



teenparents
support programme

First Report

2000-2005

Teen Parents Support Programme

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FOREWORD

As Minister for Children, I welcome the first report of the Teen Parents Support Programme (TPSP). I am delighted to have supported this important initiative which started with 3 pilot projects in July 1999 to the point now where there are 5 projects in operation and another 3 in the process of being developed by the Health Service Executive. I am aware that this would not have been possible without the support and assistance from the Crisis Pregnancy Agency and Treoir and I wish to convey my gratitude to them.

The case studies that are included in this report are very enlightening. They add such a personal dimension to the report and really bring home the type of work and support that the TPSP provides. These accounts provide an insight into the sometimes difficult and despairing situations that people have found themselves in while at the same time conveying the positive role the TPSP has played for them.

It is particularly uplifting to see these young people being encouraged and supported to continue their studies at school and/or college. I am pleased that the Department of Education and Science was able to assist through the administration of the School Completion Programme and also through the Home Tuition Scheme.

This First Report is a tribute to the commitment, dedication and excellent service provided by the TPSP and I am confident that this is the first of many successful Reports that will follow in the coming years. I wish the Teen Parents Support Programme continued success with their projects and congratulate all those involved.

Brian Lenihan

**Brian Lenihan, T.D.,
Minister for Children**

FOREWORD BY CHAIRPERSON, NATIONAL STEERING GROUP, TEEN PARENTS SUPPORT PROGRAMME

It behoves us as a modern society to protect all of our citizens particularly those who are vulnerable or at risk. Teenage pregnancy can be a daunting prospect for young mothers and fathers particularly if they are unaware of, and do not have access to, the support services that are available to them.

The Teen Parents Support Programme provides services to enhance and support the wellbeing of young parents and their children to ensure equality of opportunity. The programme also encourages existing services to work collaboratively to respond to the needs of this group.

As Chairperson of the National Steering Group I am pleased by the sustained growth of the Programme, from the initial pilots and their positive evaluation to the current position of five operating projects and three more being developed by the Health Service Executive (HSE). The appointment of a National Co-ordinator for the Programme in 2004 was another important milestone.

I wish to thank the members of the National Steering Group and also the Chairperson and members of the National Advisory Committee for their support, advice and commitment to the Programme.

The Health Act 2004 provided for the establishment of the HSE which took over responsibility for the management and delivery of health services with effect from 1 January 2005. Accordingly the Department of Health and Children has transferred full operational responsibility for the Teen Parents Support Programme to the HSE. The Department of Health and Children will in addition to a new policy role, have a monitoring and evaluation role in the area of family support including this Programme.

In this new role the Department of Health and Children looks forward to working with the HSE.

Dora Hennessy
Chairperson, National Steering Group *

*Ms Hennessy was the Chairperson of the National Steering Group, which oversaw the completion of the work on this report.

INTRODUCTION BY CHAIRPERSON

NATIONAL ADVISORY COMMITTEE, TEEN PARENTS SUPPORT PROGRAMME

As Chairperson of the National Advisory Committee of the Teen Parents Support Programme I am delighted to be part of the introduction of its first Report since the evaluation of the pilot phase of the Programme carried out by the Centre for Social and Educational Research (CSER).

The Evaluation recommended the rolling out of the Teen Parents Support Initiative, as the Programme was at the time, to enable all teen parents have access to a Programme. In the interim, the number of Programmes has increased from three (Dublin West, Galway and Limerick), initially by two (Dublin North and Louth) and more recently by a further three (Carlow, Cork and Donegal). The provision of a National Co-ordinator to the Teen Parents Support Programme has been very positive for the ongoing rollout of the Programme.

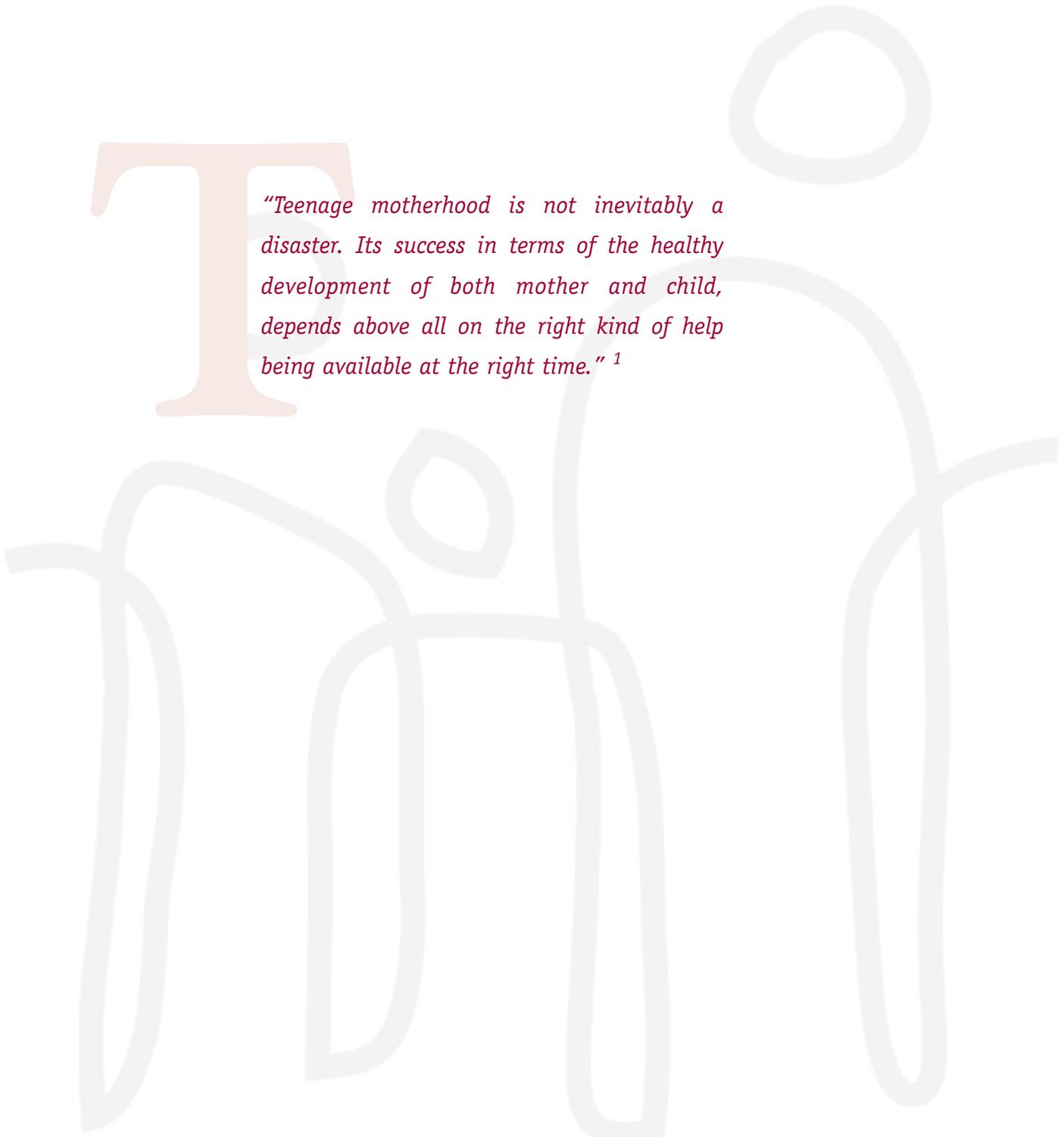
The CSER Evaluation commented particularly on the contribution of both the professional and personal qualities of the project leaders and project workers to the success of the pilot phase of the Teen Parents Support Programme. This continues to be of huge importance both for the establishment of new Programmes and for the continuing development of existing Programmes. This commitment contributes to the identification of the evolving needs of teen parents both at local and at national level.

The involvement of both voluntary and statutory organisations and teen parents themselves on local advisory groups contributes to the identified needs being met. The expansion of the National Advisory Committee to include representatives from the Health Service Executive, the Department of Education and Science, the Department of Social and Family Affairs and the Crisis Pregnancy Agency has been a welcome development and enables the needs of teen parents to be on the agenda at national level. The ongoing involvement and commitment of the Department of Health and Children to the Programme has been very important to the development and expansion of the Teen Parents Support Programme.

Finally, I would like to thank Ms. Margaret Morris, National Co-ordinator of the Teen Parents Support Programme, Ms. Bella Maher and all those in Treoir for their ongoing support and commitment to the further development of the Teen Parents Support Programme and to an increased awareness of the needs of teen parents and their children.

Rosemary Grant
Chairperson, National Advisory Committee

What is the Teen Parents Support Programme?	1
Objectives of the Teen Parents Support Programme	3
Structure of the Teen Parents Support Programme	4
Teen Births : Facts and Figures	5
Providing supports to teen parents	7
Collecting information on the experience of teen parents	10
Identifying the needs of teen parents	16
Working collaboratively with other services	21
Evaluating the Teen Parents Support Programme	24
Resource Pack and Directory of Services for Key Workers with Young Parents	26
Appendix A National Steering Group	27
Appendix B National Advisory Committee	28
Appendix C Representation on Local Advisory Groups	29
Appendix D TPSP Contacts	30



T *“Teenage motherhood is not inevitably a disaster. Its success in terms of the healthy development of both mother and child, depends above all on the right kind of help being available at the right time.”¹*

¹ Hudson, F. and Ineiche, B, (1991). *Taking it Lying Down: Sexuality and Teenage Motherhood*. Basingstoke: Macmillan

What is the Teen Parents Support Programme?

The Teen Parents Support Programme (TPSP) 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 Initiative arose from the recognition by professionals working in the area of the vulnerability of families headed by teen parents and concerns about the rate of social admissions to hospital of children from these families. It targeted young people who became parents when they were aged 19 years or under and aimed to support them until their children were 2 years of age. The Initiative emphasised the importance of preventative support services for vulnerable families and acknowledged that interventions which support young parents in their parenting role and in achieving other life goals (such as education, training and employment), impact, in turn, on the wellbeing of their children.

The Teen Parents Support Initiative originally consisted of three pilot projects in Galway, Limerick and Dublin West, each based in a different setting:

GALWAY

The Galway TPSP is hospital based with links into the community. The Programme is located at University College Hospital Galway and managed by the Health Service Executive (HSE), Western Area. It commenced in March 2000 and serves Galway City and County.

LIMERICK

The Limerick TPSP is community based with links into the maternity hospital. The Programme is located in and managed by Limerick Social Services Centre and reports to the HSE, Mid-Western Area. It commenced in December 1999 and serves Limerick City and County.

DUBLIN WEST

The Dublin West TPSP is based in a voluntary organisation with links into both a maternity hospital and the community. The Programme is located in and managed by Barnardos and reports to HSE Eastern Region, South West Area. It commenced in March 2000 and serves the South-West Dublin region of Dublin 8, Drimnagh, Crumlin and Tallaght.

RESOURCE PACK

A fourth element of the Initiative was the design and dissemination, initially to the pilot project sites and then nationally, of a Resource Pack and Directory of Services for Key Workers with Young Parents. Treoir, the National Federation of Services for Unmarried Parents and their Children undertook this work.

All of the above pilot projects and the Resource Pack were funded by the Department of Health and Children through the then Health Boards (now the HSE).

Following successful evaluation, the original pilot projects were mainstreamed and are now known as the Teen Parents Support Programme (TPSP).

In 2004 Teen Parents Support Programmes were established in Louth and Dublin North.

LOUTH

The Louth TPSP is based in the Family Support Department of Louth Community Services, Drogheda and has links into both the maternity hospital and the community. The Programme is managed by the HSE North–Eastern Area and covers all of Co. Louth.

DUBLIN NORTH

The Dublin North TPSP is based in a community resource centre for lone parents, Doras Buí in Coolock, and has links into local maternity hospitals. The Programme is managed by Doras Buí, reports to the HSE Northern Area and covers all of the Northside Partnership Area.

NATIONAL CO-ORDINATOR

A National Co-ordinator was also appointed in 2004.

This post is located in and managed by Treoir.

The main tasks of the Co-ordinator are to:

- Collate information provided by individual Programmes and produce regular reports on the overall progress of the TPSP
- Identify and promote policy issues in relation to teen parents
- Assist in the development of new TPSPs
- Provide support to individual TPSPs, Local Steering Groups and the National Advisory Committee
- Promote the TPSP nationally.

Both the Louth and Dublin North TPSPs and the National Co-ordinator post are currently funded by the Crisis Pregnancy Agency.

Three new TPSPs are planned for 2006. These will be based in Carlow, Cork and Donegal. These Programmes will be funded by the HSE.

SUPPORT FROM THE DEPARTMENT OF EDUCATION AND SCIENCE

From the beginning, the TPSP had access to funding from the Children at Risk Fund of the Department of Education and Science. In 2004 this was replaced by funding from the School Completion Programme. This Programme is administered by the Social Inclusion Unit of the Department of Education and Science and aims to retain young people in the education system to completion of the Senior Cycle, or equivalent. The Teen Parents Support Programme is funded under a specific gender equality strand of the School Completion Programme. This collaboration is indispensable to the TPSP in supporting young mothers to remain in or return to education. For example, when the Limerick TPSP followed up 11 of its former participants who had received support with the cost of their education from the School Completion Programme in 2003/2004, all of them stated that *“there would be no possible way for them to return to education without the help [of the School Completion Programme]”*.

Objectives of the Teen Parents Support Programme

THE OBJECTIVES OF THE TEEN PARENTS SUPPORT PROGRAMME ARE TO

- Identify the needs of the targeted young parents, the services available to them and any gaps in these services
- 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
- 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 the pilot scheme, disseminate the findings of the evaluation and stimulate any necessary change at policy level.

Structure of the Teen Parents Support Programme

The Teen Parents Support Programme is a National Programme which is currently funded jointly by the Health Service Executive, the Crisis Pregnancy Agency and the Department of Education and Science.

NATIONAL STRUCTURES

National Structures comprise

- the National Steering Group which has overall responsibility for the development of the TPSP
- the National Advisory Committee which provides a forum for information sharing and interagency collaboration in the interests of teen parents and
- the National Co-ordinator.

(See Appendices A and B)

LOCAL STRUCTURES

Locally, each TPSP is comprised of an

- employing organisation
- local advisory group and
- TPSP staff.

(See Appendices C and D)

Employing Organisation

The employing organisation, which may be from either the statutory or voluntary sector, is responsible for the overall management of the local TPSP. Each employing body from the non-governmental sector has a Service Level Agreement with its local HSE.

Local Advisory Group

A Local Advisory Group supports the work of each TPSP by facilitating information sharing and interagency collaboration locally. The composition of the Local Advisory Group is critical to the success of the TPSP and must include key stakeholders, key referral sources and, if possible, young parents themselves. The Local Advisory Group must have representation from both the statutory and non-governmental sector and have a strong commitment to an integrated collaborative approach.

All projects have strong links with local maternity hospitals. Maternity services are represented on the Local Advisory Group and are key sources of referral as well as important links with antenatal, postnatal and hospital based social work services.

TPSP Staff

Each TPSP is composed of a Project Leader and at least one part-time Project Worker. Ideally, the TPSP also has part-time administrative support.

These structures may be revised in 2006 following ongoing reforms in the HSE.

Teen Births: Facts and Figures

BIRTHS TO WOMEN UNDER 20

Despite public perception to the contrary, births to women under 20 in Ireland have not increased over the past 20 years. In 1984 there were 2903 births to women under 20 compared to 2560 in 2004.

Nevertheless, teen parenthood is a source of concern because of the poor life outcomes generally associated with it.

1984-2004		
No. of births and fertility rates for women under 20		
YEAR	NO. OF BIRTHS	FERTILITY RATES
1984	2903	17.8
1988	2424	15.1
1992	2721	16.7
1996	2700	16.7
2000	3135	19.3
2003	2803	18.8
2004	2555*	17.4

Fertility rate is the number of live births per 1000 women aged between 15 and 20 years.

Sources: 1984-2003 CSO
2004 Crisis Pregnancy Agency

*The fertility rate for 2004 is based on provisional population figures and does not include births to teens aged 14 and under. In 2004 there were 5 births in this age group. The teenage fertility rate in Ireland has remained relatively stable over the past 20 years. It is significantly lower than the most recently available figures from the UK but higher than average figures from the EU prior to enlargement. In 2003, for example, the teenage fertility rate in the UK was 27.4 while the average rate for the then 15 EU member states was 13.6.²

It must be noted, however, that teenage fertility rates do not take account of abortion. The low rate of teenage fertility in some European countries can be accounted for, in part, by the high teenage abortion rates there.

2000-2004						
Births to mothers under 20 by age of mother						
YEAR	15 AND UNDER	16	17	18	19	TOTAL
2000	66	212	511	995	1,351	3,135
2001	65	212	521	961	1,336	3,095
2002	63	225	504	932	1,254	2,978
2003	58	187	489	852	1,217	2,803
2004	53	202	399	779	1,127	2,560

Since 2000 there has been a decrease in the number of births in all age groups under 20. In 2004, the majority (74%) of teenagers giving birth were aged 18 and 19. A small proportion of teenage births (2%) were to mothers aged 15 and under.

Source: CSO Vital Statistics 2004

² Crisis Pregnancy Agency Statistical Report 2005

*J*ane was 18 years of age and 3 months pregnant when she was referred to the Teen Parents Support Programme. She came from a family background which was extremely deprived, both emotionally and financially.

Despite this, Jane had succeeded in getting a place in a local Third Level College where she was studying for a Business Degree. Although highly motivated, she feared that the demands of rearing her child would force her to discontinue her education.

The Teen Parents Support Programme was able to provide Jane with some of the supports she lacked at home. As her delivery date coincided with exam times the TPSP Project Leader secured special arrangements for her while doing her exams which she passed with 1st Class Honours. She was also supported to apply for a grant from an Access Fund administered by the College. Between this and the School Completion Programme administered by the Department of Education and Science, Jane was provided with adequate clothing and shoes which she lacked at the point of referral as well as funding for college books and childcare.

Jane did not want her baby to grow up in the same deprived and distressful environment in which she was raised. The TPSP supported her to explore alternative accommodation with the local Housing Officer and Community Welfare Officer.

Jane is now living in her own rented accommodation.

She is in her Third Year in College and plans to continue to study for her Masters. Through her resilience, her motivation and the support the TPSP was able to harness for her, Jane has been able to use education to break the cycle of deprivation into which she was born and to provide an independent future for herself and her child.

Providing Supports to Teen Parents

“The pilot projects’ willingness to respond to the wide variety of support needs expressed by young parents was identified as a key strength by both parents and professionals.”³

Referrals

Each Teen Parents Support Programme works within a clearly defined catchment area. Within that area, the TPSP accepts all young parents (mothers and fathers) who were aged 19 or under at the time of the pregnancy and whose children are under 2 years of age. Typically referrals come from teen parents themselves, family members, antenatal clinics, maternity services, friends, teachers, youth services, training agencies, social workers, public health nurses and others interested in the welfare of teen parents.

Duration of support

Parents participating in the TPSP are supported while they are pregnant and, generally, up to 2 years after the birth of their babies. A small number of young mothers may be supported formally for longer than this. Others who have left the service may maintain contact informally and receive occasional support as the needs arise. It is important to maintain this flexibility and openness to ongoing support as the TPSP may be the only service which young parents feel they can access easily.

Nature of Support

Support is provided on a one to one basis, through group activities and through referral to other services.

One to one support is delivered through home visits, office appointments, ‘drop in’ facilities and meetings away from the TPSP site. Throughout their interaction with the young parents TPSP staff endeavour to:

- enhance the self esteem of the young parents
- build on their existing skills, experience and knowledge and
- encourage them to meet their own needs and maintain their own social and support networks.

Assessment of Need

Initially, an assessment of need is carried out with each new referral and an individual support plan drawn up which is reviewed throughout the duration of the young parents’ involvement with the TPSP. The assessment of need covers all areas of the lives of the young parents including parenting skills, personal development, relationships, housing, health, social welfare, education, training, employment, and whatever other areas of need arise. All TPSPs provide some support in these core areas of need. Their capacity to provide some direct services such as on-site ante natal classes or on-site parenting courses depends on the staff and resources available to the individual Programmes.

³ Riordan, S (2002) *Final Evaluation Report of the Teen Parents Support Initiative*. Dublin DIT

Taken as a whole, the following is a summary of the types of supports offered by TPSP

- One to one emotional and practical support for young mothers, young fathers and grandparents
- Referral to home visiting schemes such as Community Mothers/Parents, Home Start or First Steps Programmes
- Encouragement to retain their own social structures and attend peer support groups organised by the TPSP or by other agencies
- Individual antenatal support including preparation for birth
- Antenatal support groups (provided on site by some TPSPs)
- Individual support with parenting
- Parenting courses
- Assistance with education related expenses
- Information/support/advocacy in relation to social welfare entitlements, housing, education and training
- Information/support in relation to domestic violence and referral to other sources of support
- Referral to and liaison with social work teams and community care teams in relation to child welfare and protection
- Referral to appropriate health services such as GPs, PHNs, psychiatric, paediatric and child development services
- Information and support regarding legal issues
- Information/referral and advocacy in relation to schools, the Moving On Young Mothers in Employment Projects, FÁS, Youthreach and other training bodies
- General information/support with health related issues including contraception
- Advocacy, through the media, in relation to teen parents
- Development of guidelines for best practice in schools.

Gemma was referred to the Teen Parents Support Programme by her Home School Liaison Co-ordinator when she was in her Leaving Cert year. She had a six month old daughter, was finding it extremely difficult to concentrate on her studies and was going to drop out of school.

An exploration of Gemma's needs by the TPSP Project Leader showed that she was suffering from postnatal depression; had valid concerns about the childcare arrangements she had made for her baby; had not received the One Parent Family Payment and needed career guidance. She also felt very isolated from the friendship group she had before the birth of her baby.

It was agreed that it was in the best interest of Gemma and her baby for Gemma to leave school temporarily.

On Gemma's behalf the TPSP Project Leader liaised with her Home School Liaison Co-ordinator, the Home Tuition Scheme of the Department of Education and Science, a local study group, her G.P., a psychologist in the local Health Centre, an Education Officer in the local Area Partnership, her local Community Welfare Officer, a local Law Centre and a community based crèche.

The Project Leader met Gemma weekly. She agreed to avail of Home Tuition while out of school and also attended a study group. Gemma kept regular appointments with a psychologist, reduced her anti-depressant medication, received her Social Welfare entitlements, secured a childcare place in a local crèche, identified a future course of study, completed her Leaving Cert and secured a place on the course of her choice.

Gemma has now only occasional contact with the TPSP and instead receives good quality support from her family and her psychologist.

Collecting Information on the Experience of Teen Parents

“Adolescent parenthood interrupts normal adolescent development. Energy which would normally be devoted to self-awareness and development of self-identity and independence is directed to caring for the newborn”⁴

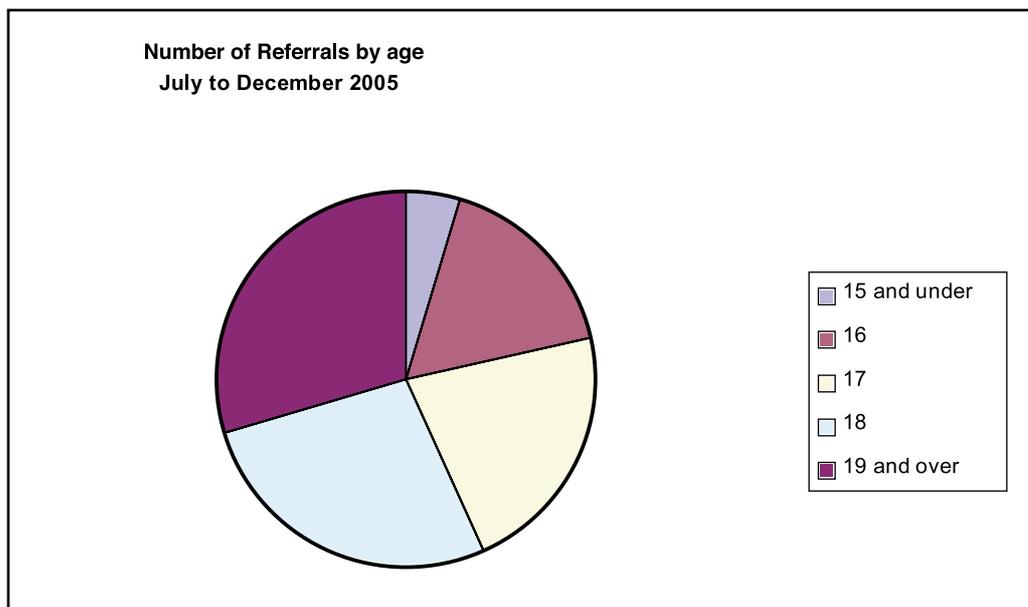
1,395 young parents, mainly mothers, have availed of the services of the TPSP up to December 2005.

Profile of Referrals to TPSP from July to December 2005

Since July 2005 data on new referrals has been computerised. This will enable us to get a better profile of young parents engaging with the TPSP, identify their needs and follow their progress.

Between July–December 2005, 145 young parents contacted the TPSP for the first time. With regard to age, 7 of these young people were aged 15 years or under, 24 were aged 16 years, 32 were aged 17 years, 39 were aged 18 years and 43 were aged 19 years and over. The majority (76%) were living with their family of origin at the time of their referral to the TPSP.

Chart 1.



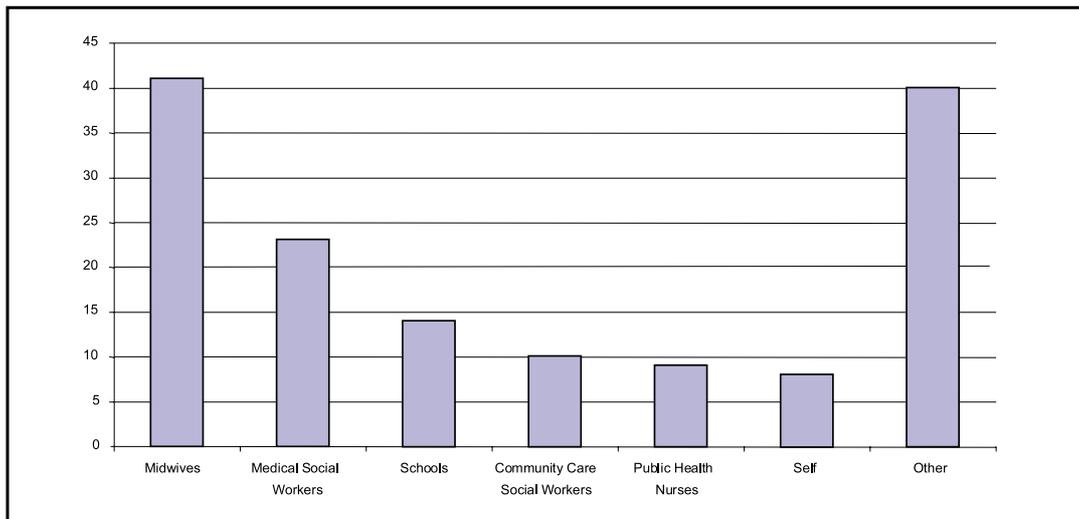
Among the new referrals were 5 young parents of Traveller origin and 17 young migrant parents.

⁴ Moore. S. and Rosenthal. D. (1993) Sexuality in Adolescence. Routledge

Referral Sources

During the period July to December 2005 most referrals to the TPSP came from maternity hospitals and from midwives in particular. This reflects the fact that most (73%) of the young women were still pregnant when they first came in contact with the Programmes and underlines the importance of good links with local maternity hospitals. The other main sources of referral were medical social workers, schools, community care social workers and public health nurses.

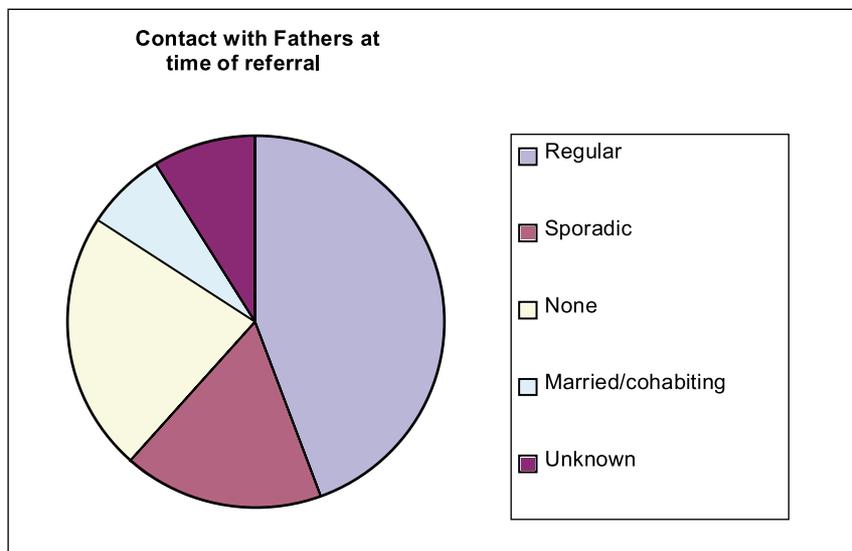
Chart 2. Main Referral Sources July–December 2005



Contact with Fathers

Of the young women who had their first contact with the TPSP between July and December 2005, 10% described the father of their child as their main source of support. Of the remaining young women, a further 18% said that their mother and the father of their child were an equal source of support. Ten young couples were either married or cohabiting and 8 young couples presented for support as a unit. Of those not married or cohabiting 47% reported that they had regular contact with the father of their child.

Chart 3.



Education

Almost a third (30%) of the young people who had their first contact with the TPSP between July and December 2005, had left school before completing their Leaving Certificate. This includes 17 young women who left school while pregnant and 1 who left after the birth of her child. Another 13% had completed their Leaving Certificate without progressing to further education or training. Almost a quarter (24%) were still in mainstream secondary school while a small number (9 in total) were in Youthreach or FÁS.

Charts 4 and 5 show the educational status of the young parents at the time of referral to the TPSP and their highest educational attainment at that time.

Chart 4.

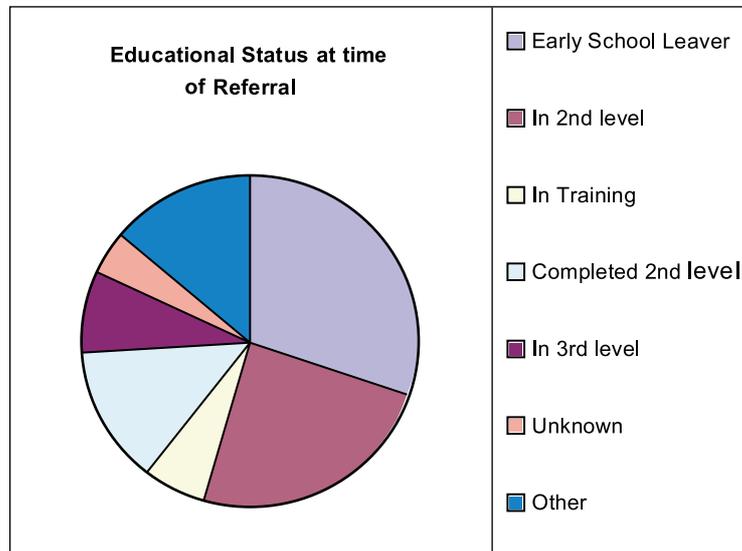
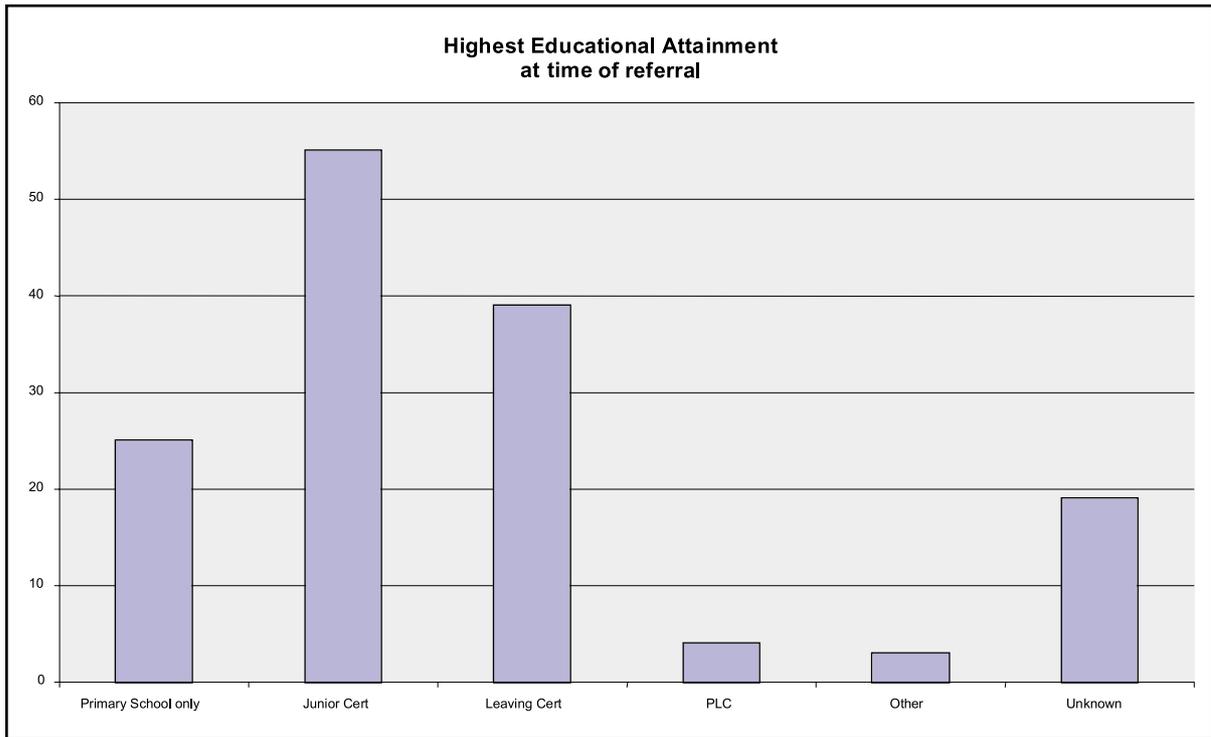


Chart 5.



While all of the above give us a useful profile of teen parents it does little, from a qualitative point of view, to help us understand what it is like to become a teen parent in Ireland.

The nature of the supports received by teen parents during their initial contact with the TPSP suggests that when they first find themselves with an unplanned pregnancy and immediately after the birth of their babies what young parents most need is the following:

- emotional support to adjust to their new situation
- support to ensure they look after their own health and that of their babies
- support with managing the relationships in their lives
- support with parenting and
- assistance with accessing whatever other services are available for them.

Seventy three per cent of young women making contact with the TPSP between July and December 2005 were pregnant and most of the remainder had recently given birth. The majority of those who were pregnant had already made a decision to continue with their pregnancies and to rear their child themselves. Nonetheless, at this initial stage, over half of them (55%) still saw their pregnancy as a major crisis in their lives and needed a high level of emotional support. From the point of view of the TPSP this mainly took the form of having a non-judgemental project worker who was as accessible as possible, willing to listen at length and able to provide practical information and direction. Overall, 86% of all new referrals received some level of emotional support during the first 6 months of their engagement with the TPSP.

Among new referrals, health related issues received most attention with 87% receiving information, advice, advocacy and referral to other services. This had to do mainly with their general health care, general antenatal care, attendance at antenatal classes, contraception and, in a small number of cases, referral to STI clinics. Some young mothers received one-to-one antenatal sessions and others participated in classes especially for teen parents run by TPSP staff themselves.

One of the biggest challenges facing young teenage women who become pregnant is how to manage the relationship with the father of their baby and the relationship with their own immediate family, particularly their own mothers. TPSP staff supported 69% of referrals between July and December 2005 in this regard. In some cases they also supported grandparents, particularly the maternal grandmother with whom the young woman was living, to adjust to their daughter's pregnancy.

From the outset, TPSP staff talked to all who engaged with them about their new role as parents and overall 69% received support with parenting and child development. This included one-to-one information and advice, parenting courses delivered by TPSP staff and referral to other sources of support such as Community Mothers/Parents and First Steps programmes.

Collaboration with other agencies and the non-duplication of existing services is also a core principal of the TPSP and TPSP staff liaised with other agencies on behalf of almost three quarters (74%) of new referrals between July and December 2005.

TPSP staff also gave young parents advice, information and acted as an advocate for them in other very significant areas of their lives such as education (52%), housing (47%), childcare (41%), training (28%) and support with intercultural issues (10%).

As stated earlier, funding received from the School Completion Programme of the Department of Education and Science is crucial in order to keep young pregnant and parenting teens in education and training.

Of the 145 young parents who first contacted the TPSP between July and December 2005, 76 were in education or training. Of these, 28 (39%) received some financial support with childcare and 24 (32%) received financial support with other expenses such as grinds, transport, training costs or fees.

Of the 35 young mothers in mainstream second level education 8 (29%) received Home Tuition also funded by the Department of Education and Science.

TPSP staff try to meet the young parents in their own homes at least once during their engagement with the TPSP. In the first 6 months of their involvement between July and December 2005 over three quarters (77%) received at least one home visit.

Because TPSP works in a way that is needs led we know that the supports given by TPSP staff reflect the needs presented by the young parents.

As the TPSP continues to track the progress of the young parents engaging with its support service it hopes to be able to contribute further to understanding the experience of teen parents in Ireland, how their needs change and, in particular, what interventions best support them.

***A**nne contacted the Teen Parents Support Programme because her 16-year son was about to become a father. Anne was distraught and had nobody within her family in whom she was ready to confide.*

The TPSP Project Worker met Anne weekly outside her home. This gave her time to express her shock, anger and fears. Initially the Project Worker met Anne on her own but after some time her husband also accepted support. Eventually both the young parents themselves and the maternal grandparents were linked into the TPSP.

The teen mother is an excellent student and had a real desire to remain in school and the TPSP supported her with this. Both young parents are now in full-time education.

Both sets of grandparents are coping well, communicating with each other and supportive of the teen parents.

Identifying the Needs of Teen Parents

“When adolescents become pregnant they need the same physical care as adult women although teenagers need extra or different care in the way of medical, psychological, emotional and practical support”⁵

Through their work TPSP staff have identified that the areas in which teen parents need most support on an ongoing basis are:

- health
- accommodation
- education
- parenting skills
- childcare

TPSP staff also find that within the overall teen parent population particular groups have additional needs. These include:

- young parents living in rural areas
- young migrant parents and
- young fathers.

Health

Teenage pregnancy is a health concern because adolescent mothers may be at greater risk of negative birth outcomes such as preterm delivery, low birth rate and neonatal mortality⁶. These risks arise because pregnancies may be unplanned, poorly managed or sometimes concealed and are greatly reduced where young pregnant women receive early and ongoing antenatal care.

The TPSP encourages the teen parents to attend antenatal care and TPSP staff liaise with maternity services in this regard.

Some Programmes facilitate antenatal classes specifically for young parents either on their own premises or in other appropriate locations locally.

Accommodation

Approximately 77% of referrals to the TPSP are still living in the family home when they first make contact with the service. Later, some young mothers find that, for social or other reasons, they cannot continue to live there and wish to leave. In these cases the TPSP supports the young parents to find appropriate alternative accommodation and remains in contact with them while they make the transition to independent living.

TPSP staff are concerned about the housing of young mothers in large socially isolated apartment blocks whether privately rented or rented from a local authority. In these complexes the usual mix of generations tends to be absent and there are few social supports for the young parents or opportunities for children to play outside.

As part of their role in identifying gaps in services for teen parents TPSP staff increasingly draw attention to the need for more supported accommodation for families headed by young parents.

⁵ Mahon. E., et al (1998) *Women and Crisis Pregnancy - A report presented to the Department of Health and Children*. Dublin: Stationery Office.

⁶ Cooper, G. L., Leland, N.L., Alexandeer, G. *Effect of maternal age on birth outcomes among young adolescents*. Soc. Biol. 1995; 42 (1-2): pp22-35

Education/Training

“.....for many [pregnancy] is the beginning of permanent detachment from school.”⁷

“By supporting all aspects of the young parent’s life, the Initiative sought to overcome the numerous ‘small’ obstacles that can reduce even the most committed young person’s ability to participate in education/training”.⁸

One of the biggest challenges facing teen parents is to reconcile the demands of parenthood with completing their own education.

The Final Evaluation Report of the Teen Parents Support Initiative (2002)⁹ found that, of participants who had left education, 40% had completed the Leaving Cert, 25% had completed the Junior Cert only and 12% had completed primary school only. These figures are a matter of serious concern given that the correlation between early school leaving and long-term poverty and disadvantage is well established.

The TPSP has identified the following as the main obstacles experienced by young mothers who wish to remain in education or training:

- Lack of funding for childcare and other education related expenses
- Reduction in secondary social welfare benefits for those in receipt of a training allowance
- Ineligibility for Third Level Grants in their own right.

TPSP staff observe that some young mothers who had already left school before they became pregnant are motivated by the birth of their children to now complete their education with a view to making a better life for their family. TPSP staff identify this group of young mothers as needing additional support.

Progression to Third Level education can also present an enormous challenge for young mothers who have completed their Leaving Certificate. For many, this requires moving away from home which compounds existing childcare costs with accommodation costs and makes the total expense involved prohibitive. While the Back to Education Allowance Scheme exists to support those who are over 21 years of age or those who are aged 18–20 years and are at least 2 years out of education, there is no equivalent scheme to support young mothers who wish to continue their education without a break. This raises concerns for TPSP staff because of the risk that these young mothers will never return to education and realise their potential.

⁷ Fitzgerald. F. (2001) *Teenage Parenting Contemporary Issues*. A report prepared for the Joint Committee on Family, Community and Social Affairs, Dublin.

⁸ Riordan. S. (2002) *Final Evaluation Report of the Teen Parents Support Initiative*. Dublin:DIT

⁹ *ibid*

Childcare

TPSP staff report that the inability to access appropriate, affordable childcare of their choice is the single biggest obstacle for young mothers who wish to remain in or return to education. An analysis of new referrals to the TPSP between July and December 2005 shows that only 42% of those who required it had access to adequate childcare. High costs and inadequate supply (especially for very young children) combine to make paid childcare prohibitive for many young parents.

In addition, TPSP staff report that, in general, young parents prefer to have their children minded by a family member rather than use a crèche. Whereas both Youthreach and FÁS provide a contribution towards childcare both attach conditions which make it difficult for the young parents to do this. For example, in the case of Youthreach the family member must be registered as a childminder and in the case of FÁS the family member must not live in the same house as the young parent.

The TPSP has access to funds from the School Completion Programme which enables it to meet part of the childcare expenses of some young parents. While this is of great benefit to young parents in TPSP catchment areas, overall it is an inadequate response to this issue. Ideally there is a need for a more cohesive approach such as a childcare fund for all school age mothers.

Parenting Skills

“She [TPSP Project Worker] explained a lot of things to me about the baby and how she would develop. I knew what she [the baby] should be doing next and if she wasn’t doing something, then if I should get it checked out” [Young Mother].¹⁰

One of the main aims of the TPSP is to enhance and support the wellbeing of teen parents and their children. Central to this is supporting them in their role as parents. TPSPs provide one-to-one support with parenting and child development and also refer young parents to other sources of parenting support such as the First Steps Programme and the Community Mothers/Parents Programmes. Young parents are also encouraged to attend parenting courses and when these are not delivered by TPSP staff they are put in touch with courses elsewhere.

Young parents living in rural areas

“There’s no mother and toddler groups in [hometown] for me – like there is one, but it’s mostly older mothers who go there and I wouldn’t like that. I’d feel like they’d be giving me strange looks or looking down their noses at me. Anyway there’s only one other mother my age there [hometown] so it’s great to come here and meet others and chat about things” [Young Mother].¹¹

The Final Evaluation Report of the Teen Parents Support Initiative refers to the ‘hidden’ needs of young parents living in rural areas.

The Evaluation found that 44% of participants in Galway TPSP and 29% of participants in the Limerick TPSP lived in rural areas. Programmes with both a rural and a city catchment area report that, in general, it is more difficult being a teen mother if you live in a rural area.

¹⁰ ibid

¹¹ ibid.

These young parents tend to:

- suffer more of a social stigma
- be more socially isolated
- have less access to peer support groups
- have difficulties with transport
- have more limited choices regarding education and training and
- be more dependent on their families for childcare.

The TPSP supports this group by linking them with Young Parents Groups where they exist in their area and, if they are in education, by providing some financial assistance with childcare and transport.

Young Migrant Parents

The TPSP is increasingly offering support to young migrant parents including those who came to Ireland as unaccompanied minors seeking asylum. Their circumstances differ from Irish teenagers in that they are pregnant or parenting in an unfamiliar culture without the family supports and parenting models which would have been available to them after birth in their countries of origin. They tend to need more support than Irish teen mothers to attend antenatal care and to adjust to different birth and parenting practices. Social isolation is also a problem for these young parents which the TPSP can alleviate through direct contact with them and through referral to other sources of support.

Young Fathers

“He [young mother’s partner] thinks she’s [Project Worker] great and he’ll be disappointed to have missed talking to you. Like she’s been really good to him too in terms of sorting out what we should do to claim our benefits and stuff. He gets along really well with her –she’s good you know. It’s not just all about me, she gives him time too”. [Young mother to evaluator] ¹²

The TPSP believes that, in general, it is in the best interest of children to be in touch with both parents. All Programmes acknowledge the importance of the role of fathers in the lives of their children and encourage their involvement if it is of a positive nature. Data collected from the Programmes indicates that, in the antenatal and immediate postnatal period, just over half of fathers (51%) have contact with the teen mothers and their children while a further 17% have sporadic contact.

Where young fathers engage with the TPSP it is mainly in a support role to the young mothers and TPSP staff usually meet them informally when they visit the office or are visited at home. Although only a small number of young fathers are primary care givers, where they do engage these young fathers are fully supported by the TPSP.

¹² Ibid.

*F*umi is 18 years of age. She originally came to Ireland as an unaccompanied minor seeking asylum and is now living in a Direct Provision Accommodation Centre. She has poor physical and mental health related to trauma she experienced in her country of origin. She sees a Counsellor in the Rape Crisis Centre on a weekly basis and has been prescribed medication to help her cope with anxiety and depression.

When Fumi's pregnancy was confirmed at 15 weeks the local maternity hospital referred her to the Teen Parents Support Programme. Her pregnancy is complicated by ongoing physical problems related to earlier trauma. She has had a number of admissions to hospital and this is likely to continue for the duration of her pregnancy.

Fumi is very apprehensive about being pregnant, giving birth and rearing a child alone. She has little formal education and lacks confidence in dealing with health and social services. She is also very isolated having no family in Ireland and no other reliable support networks. Her difficulties are compounded by the fact that, recently, her appeal for refugee status has been refused.

Fumi has almost daily contact with the TPSP. She receives constant reassurance and encouragement as well as practical assistance. The TPSP Project Worker has helped her apply for relevant entitlements, has accompanied her on appointments with her GP and the Maternity Hospital and visited her in hospital. Fumi also attends antenatal classes organised by the Teen Parents Support Programme.

Currently the TPSP is Fumi's main source of support and she will need to receive this intensive assistance for the remainder of her pregnancy and after her baby is born.

Working collaboratively with other services

“Multi-agency working offers many advantages to family support services including enhanced continuity of services, sharing of good practice among services and the potential development of open access routes for parents.”¹³

The Final Evaluation Report of the Teen Parents Support Initiative found that one of the main strengths of the TPSP is its role in engaging with key stakeholders on behalf of teen parents.

All TPSPs work in partnership with a variety of statutory, community and non governmental bodies covering all aspects of the lives of the young parents.

This is achieved partly through participation on local Advisory Groups (see Appendix C) and also through day-to-day co-operation and advocacy between the TPSP and other relevant agencies on the ground (See page 22).

This interagency collaboration strengthens the work of the TPSP and reduces the risk of duplicating services. It also facilitates the identification of the unmet needs of young parents. For example, the Young Families Matter Project in Tallaght was established in 2002 following the identification by the Dublin West TPSP and others of the need for an additional follow-on support service for young parents aged 20 and over.

¹³ Riordan. S. (2004) *Inter-agency working and the Delivery of Family Support Services—learning arising from the implementation of the Teen Parents Support Initiative*. Administration, Vol 52, No 2. Dublin



**Working
Collaboratively**

Antenatal supported accommodation

Postnatal supported accommodation

First Steps Programme

Public Health Nurses

Medical Social Workers

Supported Housing Organisations

School Principals and Year Heads

HSE Social Workers

After Care Services

Midwives

Community Welfare Officers

Youth Centres

Family Resource Centres

St. Vincent de Paul

FLAC

FÁS

Youthreach

Treoir

MABS

Local Authorities

Area Partnerships

Women's Aid

Counselling agencies

Community Mothers/Parents

Home School Liaison Coordinators

Health Promotion Programmes

Stephanie is a 20-year-old mother. Her two children are aged 2 years and 13 months and she was referred to the Teen Parents Support Programme when she was pregnant with her first child. Stephanie had spent her teen years in residential care and her first move to independent living was following the birth of her first child. Her relationship with her family of origin is strained and they do not offer her any support. Her relationship with the father of her children broke up soon after the birth of their second child.

At this time Stephanie and her children were living in cold, damp, substandard accommodation.

The TPSP Project Worker liaised closely with After Care Services and encouraged Stephanie to remain in contact with her Social Worker.

The Project Worker supported Stephanie to find better quality accommodation, to attend to health issues of her own and to bring her children for developmental check ups. The Project Worker called regularly to Stephanie at home and created an atmosphere where Stephanie would confide in her about her feelings and concerns. She also helped her and her former partner to resolve issues regarding shared parenting and maintenance.

Stephanie is now living in adequate accommodation, her health has improved and she has a positive relationship with the father of her children. She is very interested in her children's development and participates in a child development programme organised by the TPSP where she receives ongoing one-to-one support. She also maintains contact with other services available to her such as After Care Services and her Public Health Nurse.

Evaluating the Teen Parents Support Programme

In-depth evaluation of the pilot phase of the Teen Parents Support Initiative was undertaken between February 2001 and June 2002. This was commissioned by the Department of Health and Children and undertaken by the Centre for Social and Educational Research, Dublin Institute of Technology. The evaluation covered all aspects of the pilot Programmes since they were initiated in 1999.

A key finding which emerged from the evaluation was that the model underpinning the Teen Parents Support Initiative was appropriate and that teen parents valued having a support service dedicated to them.

The evaluation also found that:

- There were no known social admissions to hospital among the children of participating young parents nor were any of these children taken into care during the pilot phase.
- 76% of participants interviewed in the evaluation believed that participation in the Programme had made their lives 'much better' or 'better'.
- 96% of participants interviewed believed that the programme had helped them with parenting. A variety of ways in which the programme achieved this were identified such as providing information on parenting and child development; reassuring them in their parenting role; linking young parents to other parents in their local area and providing assistance with childcare and education.
- 96% of participants interviewed believed that the Initiative had helped them as young adults. This was achieved through:
 - personal support and encouragement provided by Initiative staff
 - referral to other sources of support
 - encouragement to participate in training, education or employment and
 - assistance with childcare and education related expenses.

The TPSP model of support clearly shows that partnership and interagency working at a local and regional level can yield tangible results in terms of ensuring more appropriate supports and services for young parents.

Recommendations of the Evaluation Report which have already been implemented include:

- the mainstreaming of existing projects
- the appointment of a National Co-ordinator and
- the beginning of a process whereby the TPSP will be extended to all HSE areas.

In addition to the Final Evaluation Report two separate discussion papers were produced.

*“The Invisible Student”*¹⁴ discussed key aspects of policy in relation to young parents’ participation in education and recommended:

- that young parents be named as a specific target group for the purpose of social inclusion and education measures and
- the creation of a body of data on young parents, including fathers and young migrant parents, in order to combat their present ‘invisibility’.

The Paper called for a shift towards ‘differentiated policy’, that is policy which acknowledges and responds to the full range of circumstances among young parents and their diversity of support needs. Such an approach would result in a more holistic response to the full range of circumstances and needs of young parents.

*“I hadn’t a penny”*¹⁵ reviewed state income supports available to young parents. It focused on the additional needs of this group by virtue of their being both young and being parents and in particular their need to complete their education.

The paper acknowledged that the availability and affordability of childcare is a key factor for many in determining their ability to participate in education or training. The paper supported the Report of the Joint Oireachtas Committee on Social, Community and Family Affairs when it called for “a childcare allowance for all mothers under 18 who are in full time education and/or about to enter training”. The policy paper went on to suggest that there should be “a further expansion in provision of subsidised childcare for those aged less than 18 years to enable them to participate in education and training. This support may take the form of subsidising childcare provided by the family as carried out by the pilot projects of TPSI or the provision of subsidised crèches within second and third level education.¹⁵

¹⁴ Riordan. S. *The Invisible Student ‘Young Parents in Education’*. Dublin DIT.

¹⁵ *‘I hadn’t a Penny’* A review of State Income Supports available to Young Parents. Dublin DIT.

Resource Pack and Directory of Services for Key Workers with Young Parents

As part of the original pilot phase of the Teen Parents Support Initiative, Treoir (the National Federation of Services for Unmarried Parents and their Children) developed a Resource Pack and Directory of Services for Key Workers with Young Parents.

The Resource Pack provides detailed information for workers on the various issues which affect young parents including legal information, social welfare entitlements, pregnancy counselling, making wills, shared parenting and employment rights. This Resource Pack is updated regularly and has now been expanded to include information for parents of all ages who are not married to each other.

Throughout the country, in addition to statutory services, there is a multiplicity of small-scale local support services, organised by voluntary and community groups, which support young parents. The need for the Directory grew from the recognition that there is no central database for those services and that professionals working with young parents are often unaware of other services operating locally. Information was collected on a county by county basis on the various local support services which young parents may need to use. This directory, which has now become the Useful Services Database on the Treoir website, is a work in progress as it is constantly being updated and expanded.

Evaluation of the Resource Pack and the Directory showed that they were considered a valuable resource, both as an information source and as an aid for key workers.

APPENDIX A

NATIONAL STEERING GROUP

Role and Membership

The National Steering Group has responsibility for the overall national direction of the TPSP. This includes

- promoting the development of new Programmes
- ensuring that the TPSP is monitored and evaluated appropriately and
- ensuring good communication with sponsors, stakeholders, local projects and the Health Services.

The membership of the Steering Group is drawn from the Department of Health and Children, key funders and stakeholders.

Chairperson **Dora Hennessy**, Principal Officer, Child Care Policy Unit,
Department of Health & Children

Members **Margot Doherty**, Assistant CEO, Treoir
Sharon Foley, Director, Crisis Pregnancy Agency
Rosemary Grant, Chairperson, National Advisory Committee
Mary Hargaden, Child Care Manager, HSE, Dublin North East
Chris Sheridan, Principal Community Worker, HSE West
Kieran Smyth, Assistant Principal, Child Care Policy Unit, Department of
Health and Children.

APPENDIX B

NATIONAL ADVISORY COMMITTEE

Role and Membership

The role of the National Advisory Committee is to:

- provide a forum for information gathering and interagency working in the interest of teen parents
- advise the National Steering Group and make recommendations in relation to the Teen Parents Support Programme

Membership of the Committee is drawn from key Government Departments, funders, employing organisations and local Programmes.

Chairperson **Rosemary Grant**, Principal Medical Social Worker, Coombe Women's Hospital

Members

Margaret Acton, Project Leader, TPSP Dublin West
Francis Chance, Assistant Director, Children's Services, Barnardos
Ivan Cooper, Administration Manager, Crisis Pregnancy Agency
Phyllis Crowe, Project Leader, TPSP Limerick
Aileen Davies, Project Leader, TPSP, Galway
Margot Doherty, Assistant CEO, Treoir
Olga Garland, Child Care Manager, HSE, Dublin Mid Leinster
Mary Hargaden, Child Care Manager, HSE Dublin North East
Joyce Hammond, Executive Officer, Department of Health and Children
Fiona Kearney, Manager, Family Support and Child Welfare Services, HSE Dublin North East
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Chris Sheridan, Principal Community Worker, HSE West
Kieran Smyth, Assistant Principal, Childcare Policy Unit, Department of Health and Children
Anita Whelan, Project Leader, TPSP Dublin North

APPENDIX C

REPRESENTATION ON LOCAL ADVISORY GROUPS

GALWAY	<p>TPSP staff Senior Social Worker, UCHG Hospital Services Manager, UCHG Parentcraft Sister, UCHG Assistant Director, PHN, Galway Nurse Manager, Maternity Services, UCHG The GAF Youth Café Galway Youth Federation Life Sschool Completion Programme Co-ordinator Galway City Partnership</p>
LIMERICK	<p>TPSP staff Limerick Social Services Cura Barnardos Parents Support Programme Midwest Health Promotion Unit, HSE West Department of Social and Family Affairs Limerick Institute of Technology HSE Midwest School Completion Programme Co-ordinator</p>
DUBLIN NORTH	<p>TPSP staff Doras Buí Northside Partnership Northside Childcare Bureau HSE, Dublin North East Youthreach Home School Liaison Co-ordinator Rotunda Maternity Hospital Teen Mother Representatives</p>
LOUTH	<p>TPSP staff Women's Health Development Project Men's Health Development Project Maternity Services, Our Lady of Lourdes Hospital Community Welfare Officer Health Promotion Department, HSE Northern Region Family Support and Child Welfare Services, HSE Dublin North East HSE Social Work Department Public Health Nurse Travellers Primary Healthcare Project Home School Liaison Co-ordinator VEC ISPC Community Parenting Support Programme Moving On Project, Drogheda Louth County Council FÁS</p>
DUBLIN WEST	<p>TPSP staff Barnardos Coombe Women's Hospital Home School Liaison Co-ordinator HSE, Dublin Mid Leinster Tallaght Youth Service Tallaght Partnership School Completion Programme Co-ordinator</p>

APPENDIX D

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