interests of their clients, for example, cookery, reiki, mindfulness, or even driving lessons were mentioned. One project noted the use of Trauma Informed Practice (TIP) as one of their approaches (Wexford TPSP).

Despite this focus on one-to-one supports, a wide range of group-based interventions, including some evidence-based programmes, were also named in the consultation:

- Parenting programmes (including Triple P; Parents Plus Parenting when Separated; Circle of Security; Partnership with Parents 0-2 Programme; peep; City Slickers; Baby antenatal programme; PEEP antenatal programme; Lifestart Growing Child Programme)

- Specific baby-focused workshops (e.g. baby and child health and development, including first aid, baby weaning, baby massage, messy play, nutrition, routines, developmental needs, attachment)
- Personal development (personal and life skills development and specific skills development, e.g., budgeting, healthy eating, self-care; locally devised 'Eat to Heat' programme; Foroige's Relationship and Sexuality Programme REAL-U; Foroige's Health and Wellbeing Programme Be Happy, Be Healthy; rights and entitlements; sexual health, etc.)
- Support groups (mother/parent and baby groups, mother/parent and toddler groups)
- Locally devised programmes (e.g., cookery programme)
- Summer programmes and family outings
- Other (e.g., once off art projects).

One to one, informal support is a key aspect of the approach and most of the young mums were very clear that they received tailored, high quality and warm engagement:

> '*It was the constant support that I was getting off my key worker. Even the days when we weren't supposed to have a meeting, if there was something going on, I just had to pick up the phone. She was always there, never turned her back on me. No matter how many times I went back to him, she was always there for me*' (Parent No 4).

However, this was not the universal experience as noted by this young parent:

> '*I wouldn't have had one on one support. That happened a few times but not much. She came and helped me fill out forms for the dole and that was really nice, having the visit. I got one call over lock down and that was really helpful. More of that would have been really helpful*' (Parent No 8.)

In terms of the level of evidence underpinning TPSP interventions, the majority of TPSP projects use some locally developed interventions in their work. Two projects use interventions developed elsewhere in Ireland and three projects use interventions developed outside of Ireland (in both cases these interventions were formally evaluated but outside of the TPSP context). The majority of the interventions used have never been formally evaluated and may thus not be evidence-based interventions, although this does include generic approaches such as guidance counselling. Fewer than half of projects stated that the interventions they use were evaluated in the TPSP context.

Thus, the TPSPs provide a range of evidence-informed interventions, educational and knowledge-based activities, and less formal, relationship based and individualised supports, drawing on a number of methodologies. There appears to be a healthy balance of rigour and locally developed responses to the range of needs currently being addressed by the projects.

- **Enable to young parent(s) to integrate into their community and use the supports available to them**

This objective was articulated in a number of the FGDs:

> '*Community development is about being inclusive, empowering them to build their voice in the community….it's about helping them know what they want to say if they are going into services, so you're not always dong the speaking for them. I remember one young girl who couldn't' even go to the phone…it took weeks. We wrote it out, we tried it out, we had fun with it, so eventually she was able to ask for the service she needed. You're trying to show them that advocacy piece when maybe they've never seen tit, so they can get their needs met and the needs of their kids*' (TPSP Staff Member).
>
> '*We never want the young people to become so reliant on our service that they wouldn't' engage with other. It is about moving them on, so some of our work is about linking in with other services, knowing where they can get help, ensure they're aware of what's available. We'd always do that before closing off a case*' (TPSP Manager).
>
> '*By the end of the two years you're hoping that they'll have a secure network of support for themselves so that they're confidence enough that when you close…they'll have support to work with them and any issue going forward*' (TPSP Manager).
>
> '*I brought one of our young mums to a parent and toddler group one time, she was 16. They were talking about their husbands, going back to work after maternity leave, and there was a real disconnect. It was really awkward*' (TPSP Staff).

All of the young mothers spoke about being linked in with other services in their community. For some, it was unclear how much the TPSP staff enabled this, and whether services were delivered by TPSP or another organisation located in the same building. Blurring of roles and functions across services whilst acknowledged was not however seen by the young parents or the services as an issue.

All of the young mothers who participated in the focus groups had been allocated a support worker. They were all very positive about this person as someone who was helpful and encouraging, although the level of interaction varied considerably. It is unclear how much of this is related it level of need:

> '*It was the constant support that I was getting off my key worker. Even the days when we weren't supposed to have a meeting, if there was something going on, I just had to pick up the phone. She was always there, never turned her back on me. No matter how many times I went back to him, she was always there for me. I could tell her anything and she always supported me through the whole thing. She's brilliant*' (Parent No 4).

> '*They are like a family. The door is always open, you can always come in, sit down, have a cup of tea. You can come down about anything at all, they'd never turn your back on you. I've often sat here all day and no one would tell you you need to go*' (Parent No. 5).

There were varying degrees to which stakeholders were able to define community development processes and how they inform TPSP work practices, and there were different understandings of community development with the term being sometimes confused with interagency working. Irrespective of the theoretical context, it is apparent that TPSP staff work with young people in a respectful, relevant way, which strives to build their confidence and capacity, and enable them to thrive with diminishing support needs.

5.4 Enablers / Underpinning Principles

Throughout the consultation process, there were a number of concepts and themes which consistently recurred. They related primarily to principles and processes which underpin the TPSP. Indeed, they are in effect, enablers of the work without which it is unlikely the projects would be effective in enabling vulnerable young parents to engage, develop and grow.

Longevity was referenced by many of the consultation participants, with staff noting that TPSP works with young parents from pregnancy or soon after birth, until the child reaches two years of age. In fact, there was broad agreement that staff will continue working with the young parent beyond this age if required:

> '*It's a totally different way of working.,…we work with them until the child is two years of age. That's the main difference*' (TPSP staff).

> '*We work for longer than two years with them. We work with them on a needs basis – initially they need most support at the time the baby is born, but we don't stop working if they aren't ready*' (TPSP Staff).

> '*There is a gap between two years and the baby being able to start with ECCE, so it doesn't make sense to withdraw the service at that stage*' (TPSP Staff).

The young people themselves were very clear about this also:

> '*The way ours work if your child is two or you turn 25, whichever comes first, you have to leave then*' (Parent 6).

> '*I don't want to leave at 25, I'd make it a bit longer*' (Parent 4).

Some of the discussion regarding length of engagement led to comparisons with universal or 'light touch' family support services:

"*Family support, from my experience, is more structured pieces of work that's offered. What we'd lose is the length of time we're working with a family from early pregnancy, all through antenatal and right through to the baby reaching two years of age. The long-term support would be lost if it went into family support, and that would have a huge impact on re-entering services*" (TPSP Staff).

Whether the comparisons are accurate or not, there was a presiding perception that non-specialist family supports do not work with families over long lengths of time. Perhaps as a result of this understanding, concern was expressed by the majority of stakeholders that TPSP needs to remain a dedicated, specialist service, and that integrating it within more generic family support services would result in a dilution of the approach, with the potential loss of expertise and tailored approaches. As noted above however, there was also recognition that the interface between the services is generally a relaxed, easy one:

"*TPSP works really well within our family support service. There's a cross over between them, and we draw on the expertise across the services*" (Commissioner).

Another recurring theme or enabler, closely aligned to the longevity of the model, relates to the intensity of engagement.

'*Working with teen parents, they forget about appointments, they don't turn up for appointments, there's a lot of DNA's. We get the opportunity to follow up with them, check why they aren't turning up, support them. If you're linked with family support, they don't have the time to do that, find out why they aren't turning up. That's really unique that we get the opportunity to do that level of engagement*' (TPSP frontline staff).

This ability to work closely with the parents, and through both formal and informal mechanisms, was reiterated by the majority of the parents:

'*It was the constant support that I was getting off my key worker. Even the days when we weren't supposed to have a meeting, if there was something going on, I just had to pick up the phone. She was always there, never turned her back on me. No matter how many times I went back to him, she was always there for me*' (Parent No. 4).

Finally, with regard to the enablers which underpin the efficacy of the TPSP, is the open referral process, or 'no wrong door' approach. Although the majority of young parents are referred through

social workers, a sizable proportion are also self-referred, indicative of an accessible service. Whilst the voluntary nature of the engagement is valuable because it facilitates relationship building, there is a risk that without TPSP, these young people would not get picked up by other services because they do not meet the thresholds. This is an important aspect in the projects' ability to engage young people.

> '*The criteria for TPSP is very open – there is no requirement that there are child welfare or protection concerns – there's no mandate to engage*' (TPSP Staff).

6.0 Recommendations

Recommendations are aligned to the previous section, and thus are presented in relation to utilisation, organisation, fidelity and enablers. Each of these is further divided into internal and external, in relation to where the responsibility lies for progressing the recommendation. The internal recommendations relate to those which should form part of the TPSP ESF+ expansion.

6.1 Utilisation

6.1.1 Internal

- A workforce development plan should be developed, whereby TPSP staff provide training and capacity building to other services (e.g. family support, youth work), so that young parents who do not have complex needs can be appropriately supported through non-specialist services. This would maximise the expertise developed within TPSP, whilst recognising the continuum of need amongst young parents.
- A map of relevant stakeholders should be undertaken where new projects are established. Strategies which encourage expecting and new parents to engage early with relevant professionals should be identified and shared and TPSPs should proactively engage directly with these services to establish formal and informal working relationships.
- Local and national communications to encourage young parents to engage early should be developed with consistent messaging about the benefits of doing so.
- All TPSPs should provide a range of dedicated activities for fathers and all materials and communications should explicitly include fathers.

6.1.2 External

- A national mapping of the incidence and location of all young parents (i.e. under 24 years of age) needs to be undertaken, to inform decisions regarding where TPSP needs to extend, either on an outreach basis from existing projects, or requiring the establishment of a new project. This mapping could be undertaken nationally by the HSE/ DoH, or through CYPSC's.
- All CYPSC's should be requested to map the number of young parents in their area for each new strategic plan and develop appropriate plans using existing resources.
- To maintain the downward trend in the numbers of young parents, statutory and community stakeholders should continue to work together to address the overall

determinants of health, in addition to measures that focus on relationships and sexual wellbeing.

6.2 Organisation

Due to the number of recommendations in this section, they have been divided between short, medium and long term.

6.2.1 Internal: Short-term (ie by end of 2023)

- The TPSP should be renamed the Young Parents Support Programme, to reflect the current profile of those accessing the service.
- Clarity should be provided regarding funding and decision-making structures so that there is a direct line of accountability between projects and those signing Service Level Agreements.
- TPSP staff require consistent, high quality supports to enable delivery of effective interventions. All staff should have access to standardised induction, ongoing professional development, regular peer support and line management/external supervision. Core training for TPSP should be agreed and provided to all TPSP personnel, to include:
    - Infant mental health and how to promote it
    - Ante-natal education
    - Trauma-informed approaches
    - Housing supports
    - Social welfare and benefits information
    - Attachment training such as Circles of Security and/or Solihull.
- Minimum standards for new TPSP staff should be agreed in terms of knowledge, skills and competencies and training materials and plans developed to ensure that all staff are supported to develop and enhance these areas as appropriate. Any such national training plan should draw on the expertise of existing TPSP staff where possible.
- The expertise and experience which has been developed within TPSP should be fully utilised in developing and delivering an induction and CPD programme for existing and new TPSP staff.
- The existing provision of family support services should be considered when identifying new TPSP sites, to maximise resources, ensure accessibility and avoid duplication.

- All TPSP projects should have an agreed minimum of administrative support in order to maximise the skill and expertise of the professionals within the projects. This would particularly free up staff to give attention to monitoring and evaluation.
- Project monitoring should include tracking engagement with other family members, particularly the baby's grandparents, and all projects should develop strategies to maximise these connections.
- Opportunities for projects to come together to share learning and best practice should be reinstated as soon as possible. Thematic working groups should be considered, whereby staff across the projects come together to develop and share resources and insights in relation to specific areas such as fathers, grandparents, or early engagement strategies.

6.2.2 Internal: Medium-term (ie by end of 2024)

- All TPSP's should be located within a 'hub' of aligned services (e.g. early learning and care (ELC); family support; counselling; adult education) to enable movement between interventions, and easy scaling up/ down of intensity of support as needs change. TPSP needs to be located within a continuum of local, integrated services.
- All new TPSP's must be located within organisations which can demonstrate that adequate governance, financial management, HR and professional development systems are provided, and that effective monitoring and evaluation is in place.
- The complex nature of the work in TPSP needs a range of expertise (i.e., emotional support, parenting support, childcare support, housing advocacy etc.) and teams should seek to establish multi-disciplinary teams where possible to best respond to the range of needs.
- High level, national TPSP outcomes should be agreed, along with the measurement tools to track progress. Agreement should be reached on definitions of participation and support, which allow flexibility in terms of level of engagement, and enable reporting on the breadth of approaches taken when working with young parents. Similarly, agreement should be reached on whether engagement is an output or an outcome, to enable consistent reporting.
- Frontline practitioners who work with clients presenting with complex needs need to be supported themselves, through training and coaching, provision of evidence-based assessment needs and resources, but most importantly through supports for their own wellbeing.

- The TPSP Operational Chart should be amended to better illustrate the inter-agency relationships and in particular the role of the National Coordinator.
- TPSP Retention Plans should be reviewed for relevance and adapted to fit with the particular target group. (For example, it may not be useful to list all schools which the projects engage with, given that schools make up only 4% of referrals).

6.2.3 Internal: Long-term (ie by end of 2026)

- A culture of inclusion and listening will underpin all TPSPs, with agreed processes to enable young parents and their families to shape the work and approach of projects both locally and nationally.
- The particular challenges faced by TPSP's which cover rural areas need to be fully identified. They include practical issues relating to access and transport, provision of the range of required services, and opportunities for informal, peer connections and social supports.
- A national TPSP logic model should be agreed, and in place, with common outcomes, measures and definitions in place. This process should ensure that data collected are relevant and useful.

6.2.4 External

- Government should meet its commitment to allocate social workers to all 19 Maternity Units. Extending the TPSP to areas without this resource will be problematic.

6.3 Fidelity

6.3.1 Internal

- The TPSP Toolkit should be updated to reflect and include the following:
    - the expanded age profile of young parents participating in the programme.
    - the centrality of the family of origin and their importance both as potential supports but also as a source of conflict
    - dedicated interventions for fathers
    - a standardised assessment system
    - an agreed national monitoring system with agreed outcomes and measures
    - the current policy context, in particular the National Model of Parenting Support

    - the potential for reducing the number of 'guiding principles' and including more direction in relation to evidence informed processes and interventions.

- All staff should receive training in the utilisation of the Toolkit, and an independent process and outcomes evaluation regarding the application and efficacy of the Toolkit should be undertaken.
- TPSP staff must be supported to develop the appropriate skills and training to support the complexity of needs apparent amongst the target group and be sufficiently supported to carry out this complex work.
- All TPSP projects should incrementally move towards delivering evidence-based interventions where this is not currently the case.
- A more rigorous approach to assessing need and outcomes should be developed which recognises the centrality of relationship, but is less reliant on observation. This should draw on existing frameworks, best practice, and expertise. All TPSP projects will have access to evidence-based and evidence-informed assessment tools to support their work, and should receive training to support their understanding of key implementation concepts such as outputs and outcomes, etc.
- All TPSP's should deliver specific programmes and events for fathers. These should be informed by the Toolkit developed by Louth TPSP.
- Given its holistic approach to addressing complex needs, agreement should be reached on whether 'engagement' in services (e.g., attending programmes, level of engagement with external or community supports) is an outcome or an output (2/9 projects cited this as an outcome).
- A National TPSP logic model should be developed, with agreed outcomes which all projects work towards, and consistent monitoring mechanisms. This approach would facilitate local adaptation in terms of the interventions utilised, and maximising the particular skillset of the team. The following are the proposed national TPSP outcomes:

    - Increased participation in education, including further education, training and/or employment
    - Enhanced parent-child relationship including intergenerational parent-child relationship
    - Improved confidence in parenting including improved attachment between parent and child

- Improved parenting skills (e.g., understanding of routine for baby, healthy eating, etc.)
- Increased parental knowledge of parental rights and entitlements and parental confidence in engaging with and accessing supports to improve quality of life (improved access to services)
- Improved understanding of children's developmental needs and increased capacity to meet these needs
- Improved understanding of ways to look after one's own holistic health.

- All TPSP projects have access to evidence-based and evidence-informed assessment tools to support their work, and staff should receive training to support their understanding of concepts such as output and outcomes, etc.

6.4 Enablers

The core principles which underpin the delivery of TPSPs should be retained alongside the increased consistency of approach, and alignment of processes.

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Appendices

Appendix 1: TPSP Review Advisory Group Members

Catherine Donoghue, National Lead, Parenting Support, Tusla (left February 2023).

Amy Mulvihill, National Manager, Parenting, Partnership and Family Support, Tusla (commenced February 2023)

Caroline Jordan, National Policy Manager Family Support and Social Inclusion, Tusla (commenced February 2023).

Samantha Dunne, National TPSP Manager, Treoir.

Appendix 2: TPSP Managers Survey.

About the Teen Parent Support Programme (TPSP)

What is the project name of your Teen Parent Support Programme (TPSP) ?

eg Donegal TPSP, Cork TPSP or Galway TPSP

.....

Where is the site located?

- [ ] Dublin
- [ ] Galway
- [ ] Cork
- [ ] Carlow
- [ ] Donegal
- [ ] Wexford
- [ ] Limerick
- [ ] Louth
- [ ] Galway
- [ ] Dundalk
- [ ] Drogheda

What geographical locations are covered by TPSP eg Clondalkin, Tallaght, Tipperary etc?

.....

What is the name of the person completing this survey?

.....

What is 's job title in?

.....

How many staff members are employed by to implement the TPSP?

Enter numeric number only. You cannot enter 0 or negative number

.....

How many volunteers are working under TPSP?

Enter numeric number only.

.....

When added together, how many hours do staf members employed by work in a week? For example, if 2 staf are employed to work 37.5 hours a week, the total is 75 hours a week.

.....

You said that employs staf to implement the TPSP interventions/supports. The hours of all the per week added together is hours. Is this correct? If not, scroll up and correct. If it is correct, the Whole Time Equivalent staf for is .

Check if this is correct, if not scroll up and correct the information.

.....

Does provide Continuous Professional Development (CPD) and/or training opportunities for staf implementing the TPSP? *

- ◯ Yes, there are CPD and/or training opportunities for staf members implementing TPSP
- ◯ There are no CPD and/or training opportunities for staf members implementing TPSP
- ◯ I do not know if there are CPD and/or training opportunities for staf members implementing TPSP

Can you elaborate on the CPD and/or training opportunities for staf implementing the TPSP in . *

.....

Does provide coaching opportunities for staff implementing the TPSP? *

- ◯ Yes, there are coaching opportunities for staff members implementing TPSP
- ◯ There are no coaching opportunities for staff members implementing TPSP
- ◯ I do not know if there are coaching opportunities for staf members implementing TPSP

Can you elaborate on the coaching opportunities for staf implementing the TPSP in . *

.....

Does provide mentoring opportunities for staf implementing the TPSP? *

- ◯ Yes, there are mentoring opportunities for staf members implementing TPSP
- ◯ There are no mentoring opportunities for staf members implementing TPSP
- ◯ I do not know if there are mentoring opportunities for staf members implementing TPSP

Can you elaborate on the mentoring opportunities for staf implementing the TPSP in . *

.....

Does provide refective supervision for staf implementing the TPSP? *

- ◯ Yes, refective supervision is available for staf members implementing TPSP
- ◯ There is no refective supervision for staf members implementing TPSP
- ◯ I do not know if there is refective supervision for staf members implementing TPSP

Can you elaborate on refective supervision for staf implementing the TPSP in . *

.....

What other support does provide to staf and volunteers implementing the TPSP interventions/supports?

.....

What are some of the factors in or host organisation that support the implementation of TPSP interventions?

What are some of the factors in or host organisation that hinder the implementation of TPSP interventions?

Are you open to extend the TPSP to other areas your are currently no implementing it?

Yes

No

Which new areas would you want to extend the TPSP to? Write them below.

TPSP Planning and Evaluation

The following questions ask about the monitoring and evaluation and achievements of the TPSP implemented by ?

.....

What have been the key achievements of the TPSP implemented by between 2021 and 2022?

Please list or describe in the space below.

.....

What have been the key challenges experienced in implementing the TPSP between 2021 and 2022?

Please list or describe in the space below.

.....

What emerging needs have you observed amongst Teen Parents between 2021 and 2022 years?

Please list or describe in the space below.

.....

Does the TPSP implemented by have any of the following planning documents: logic model, results framework, theory of change or monitoring and evaluation plan?

- ◯ Yes
- ◯ No
- ◯ I am not sure

Can you email the documents to marian@cdi.ie

.....

How does the TPSP implemented by collect the voice of service users in TPSP interventions and supports?

.....

TPSP Outcomes

The table below asks about the outcomes achieved by TPSP in 2021 and 2022. Please note outcomes are changes experienced by TPSP services users and these may relate to changes in behaviours, attitudes, practices, and wellbeing eg improved parental self-efcacy.

List of key outcomes for	Enter expected outcomes eg improved parental self efcacy among teen parents	How do you measure this outcome? eg a pre and post survey using Strengths and Difculties Questionnaire . Put as much detail as possible	Enter Achievement of this outcome in 2022 eg 80% of teen parents improved their parental self efcacy	Enter Achievement of this outcome in 2021 eg 60% of teen parents improved their parental self efcacy
Outcome 1				
Outcome 2				
Outcome 3				
Outcome 4				
Outcome 5				
Outcome 6				

TPSP interventions content and methodology

In this section we want to understand more about how you work with Teen Parents. An intervention can be a formal programme (eg Strengthening Families) or informal supports (eg home visiting). Please describe, in the table below, each intervention that you have used in the last two years (2021 to 2022).

List of interventions	Enter intervention Name eg Strengthening Families Programme	Methodology- How is the intervention delivered?	Programme Development	Evidence based
Intervention 1	*	* ☐ Home-based ☐ One to one ☐ Group work ☐ Centre-based ☐ Peer Support	* ◯ Developed elsewhere in Ireland ◯ Developed outside Ireland ◯ Locally developed intervention	* ◯ Evaluated in TPSP ◯ Evaluated somewhere not in TPSP ◯ Has never been evaluated
Intervention 2	*	* ☐ Home-based ☐ One to one ☐ Group work ☐ Centre-based ☐ Peer Support	* ◯ Developed elsewhere in Ireland ◯ Developed outside Ireland ◯ Locally developed intervention	* ◯ Evaluated in TPSP ◯ Evaluated somewhere not in TPSP ◯ Has never been evaluated
Intervention 3	*	* ☐ Home-based ☐ One to one ☐ Group work ☐ Centre-based ☐ Peer Support	* ◯ Developed elsewhere in Ireland ◯ Developed outside Ireland ◯ Locally developed intervention	* ◯ Evaluated in TPSP ◯ Evaluated somewhere not in TPSP ◯ Has never been evaluated

Financial resources

The following table asks about the fnancial resources which were available to to implement the TPSP between 2021 and 2022 calendar years.

Financial Resources	Total Budget in 2022. Enter the number *eg 250000*	List Funders in 2022 eg Tusla	Total Budget in 2021. Enter the number *eg 150000*	List Funders in 2021 eg Tusla
Budget in Euros	*	*	*	*

Are there any other comments about the TPSP you want to share with us?

Thank you very much for completing this survey on behalf of . We really appreciate your help.
You can now press submit below and close window after the form is submitted.

Thank you very much. We note you are not willing to complete the survey. However the survey is very important for the strategic review and future implementation of the TPSP. If you happen to change your decision, close this window and reopen the survey link in another window.

Appendix 3: TPSP Managers FGD

Opening Round:

Your name, title, geographical area and one think you love about your job.

Ground rules:

- Recording the sessions
- Anonymity of reporting
- Event to discuss the findings and conclusions.
- AOB?

Organisation

- What were the organisational drivers supporting TPSP's implementation? I.e. what do you think works well in terms of the management structures in place to support the TPSP?
- To what extent did the organisational drivers support TPSP's implementation? I.e. are there any gaps in the administrative or technical supports? Are the management structures effective? Efficient? what level of support do you perceive from your funders?

Utilisation

- To what extent did parents utilise TPSP? Is the project getting access to and able to work with all young parents in the area?
- What can constitute barriers to parents' participation?
- What can facilitate parents' participation? What makes the TPSP effective? What are the key approaches to engaging young parents in TPSP?

Quality

- To what extent were parents'/families' needs and interests taken into account? How does the project listen to parents and identify their needs? What outcomes does the project seek to achieve and how does it monitor these?
- What were TPSP's strengths? What does it do well? What needs is it addressing? How do we know what its doing well?
- What were TPSP's weaknesses and what could be improved? Are there gaps? Are there unmet needs in your area?

Fidelity:

- Which TPSP activities were delivered during the academic year?
- How were the activities planned?

- To what extent were the activities implemented as planned?

Attitudes towards TPSP

- What were TPSP's main benefits for parents/families?
- To what extent are you satisfied with TPSP?
- Do you have any concerns about TPSP in the future?

Appendix 4: TPSP Frontline Staff FGD

Opening Round:

Your name, title, geographical area and one think you love about your job.

Ground rules:

- Recording the sessions
- Anonymity of reporting
- Event to discuss the findings and conclusions.
- AOB?

Organisation

- What were the organisational drivers supporting TPSP's implementation? I.e. what do you think works well in terms of the structures in place to support the TPSP? E.g. funding; planning; line management; CPD;
- To what extent did the organisational drivers support TPSP's implementation? I.e. are there any gaps in the administrative or technical supports? Are the management structures effective? Efficient? to what extent are you supported in your work?

Utilisation

- To what extent did parents utilise TPSP? Do you have targets to meet? How do you monitor your work?
- What can constitute barriers to parents' participation? What are the main struggles you face when working with young parents?
- What can facilitate parents' participation? What are the ley approaches that work when engaging young parents?

Quality

- To what extent were parents'/families' needs and interests taken into account? How do you ensure that young parents voices and perspectives inform what you do?
- What were TPSP's strengths? What does it do well? What needs is it addressing?

- What were TPSP's weaknesses and what could be improved? Are there gaps? Are there unmet needs in your area?

Fidelity:

- Which TPSP activities were delivered during the academic year?
- How were the activities planned?
- To what extent were the activities implemented as planned?

Attitudes towards TPSP

- What were TPSP's main benefits for parents/families?
- To what extent were you satisfied with TPSP?

Appendix 5: TPSP Parents FGD

Opening Round:

Your name, ages of your child(ren) and where your name comes from i.e. why you were given that name

Ground rules:

- Recording the sessions
- Anonymity of reporting
- No pressure to share and no questions about WHY you're here
- Event to discuss the findings and conclusions
- Children First guidelines re reporting a concern
- AOB?

Organisation

- What do you like about the TPSP
- Is the TPSP well run – is it an organised place?

Utilisation

- How did you find out about the TPSP?
- Tell me about when you first went to the TPSP – was there anything you were worried about? Were you nervous about anything?
- What do you enjoy about the project? What things do you particularly like doing there?

Quality

- Do you feel you have a say in how the TPSP is run, and what they do? How does that happen?
- What does the TPSP do well? What should they do more of?
- What could be improved? Are there gaps? Are there things which would support young parents which the project doesn't currently offer?

Fidelity:

- Did you go to any groups or programmes in TPSP in the last year or so? Can you tell me about them? Was it what you expected?
- Do you get support on a one-to-one from the TPSP?

Attitudes towards TPSP

- How has TPSP helped you?
- To what extent are you satisfied with TPSP?

Appendix 6: Commissioners FGD

Opening Round:

Your name, title, geographical area and one think you love about your job.

Ground rules:

- Recording the sessions
- Anonymity of reporting
- Event to discuss the findings and conclusions.
- AOB?

Organisation

- What were the organisational drivers supporting TPSP's implementation? I.e. what do you think works well in terms of the structures in place to support the TPSP?
- To what extent did the organisational drivers support TPSP's implementation? I.e. are there any gaps in the administrative or technical supports? Are the management structures effective? Efficient?

Utilisation

- To what extent did parents utilise TPSP? What's your sense of the levels of participation? What data do you receive on the project? Are there any gaps in the information you receive?
- What can constitute barriers to parents' participation? Are there limits to the TPSP delivering on its objectives? What are those limits?
- What can facilitate parents' participation? What makes the TPSP effective?

Quality

- To what extent were parents'/families' needs and interests taken into account? What is your sense of how the project listens to parents?
- What were TPSP's strengths? What does it do well? What needs is it addressing?
- What were TPSP's weaknesses and what could be improved? Are there gaps? Are there unmet needs in your area?
- Do you think TPSP provides value for money?

Fidelity:

- Which TPSP activities were delivered during the academic year?
- How were the activities planned?

- To what extent were the activities implemented as planned?

Attitudes towards TPSP

- What were TPSP's main benefits for parents/families?
- To what extent were you satisfied with TPSP?
- Does any other organisation provide a similar service/model?

Appendix 7: Gatekeepers Letter

Dear TPSP Manager,

I am contacting you in relation to a review of the Teen Parent Support Programme (TPSP) being conducted by the **Childhood Development Initiative (CDI)** on behalf of Tusla.

We want to understand the experiences of young parents who engage with the TPSP, as well as the perspectives, insights and hopes of those working in and with, and responsible for funding the TPSP.

This review will include the following:

- Conducting focus group discussions with managers of TPSP projects
- Conducting focus group discussions with front line staff in TPSP projects
- Conducting focus group discussions with parents and caregivers who participate in TPSP activities and engage with the service.
- Conducting focus group discussions with service providers who refer young people to TPSP.
- Conducting focus groups with commissioners (those who sign the Service Level Agreements) with TPSP
- Undertaking a small number of interviews with key policy makers.

To achieve this, we need your help to access to focus group participants. Specifically, we request your assistance in:

- Distributing this information sheet to:
    - Any service providers you work with who refer young parents to your TPSP.
    - One or two of your frontline staff working in your TPSP. (Unfortunately, due to logistics, we can accommodate a maximum of two people per project)
- Talking to the young parents in your project about participating in **either** the morning **or** evening parents focus group, and supporting them to do so.
- Explaining the review to potential participants.

A date and time have been agreed separately to meet with the programme commissioners and I have been in contact with them already.

Details for the focus group discussion are shown below:

Group:	**Date:**	**Time:**	**Zoom link**
TPSP Managers	Thursday 9th February	9.30-11.30	https://us06web.zoom.us/j/83481043531?pwd=clNOYjg1Yk9GZEVQZDI4WFJtS1NSUT09
Parents Group 1.	Thursday 9th February	7.30-9 pm	https://us06web.zoom.us/j/86770528868
TPSP Frontline staff: (max of two staff per project)	Tuesday 14th February	9.30-11.30	https://us06web.zoom.us/j/83843475407

Parents Group 2.	Wednesday 15th February	10-11.30	https://us06web.zoom.us/j/86111515543

Focus Group Code of Conduct

CDI commits to ensuring that the Focus Group Discussions are safe places for everyone. To this end we ask that all participants read and agree to the following way of working:

- *Everyone should feel free to participate and one person speaks at a time.*
- *No one should judge or look down on what others say.*
- *Everything that is discussed during the focus group discussion should not be discussed outside the room or any time after the focus group discussion to respect each other's confidentiality and privacy*
- *There are no right and wrong answers; feel free to say what you think*
- *You do not have to participate in all the activities or respond to all the questions*
- *You are free to leave the group at any time and there are no consequences*
- *We will avoid side conservations.*
- *We will keep focused on one topic.*
- *The discussions will be recorded to help gather more detailed information on your responses. The recordings will be deleted as soon as the key discussion points have been written up*
- *No ones name will be used in any reports or discussion about the focus group. we may use quotes form the discussion, but we won't name the individual who said it, or give any information away which might allow others to identify who said it*
- *If you feel uncomfortable or distressed, let us know and we will assist you.*

Finally, consent forms and confirmation of your attendance at the focus group must be sent by email to holly@cdi.ie at least three days before the date of the focus group.

With thanks for all your help in this. Please give me a ring or drop me an email if you want to check anything.

Marian Quinn

CEO, CDI

M: 087 3158836

E: marian@cdi.ie

Appendix 8: Consent Form

Before signing this form, please check that you have read the information sheet about the Teen Parent Support Programme Review, which is being completed by the Childhood Development Initiative.

- I have read the information about the review of the Teen Parent Support Programme { }
- I fully understand everything in the information sheet about this review { }
- I am happy to take part in the focus groups as part of this review { }
- I understand that I can leave the group at any time, without any consequences { }
- I am happy to give CDI my contact details so they can send me a link to the report { }
- I am happy for CDI to contact me to discuss the report of this review { }

Signed:_____

Name:

Date:

Address:

Email:

Appendix 9: Rationale and Strengths of the Teen Parent Support Programme, from: Teen Parent Support Programme Overview, (Treoir, 2022).

1. Teen and Young parents have specific needs

Teen parents are at a critical stage in their own physical, emotional and social development. They are also, simultaneously, developing as parents with responsibility for the nurturing of their child's development.

2. Child Protection considerations

Even though now parents themselves, young parents under the age of 18, are still protected under the Children First Act 2015 and related child protection policies, as well as their children, the TPSP is in a position to be vigilant of the child protection and welfare needs of both parents and children, to support them when problems arise, and refer them to other family support services when needed.

3. Young parents/people need separate services

It is difficult to get young parents to engage with mainstream services, attend standard antenatal classes or typical mother and baby groups in the community. Teenagers may not be able to engage effectively with methods that are used by adults. Evaluations of the TPSP show that young parents respond best to adolescent-friendly services dedicated to them. The fact that young people need separate services is also evidenced by the development of separate youth services and adolescent mental health services such as Jigsaw and CAMHS.

4. Educational Supports

It is difficult to get young parents to re-enter education following the birth of their child, for both mother and father. Given their developmental age, both socially and emotionally, it is well documented and evidenced through the TPSP that young parents need developmental and child and family work to enable them to build up their own capacity to parent and become independent. This work helps to improve the potential for young parents to return, complete and /or advance their education at a time when they are ready.

5. Prevention and young parents

Most referrals come to the TPSP when the mother is antenatal i.e., not yet a family and therefore not in contact with any other form of family support. Through this early engagement with the TPSP the mother is encouraged to attend antenatal services and to generally look after her own needs and those of her unborn baby. Review-level evidence reports reductions in babies with low birth weights to teenagers associated with specialist antenatal services, early enrolment and consistent attendance at antenatal services.

6. Early intervention and young parents

TPSP staff have frequent and flexible contact with young parents. They meet them in their homes, the TPSP office or other venues where the young person is safe and comfortable. This level of engagement enables TPSP staff to identify emerging problems (such as postnatal depression in the mother, developmental delays in the baby or abuse in relationships) and to respond appropriately. The young

parents are also encouraged to avail themselves of postnatal care, contraception and developmental checks for the baby.

7. Teen parents are a family unit in their own right

Most teen parents still live in the family home**.** When the family of origin needs support or when conflicts of interest arise, teen parents need a service that advocates for what is in the best interest of the young parent and child as a separate family unit within the household.

8. Lack of contact with other social services

Most pregnant/parenting teenagers have no contact with other social services. Many of them with high levels of need do not reach the threshold for HSE (Health Service Executive) family support services. Because they are also adolescents who are still maturing, their ability to respond effectively to the challenges of parenthood and their life situation generally can fluctuate rapidly. Because of a pre-existing relationship with TPSP staff, young parents in difficulties are more likely to contact them when they need support.

9. TPSP offers group work as well as one-to-one support

This is an efficient way of delivering information, offering peer support and encouraging young people to develop new social networks as parents. In some situations, the children are minded by trained childcare workers while parents are attending their groups. Therefore, these groups also benefit the children of young parents as they provide an opportunity for socialisation (depending on age)**,** for stimulation and a space where their developmental progress can be observed by other professionals.

10. The TPSP also focuses on young fathers

The TPSP tries to engage with young fathers, the majority of whom have no contact with any other social service or any other agency or institution that acknowledges and promotes their identity as parents. TPSP staff try to get both mother and father to understand the importance for a child of having both parents in his/her life. Where it is safe, TPSP staff encourage shared parenting - to whatever extent is possible.

11. TPSP provides a holistic service

TPSP project staff work to promote the teenager's own development in adolescence combined with the challenges of taking on their parenting role. Rather than concentrating solely on the presenting problem they respond holistically to all aspects to the young person’s life- parenting, health, relationships, education, training, childcare, accommodation, social welfare entitlements, legal issues and anything else about which the young person is concerned. In this way they work with them to build their ability both as young parents and as adolescents moving towards early adulthood. In particular, the TPSP works to keep pregnant/parenting young people in education to optimise equality of opportunity for themselves and their children.

Grandparents and other family members involved with young parents may also be supported.

12. Cost effective

The TPSP is cost effective offering support to approximately 1,000 young parents, their children and families each year

Appendix 10: National Advisory Committee for TPSP: Terms of Reference

- To provide a forum for interagency working and the sharing of information in relation to young parents
- To provide an opportunity for the development of coherent national policies in relation to young parents
- To advise Tusla - Child and Family Agency and relevant government Departments regarding policy and other issues affecting young parents
- To advise Tusla - Child and Family Agency on the overall direction of the TPSP.