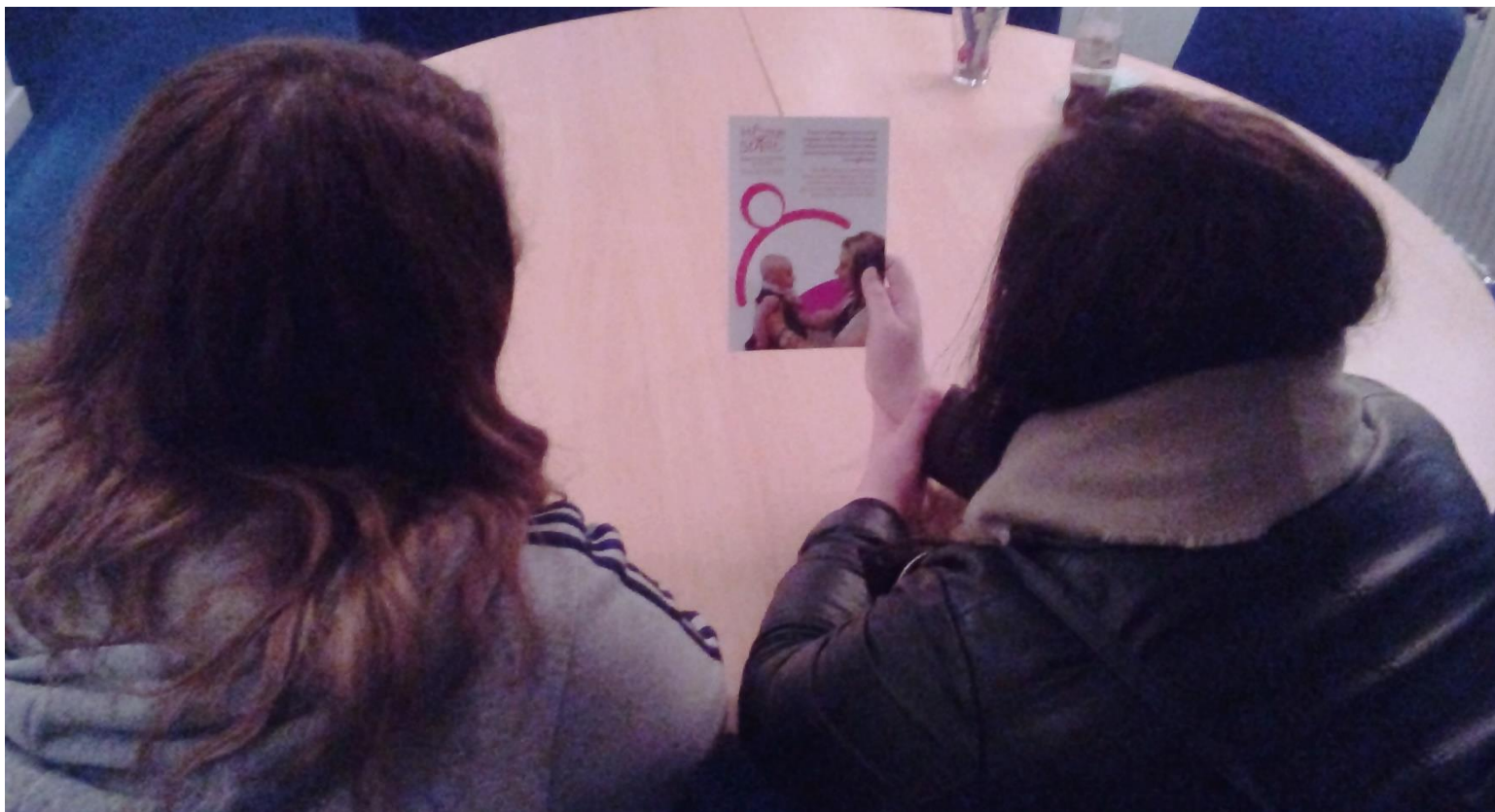


Home-Start Kirklees Peer Educator Project, 2013-2017 Evaluation



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Home-Start Kirklees Peer Educator project Evaluation

Summary

Background and parallel initiatives

1. This is an evaluation of the Home-Start Kirklees (HSK) Peer Education pilot project funded by Kirklees LA, Greater Huddersfield CCG, North Kirklees CCG and the Lloyds Bank Foundation. Current funding for the project for the group work runs out in April 2018 and unless additional funds can be found it will be difficult to continue with the project. The project recruited teenage parents – who had been teenage mothers – to provide peer support to other teenager parents and to provide training to young people on sexual health, contraception and other related matters. The project has run over 4 years from January 2013 to date. Its objectives are to:
 - a. Help reduce the numbers of unplanned conceptions to under 18 year olds in Kirklees.
 - b. Test if teenage parents respond better to advice and guidance from their peers – that is other parents who have had children during their teenage years.
2. The project aligns with other regional and national programmes which integrate across Kirklees local systems and population, including Safeguarding; the [Five Year Forward View for Mental Health](#); the local [NHS Sustainability and Transformation Plan](#); [The Joint Health and Wellbeing Strategy](#), the emerging Kirklees Early Intervention and Prevention model and the Kirklees Early Help offer. The project is now part of the Thriving Kirklees programme. Since April 2017 Kirklees Council, both Clinical Commissioning Groups and providers have been working on mobilising the new Thriving Kirklees service, drawing together a range of provisions and services to deliver an integrated model to improve outcomes for children, young people and families. Outcomes from the Kirklees Peer Education pilot helped inform and direct the service specification for the Thriving Kirklees tender. We cover these initiatives further in the detailed sections of this report. As Alan Laurie of Kirklees Council Commissioning put it:

“Peer Education is a vital aspect of how Kirklees commissioners envisage services transforming around how they relate to children, young people and families to be more responsive and innovative in meeting their needs. The outcomes and good practice from this pilot have been used to inform service planning and the strategic direction across a number of strategic plans and boards including the Integrated Commissioning Group for Children, Young People and Families. “
3. In parallel to this evaluation academics from the Universities of Huddersfield and Leeds have been conducting an independent academic review of peer education and empowerment, perspectives from young women working as peer educators with Home-Start. Their findings are currently being subject to academic peer review and the final version of their report has yet to be approved for publication. However, based on preliminary comments, there is recognition that the peer educators who participated in the study are engaged in the active construction of their relationships with families and children, friends, and other users of the services in ways that provide a tangible sense of empowerment and challenges discussions around education and wellbeing. Their full report is expected to be published sometime in the Spring/early summer of 2018.

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Summary findings

4. The project:
 - a. Recruited 20 Peer Educators, trained them and they then provided support to young mothers in family groups and to a further 103 teenager parent families
 - b. Has had particular challenges engaging with and recruiting young fathers partly because of their perceptions of roles and also due to employment and social security benefits.
 - c. Has been well received by all involved and has generated a range of benefits to:
 - i. The teenage mothers supported
 - ii. The Peer Educators themselves
 - iii. The Kirklees community which has seen reductions in teenage pregnancies
 - d. Costs have been in the order of £133,000 over the four year period covering both the recruitment and training of the Peer Educators and running the teenage family groups. This equates to a cost per Peer Educator of around £6,600.
 - e. Benefits in cash terms are estimated in this report based on other research into the savings made by reducing the time young people are not in employment, education and training (NEET) and those of moving a teenage mother into work.
 - f. There is over a 10 fold payback on the investment. The report estimates the benefits of this project being in excess of £1.9 million or around £100,000 for each of the Peer Educators. Further benefits have accrued for the families they have supported but we have excluded any estimate of these from our calculations. Even if only half of the estimated benefit, which is based on other, this project suggests that the approach is very cost effective and worthwhile.
 - g. Future improvements in the approach would be to:
 - i. Examine ways of attracting young fathers to the programme
 - ii. Accrediting the Peer Educators training so that it equips them better for progression into further education
 - h. Extend the project – the current one is relatively small so the benefits should be tested more fully before any large scale deployment of this type of approach is taken

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Preparation of the report

5. David Mason and Lynda Pickering two Home-Start Kirklees Trustees prepared this report based on:
 - a. a detailed description of the history and operation of the Peer Education project prepared by Theresa Gill the recently retired Scheme Manager.
 - b. an analysis of the finances, results and outcomes of the project based on Home-Start Kirklees data.
 - c. research into similar projects based on using an approach through Peers
 - d. estimates on the benefits obtained through assessed by other authoritative sources such as the Audit Commission.
6. Both David Mason and Lynda Pickering are independent of the origins and operation of the project.

Background

Home-Start Kirklees

7. Home Start Kirklees (HSK) is an independent registered charity and company limited by guarantee which offers a support service to families living within the area administered by Kirklees LA; the service is centred on the towns of Huddersfield, Dewsbury, Batley, Mirfield and Holmfirth, and the semi-rural areas surrounding them. HSK is also part of the nationwide network of Home-Start schemes¹ and is affiliated to Home-Start UK, the organisation's parent body.²
8. Home-Start UK and HSK aim to help parents give their children the best possible start in life so they can achieve their full potential; HSK adopt a 'whole family' approach, predicated on peer-to-peer support, to accomplish that. Working alongside families, HSK provide a package of bespoke, practical and emotional support for families that helps them assess their own situations and identify the problems they face and the barriers that are preventing them from keeping their children safe, healthy and ready to take advantage of their education and the opportunities open to them. HSK work with them to identify and put in place their own solutions in their own way, at their own pace, rather than working to a specific agenda.
9. Help is offered through one-to-one support within families' homes; HSK help families integrate into their own communities and make better use of the facilities and services within those communities. HSK also run support groups for young parents aged 14 to 20. HSK's approach is based on good communication, respect and trust; more than 40 years' experience around the national Home-Start network as well as within Kirklees has shown that families respond to and engage with this approach.

¹ Individual Home-Start organisations around Great Britain and Northern Ireland are called "schemes".

² Home-Start UK grants individual licences to local groups wishing to set up Home-Start schemes, and sets the ethos, quality standards and methods of practice for the organisation.

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10. The work HSK have done with families in Kirklees over the last 19 years has shown that outcomes for families includes:
 - a. reduced isolation
 - b. greater involvement in community life and better engagement with community facilities
 - c. better attachment and bonding between parents and their children
 - d. parents who understand their children's needs, particularly their development, learning, health and social needs
 - e. children who have an improved chance of reaching their full potential
 - f. improved physical and mental health within families
 - g. greater capacity to understand and manage family finances
 - h. more confident, resilient families who are better able to deal with problems in the future
 - i. real benefits for volunteers in terms of valuable experienced gained and a sense of wellbeing.

Background to the Peer Educator Project

11. In 2005 HSK began working with the Kirklees Teenage Pregnancy Strategy as part of a wide-ranging, multi-disciplinary programme to help try to reduce the numbers of unplanned conceptions to under 18 year olds in Kirklees. The foundation for HSK involvement was their experience of working with families where relatively young parents in their mid to late twenties, usually mothers, having several children, the first of whom had been born whilst the parent was still a teenager. HSK believed that support for young women who were first-time parents, or were pregnant with their first child, could help them plan their families and if they chose to, continue their education, and move on into paid work – a route that would give parents and their children a better economic future and greater involvement in their community.
12. HSK initially set up a children's clothing and nursery goods recycling scheme, New 2U, which targeted young parents and made available to them, free of charge, good quality goods donated by the community, as well as information about the support available to them and identifying gaps in services. The scheme was hugely successful and in 2008, HSK passed it on to the Yorkshire Children's Centre to be run alongside their broader 'Pass It On' scheme for recycling household goods so that HSK could concentrate efforts on working more intensively with young parents and parents-to-be through support groups.
13. Through the New 2U work, HSK had become aware of the high rates of teenage conceptions and sexually transmitted infections (STIs) in Kirklees and the problems young people faced in gaining access to information about safe sex, relationship problems and feeling in control of their lives and the support services available. HSK were particularly concerned about the relationship shown by research between teenage parenthood and life outcomes for the young parents and their children in relation to low birth weights; higher rates of infant mortality; poorer educational attainment, job

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expectations and wages; persistent poverty and welfare dependence, and their likelihood of failing to reach their full potential.³ Additionally, HSK and Kirklees LA were aware that daughters of teenage mothers were at significantly higher risk than the daughters of older mothers of becoming teen parents themselves⁴, and that the effects of poverty on parenting (stress, anxiety, depression and low mood) had long-term implications for children.⁵

14. HSK were involved in setting up and running the first young parents group in Kirklees. The referral-only⁶ support group for young parents was initially in Batley (in collaboration with Batley YPS - Young People's Service, and Batley Central Sure Start children's centre). HSK set up a teenage mums group in Dalton and other groups were also set up / supported by HSK; YPS Dad's group in Huddersfield, two young parent groups in Cleckheaton, one in collaboration with Spenningsdale YPS and Heckmondwike Children's Centre and one in collaboration with Spenningsdale YPS, a 16 and under group in collaboration with the teenage pregnancy midwife and YPS and various toddler, family and young mother's groups at HSK. The groups were offered to mothers under the age of 20 and fathers under the age of 25. Kirklees Teenage Pregnancy Strategy originally funded the groups, then BBC Children in Need, and currently by the Lloyds Bank Foundation, as well as by funds raised directly by HSK and additional project funding from the children's centres.
15. HSK adopt a unique approach to inviting young women to attend the groups by offering them a visit at home from the HSK Group Co-ordinator who assesses their needs and discusses with them how attending a group might help them. This, and the offer of support to get to the group (usually with help from a volunteer), helps secure a high level of engagement amongst young parents.
16. The young parents are involved in every stage of deciding on and planning group activities tailored to their parenting needs and their own personal needs and goals. Sessions are a mix of practical and fun activities and are designed to:
 - a. build their confidence and self-esteem
 - b. help them build a supportive network of other young parents in the same situation
 - c. help them understand their children's needs at different ages
 - d. improve their confidence as parents
 - e. help them tackle a variety of life problems – budgeting and managing money; securing a stable tenancy; dealing with utility and/or rent arrears; navigating the court system where relationships had broken down
 - f. increase their understanding of healthy personal relationships (to try to reduce incidences of domestic abuse), and make available to them information about sexual health and contraception

³ Hoffman et al, 1993; Kiernan, 1997; Joseph Rowntree Foundation, 2001

⁴ Haveman et al, 1997

⁵ Joseph Rowntree Foundation, 2007

⁶ Referrals are made by health professionals, social care and a range of other organisations, including Family Nurse Partnership

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- g. enable them to appraise their situation and look ahead to the kind of future they wanted for themselves and their children
 - h. encourage and support them to look at and take advantage of the educational and vocational opportunities open to them
 - i. support them to make greater use of other local, beneficial services.
17. The groups bring in expertise and support from outside HSK to provide a broad range of support, for example from Kirklees Young Peoples Service, C & K careers, Citizens Advice, Horton Housing, Children's Centres and Health visiting team nursery nurses, Pennine Domestic Violence Group, St John's Ambulance and The Base (drugs and alcohol services).
18. As they progressed through the groups the young women who had experienced the problems caused by early or unplanned pregnancy, and by complicated personal relationships, expressed the desire to help others who had or who might find themselves in similar situations. HSK and Kirklees LA believed that volunteering in a safe environment (with an organisation they already knew and trusted) was a good way to introduce these young parents to an activity increasingly recognised by employers and educators as a valuable way of gaining experience and demonstrating reliability and commitment.
19. Additionally, many of the young parents said that they would welcome help and guidance from a peer supporter who had had similar experiences and therefore understood what they were going through and who would have been able to discuss with them problems they found difficult to discuss with someone older.

Initial Peer Educator Pilot

20. Through collaboration between HSK and Kirklees LA, the project was set up in January 2013 as an initial one-year pilot and followed the principles set out in the International Planned Parenthood Federation's document, 'Included, Involved, Inspired'. It was agreed at the outset that the basic prerequisite for being a Peer Educator was being a *peer* – having been a teenage parent and an understanding of the language, motivation, feelings and needs of those they would support. After a successful start during which the project achieved its initial goal of recruiting 8 Peer Educators and deploying them to support the young parents' groups, it was decided to continue the project beyond its first year and it is still running, to date. The Peer Educator project has been included in the scope of the work commissioned by Kirklees Commissioners through the Kirklees Integrated Healthy Child Programme, 2017-2022.

Alignment with other regional and national programmes

21. The project aligns with other regional and national programmes which integrate across Kirklees local systems and population, including Safeguarding; the [Five Year Forward View for Mental Health](#); the local [NHS Sustainability and Transformation Plan](#); the emerging Kirklees Early Intervention and Prevention model and the Kirklees Early Help offer. The project is now part of the Thriving Kirklees programme.

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22. The Kirklees Future in Mind Transformation Plan www.kirklees.gov.uk/futureinmind Children and Young People's Mental Health and Wellbeing – October 2017 Refresh has a long term vision with two main aims:
 - a. Firstly, to provide consistent and practical early intervention approaches - to identify, support and promote emotional wellbeing and resilience for children, young people and their families.
 - b. Secondly, to build front line capacity - to provide a range of treatment and support options for children and young people experiencing mental health problems.
23. The utilisation of the whole Thriving Kirklees workforce in delivering the Healthy Child Programme is beginning to ensure our 0 -19 practitioners and peer supporters are intervening earlier around emotional health and wellbeing.
24. Kirklees expect to further develop peer led approaches in line with the co-production aspect of the Thriving Kirklees programme, and ensure resilience based programmes continue to be cohesively delivered. This intention is detailed in:
 - a. Local Priority 1.5 - Ensure our 0 -19 practitioners and peer supporters are intervening earlier around emotional health and wellbeing.
 - b. Local Priority 4 (1.4) - We will collaboratively co-produce with young people peer education programmes for children and young people that promote resilience, and assist with early identification of emotional health and wellbeing issues.
25. Since April 2017 Kirklees Council, both Clinical Commissioning Groups and providers have been working on mobilising the new Thriving Kirklees service, drawing together a number of provisions and services to deliver an integrated model to improve outcomes for children, young people and families. Outcomes from the Kirklees Peer Education pilot helped inform and direct the service specification for the Thriving Kirklees tender and is embedded in the Kirklees Children and Young People Plan 2017 – 2020

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Kirklees Children and Young People's Plan 2017 -2020: Putting children and young people at the heart of everything we do

Our vision

All children and young people in Kirklees will be nurtured and supported to achieve their potential.

Our outcomes

Children and young people are very clear about what they want growing up in Kirklees

- ✓ To have the best start in life and be healthy*
- ✓ To aspire, achieve and enjoy life*
- ✓ To feel safe and live in a strong, loving family and a vibrant community*
- ✓ To feel valued and contribute to society
- ✓ To live in a decent home with enough money and confidence in their future

We know that not all children and young people have the same opportunities to achieve these outcomes. The inequalities experienced in childhood lead to lifelong inequalities in income and health. We are committed to tackling those inequalities and break that cycle.

We recognise the different stages of the child's journey from conception and birth through to becoming an independent adult, and that at critical points in that journey they may need more support to make the most of the next stage of their life.

* = Kirklees Outcome

Our ways of working

- Put the child or young person at the heart of what we do
- Do things with people rather than to them or for them
- Use Outcomes Based Accountability to understand whether children and young people are better off as a result of our services and interventions

How we will deliver our vision

We will make this happen by focussing on the following programmes and supporting the development of the key supporting environments for children and families



Our Priorities

- Support children and families to become more resilient, identify and resolve their own problems before crises occur by developing a comprehensive network of **Community Hubs**. These will support **prevention and early intervention** by providing a focal point in every community for a wide range of activity, establishing the new **Community Plus** approach, including a new youth offer for the Kirklees Youth Alliance, and an **Early Support offer** for children and families (link)
- Enable all young people, including vulnerable learners, to **achieve their full potential** through improving the quality and range of opportunities for **learning and skills** development from early learning to post 16 (link)
- Enable all children to become active citizens by implementing the recommendations of the **Kirklees Democracy Commission** (link) and ensuring that they have **voice and influence**
- Improve the physical health and mental wellbeing of all children by further developing the **Thriving Kirklees** (link) approach and complete the transformation of **child and adolescent mental health services** (link)
- As a partnership we will **work together** to ensure that there is an **appropriate range of services and coordinated responses** to meet the needs of our most vulnerable children and young people. Where possible we will **integrate** previously fragmented services where it makes sense to enable the delivery of more effective and efficient support.
- Improve outcomes for children and young people with **special educational needs and disabilities** to enable them to make choices that lead to successful adult lives by integrating education, health, social care and voluntary sector provision (link)

Our enablers

- Delivering these priorities and outcomes can only be achieved if we up our game on those 'enablers' that provide the conditions for success
- ✓ Strong leadership – not just from the Children and Young People's Partnership but from committed people across families, communities and partners
 - ✓ Building a confident and skilled workforce that can turn this plan into a reality for all our children and young people
 - ✓ Making the most of digital technology to connect people with available opportunities the wider world
 - ✓ Bringing the services for our communities together in the most appropriate places through the One Public Estate approach

How will we know if we have made a difference?	
To have the best start in life and be healthy	1. Healthy birth weight
	2. Healthy weight (at age 11)
	3. Good level of development in Early Years
To aspire, achieve and enjoy life	4. Attainment gaps at 5, 11, 16, 19
	5. School attendance
	6. Self-reported wellbeing
To feel safe and live in a strong, loving family and a vibrant community	7. Feel loved and cared for (or Free from bullying)
	8. First time entrants to the youth justice system
	9. Looked after children
To feel valued and contribute to society	10. Children with a child protection plan
	11. Feel they have positive influence
	12. Voter registration (Democracy Commission)*
To live in a decent home with enough money and confidence in their future	13. Volunteering*
	14. Children in poverty
	15. FE/HE participation or employment (current relevance or 18-24 worklessness)*
	16. Decent housing*

*- work required to develop relevant indicator

Operation of the Peer Educator Project

26. The Group Co-ordinator, Angie Schofield, was chosen to lead the project because her approach to supporting young parents, expertise and experience in running both the New 2U project and the young parents support groups made her the ideal candidate to lead this new work. Additionally, the Home-Start Scheme Manager and Home-Start volunteer co-ordinators⁷ have been involved in the training and support, where appropriate, of the Peer Educators. Two older, existing male volunteers have given specific support to the Peer Educator project and the five volunteers who offer regular support to the young parents' groups have also been involved with the project. Data on the project has been collected using the scheme's database and the national Home-Start monitoring and evaluation system.

Recruitment and training

27. Initially, HSK identified 8 potential Peer Educators, 6 of these young parents had recently attended HSK young parents' groups and reached the point where they were ready to move on; one had already become a Home-Start home-visiting volunteer; the remaining candidates had reached the

⁷ Home-Start co-ordinators assess the needs of referred families and devise with them the package of support offered by Home-Start; additionally, they recruit, train and support Home-Start volunteers. They also oversee the support provided to families to ensure it remains relevant and effective, until it comes to an end.

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end of support from Family Nurse Partnership and been advised by her family nurse to consider volunteering with Home-Start. All 8 attended a starter session during which HSK explored the reasons why vulnerable young parents might need support from Peer Educators; the role of the Peer Educator and what would be required of them; the skills and qualities they would bring to the role; and the types of training they thought they would need (alongside suggestions from Home-Start staff). They were unanimous in their view that they did not want, at that stage, to undertake accredited training because, even with support, they considered that they had other responsibilities that would get in the way of being able to give such training their best shot (for example, childcare and other college courses). The subject of accrediting the course has been reconsidered at various stages throughout the project and is, in 2017, under active consideration. Subsequent cohorts have been brought on board in a similar way to the first group, although from 2015, they have been included in the general Home-Start volunteer training so that they could get started more quickly.⁸

28. Training for the Peer Educators has included:
 - a. basic information about the Home-Start organisation, its ethos, policies and methods of working
 - b. why young families need help
 - c. the Peer Educator's role and the skills/qualities required
 - d. equality and diversity
 - e. confidentiality
 - f. commitment and boundaries
 - g. safeguarding children
 - h. communication skills and listening
 - i. relationships and sexual health
 - j. alcohol and drugs awareness
 - k. condom distribution and C-cards
 - l. Chlamydia screening
 - m. child sexual exploitation
 - n. first aid
 - o. Moneywise (Citizens Advice Bureau)
 - p. smoking cessation
 - q. Nurturing Parent Programme
 - r. Affordable Warmth

⁸ This has happened where a sufficiently large cohort of Peer Educators has not been ready at a given point; joining the mainstream training has meant recruits have not had to wait and risk losing motivation.

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29. All of the Peer Educators complied with Home-Start's standard vetting processes and provided references and valid Disclosure and Barring Service Checks.
30. Throughout the project, they also received support for themselves as volunteers, with their personal development and with supervision of their work, as is the case with all Home-Start volunteers. This has included identifying ongoing training needs and extra sessions (such as first aid) have been added into the training at the Peer Educators' request. Equally, Peer Educators have been helped to research gaining additional qualifications, such as maths and English, with local education providers, and exploring on-line learning such as Learn Direct. HSK Group Co-ordinator helped them to stay in touch with each other and organised peer to peer support for them as a group.
31. To make it easier for Peer Educators to communicate with the young parents they were supporting, each of them was given a basic mobile phone which could be topped up as necessary and for which expenses were paid – this was considered essential so that they did not have to disclose their personal mobile number to other young families.

Results

32. Of the 20 Peer Educators recruited over the life of the project, 17 have gone on to offer support to young families in HSK groups⁹. The average length of time spent volunteering by the 15 volunteers who have now left the scheme was 22 months. 103 young families in total over the four-year period have benefited from the Peer Educators' input to group activities and from one-to-one support. The group activities have included sessions on and/or support around:
 - a. C-card and condom demonstration and distribution
 - b. Chlamydia screening
 - c. sexual health advice (safe sex, STI awareness and signposting to emergency contraception)
 - d. healthy and positive personal relationships (including passing on positive information to children from an early age)
 - e. domestic violence awareness
 - f. healthy eating advice and cooking on a budget¹⁰
 - g. staying safe and healthy in colder weather; energy suppliers; claiming the warm home discount
 - h. fire safety
 - i. dental health and registering with a dentist/GP
 - j. smoking cessation

⁹ Numbers and locations of groups have varied over the 4-year period but at any one time at least group has been run in Huddersfield and one in north Kirklees, either in Batley or Cleckheaton.

¹⁰ Extra funding through the FINE project enabled us to put on healthy eating and cooking courses in which the Peer Educators were involved

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- k. safety in the sun
 - l. breast cancer/'Check your Chaps' awareness
 - m. engaging with C & K Careers, Citizens Advice Bureau, Horton Housing and other agencies
 - n. budgeting and recognising 'necessary' and 'desirable' purchases
 - o. claiming tax credits and benefits
 - p. housing issues
 - q. custody and access issues; court attendance; 'Looked After Child' processes
 - r. Nurturing Parent, understanding children's needs and children's play
 - s. messy play sessions
 - t. arts and crafts sessions
 - u. child safety
 - v. recycling clothes and nursery equipment within the groups; baby clothes swap shop
 - w. confidence building, goal setting and recognising achievements
33. Some of the Peer Educators occasionally took their own children to the groups and modelled positive parenting. They also helped organise trips and outings for young parents, for example to the Tolson Museum, Sundown Adventure Park, The Zone, Ponderosa, the seaside and picnics in the park.
34. As well as supporting group activities and helping young parents access the groups¹¹, the Peer Educators also gave one-to-one support to 22 young families. This involved being available to talk problems and issues through with them privately; help them identify childcare options; accompany them or give them moral support to attend appointments, accessing legal advice and college interviews; visit them at home to help with parenting issues and offer relationship advice (sometimes helping parents recognise where domestic violence was an issue in their personal relationships).
35. Additionally, in October 2013, two of the Peer Educators attended the Kirklees Safeguarding Children Board's conference on safeguarding teenagers and were involved in delivering sessions about their own experience, the support they had needed and what had helped them build their confidence and self-esteem. Feedback confirmed these sessions were very well received; "*the best thing I attended*", said one participant.
36. In July 2014, two of the Peer Educators gave a presentation at the HSK Annual General Meeting and spoke about their reactions on becoming teenage parents, the support they had received, how their lives had progressed and what they had achieved. They stressed their enthusiasm for supporting

¹¹ Where young parents lacked confidence to come to the groups on their own, a Peer Educator would offer to travel with them to the group or would arrange to meet them there and introduce them

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other young parents to help them build coping mechanisms, plan and move their lives forward into further education and employment.

37. In 2014 a link was formed with Kirklees College and the Group Co-ordinator was invited by the College to discuss and plan a tailored session to help disseminate information around sexual health and contraception. This was prompted by the numbers of pregnancies and terminations amongst students aged 16-18, leading to high levels of poor attendance and high drop-out rates. A taster session was delivered by the Group Co-Ordinator and the Peer Educators which was well received by students and appreciated by staff. This led to work being done with Level 1,2 and 3 students of Kirklees College's childcare courses, as part of the Child Care Department Enrichment Event at the Dewsbury centre. A further information session was also delivered to IT students at the college's Dewsbury Centre.
38. Student feedback from the sessions confirmed the approach was successful and identified gaps for follow on sessions. However, plans did not always come to fruition and stalled at one point towards the end of 2015 because of uncertainty over funding and lack of Peer Educator availability. Work has recently resumed and HSK are now looking at a collaboration between the Peer Educators, The Base (drugs and alcohol service), Pennine Domestic Violence Group and the Sexual Health Outreach Prevention Team (SHOPT and formerly CHLASP) to deliver multi-disciplinary sessions at the College and years twelve and thirteen from local schools, around risky behaviours in relation to sexual health and substance abuse.

Work with young fathers

39. One of the original aims of the project was to provide a group for the needs of young fathers who were involved in the lives of their children, regardless of whether or not they lived with them. A taster session for interested young fathers ran on 25th September 2013 and the group began meeting on 26th March 2014. Support was provided by Peer Educators and two older male volunteers. Sessions were designed so that the young fathers could bring their children along with them and enjoy activities together whilst having the responsibility for looking after them.
40. Sessions included sexual health, drugs awareness, advice around CV writing, healthy eating, children's play, an outing, and practical painting and decorating sessions. Additionally, the Group Co-ordinator used part of the Home-Start Parents as First Teachers programme to help the young fathers understand the valuable part they can play in their children's lives. The young fathers all expressed their appreciation of the sessions but were clear from the outset that they did not think they would need support for as long as the young women who attended the groups.
41. HSK anticipated low numbers at the outset but the numbers of young fathers attending rose to six. The Group Co-ordinator contacted the Job Centre, health visitors and Family Nurse Partnership, as well as working with EOS, (Employment Outreach Support), to try to increase referrals but attendees were mostly partners or friends of the young women attending HSK groups. Most of the young men progressed quickly into work or training, helped by the fact that they were pressured (more than young mothers were) by the Job Centre to do so.
42. However, numbers dwindled and attendance became irregular. By late 2016, the young fathers group evolved into a family group where partners could attend together, with their children. This

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removed one of the obstacles for fathers attending where their children were being breastfed, enabling partners to attend together as a family unit.

43. Most young men canvassed made it clear that they felt their lives were not changed as dramatically by parenthood as those of mothers, and that altering the timing of groups (for example, to weekends or later in the day) would not make it easier for them to attend. Young fathers will always be encouraged to attend at least one of HSK groups and HSK would consider setting up a group specifically for them in the future if the situation changes.

New Work – toddler group

44. One of the Peer Educators who has a childcare qualification has assisted in setting up a new group for young parents and their toddlers which began in September 2016. The support is aimed at helping parents engage in appropriate play with their children to promote healthy brain development, and also help them access other services, reduce their isolation, give them access to sexual health and relationship advice, and support them to access nursery settings and two year old funding and make plans for the future. This group ran until July 2017 but is currently suspended due to resource constraints.

Costs

45. The overall costs of the project from inception to March 2017 have been around £133,000. This covers the costs for both the groups for young families and the recruitment, training and deployment of the Peer Educators. HSK have found it difficult to separate out the costs between these two activities as the recruitment of the Peer Educators has been highly reliant on the running of the groups. This equates to a cost of around £6,600 per Peer Educator for.
46. Based on our records, as well as their training, the Peer Educators have put in around 1,800 hours of effort to: support teenage parents in groups or in one to one support situations; and young people in awareness sessions in Kirklees College and other partner organisations. This equates to just over 1 full time equivalent post for a group support work which would otherwise have cost around a £21,000 in salary and on costs which reduces the cost per Peer Educator to around £5,600

Benefits and Successes

47. Benefits have accrued in three main areas:
 - a. for teenagers through better sexual health education and avoiding unplanned pregnancies
 - b. improving the life chances of the Peer Educators and group supported parents
 - c. social Benefits

Teenagers

48. Young parents have told us that seeing what the Peer Educators have achieved has given them greater confidence in seeking to make changes in their own lives. This has then reflected on their future life choices and activities. It has given vulnerable young people access to help from someone

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who is not a professional worker or an older volunteer but someone who is, broadly speaking, their peer. Typical comments from teenage parents in the group are:

“The older volunteers are lovely, they’re like your Nan. But with the Peer Educators, I know they’ve been young mums and been through things like me. So they know what it was like and I don’t have to explain everything.”

‘Coming to the group has helped me loads. Hearing what other people (Peer educators) go through, it opens your eyes. We did loads about domestic abuse and sexual health and relationships’

‘Being so young you get judged a lot and I found that really difficult to deal with but just coming to the group and knowing that everyone’s in the same situation and that you’re not alone – that helped. Talking to people at the group, (staff & Peer Educators) you find a way through things.’

‘The Peer Support workers are a great asset to the Friday group. The strong friendship I have made will never be forgotten, just knowing there is always someone there to talk to or just a general chat, but more that I can confide in these people or report any problems / worries.’

‘ I probably wouldn’t have known about the course because XXXXX (Peer Educator) did it and that’s kind of how I knew there were an access to nursing course.’

‘I think that helped me a lot as well when XXXXX (Peer Educator) were telling me about her relationship. We were in quite like a similar relationship weren’t we? Like I’m literally like XXXXX (Peer Educator) like two or three years down the line, so it were kind of nice to think, this is how I could go on now.’

‘The first like say twelve months I was at the group I didn’t need, I didn’t have a like one-to-one peer supporter that came to see me or whatever, and then as soon as everything kicked off with my ex, then I’d left him I started getting a peer supporter. But I hated asking her to maybe come to an appointment with me or whatever because it was voluntary, and I hated it. But she’s just been so supportive and, you’ve just been great. It were just nice to have someone to come with you when you don’t know what really you’re doing, and I think it’s just having somebody sat with you while you’re sitting about in waiting rooms or helping entertain the kids while you’re speaking to somebody.’

49. The above quotes are just a sample of the qualitative evidence of the success of the project. However, providing quantitative evidence is challenging. Whilst HSK maintain a database (MESH), data quality has not been as good as it might have been in the past due to lack of resources and the difficulty of following young people after they leave the groups. HSK are currently addressing this and enhancing their recording systems. The evidence we have been able to extract from the

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database suggests that attending the groups has improved the abilities of those attending in parenting, family management and both children's and their own wellbeing.

50. Based on most recent statistics provided by Kirklees LA, up to September 2016 quarterly unplanned conceptions in women aged under 18 have continued to see a sustained reduction to a provisional rate of 28 per 1,000 in Kirklees. This follows a national trend. Attributing and impact due to the Peer Educators is not possible with the qualitative evidence available. However, the qualitative evidence suggests that the Peer Educators have had some impact as:
- a. the sexual health training in Kirklees College and within the groups has been well received.
 - b. the project has been well received by other professional workers in social and health care.
 - c. young parents have had greater access to high quality information and advice about vital aspects of their lives from people they can relate to and trust, in a safe environment
 - d. improved sexual health and understanding of healthy personal relationships amongst the target audience
 - e. students at Kirklees College have had access to sexual health information and been able to ask questions they would not have asked of older professionals
 - f. greater awareness amongst the target audience of sources of help and information about a broad range of issues.
 - g. greater resilience amongst the Peer Educators and the families they supported in coping with life challenges, reported by the parties themselves
 - h. raising awareness around domestic violence issues and signposting onto domestic abuse support agencies
 - i. greater awareness amongst the target audience of the dangers of alcohol and drug misuse
 - j. stronger family units

Improving the life chances of the Peer Educators and parents supported within the groups

51. There is both quantitative and qualitative data that the project has contributed to the Peer Educators increasing their life chances considerably. Appendix 1 The life journey of 5 young people through the Peer Educator project summarises the journey that nine of the Peer Educators went through with HSK. In summary, the common theme is:
- a. From
 - i. an initial pregnancy in their teenage years
 - ii. Often in an abusive relationship or being isolated

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- iii. Dropping out of education and being in the NEET (Not in Education, Employment or Training)
- iv. Being referred to HSK by another professional worker – such as a Health Visitor and then attending the young parent’s support groups

b. To

- i. Attending the young parents’ group and gaining confidence
- ii. Volunteering to become Peer Educators
- iii. Receiving HSK training and, where appropriate, other training.
- iv. Providing support to the full range of HSK activities for young parents.
- v. Progressing into a much more stable situation in personal relationships and some progressing into further and higher education and/or employment.

52. All the Peer Educators reported increased self-esteem and confidence through being able to help someone else in a similar position to the one they had been in a few years earlier. From volunteering as Peer Educators, they have progressed into work and/or full-time education. As one of the Peer Educators who completed Level 2 and 3 Health and Social Care courses put it:

*“I would not have had the confidence to even **begin** this without the experience I’ve had with Home-Start”.*

53. Other comments include:

‘It’s same as like, this is why this peer educator project works so much, because I know when I was pregnant, or when I’d just had XXXX, to speak to somebody who hadn’t been a teenage parent, or hadn’t even been a parent, and you feel very like, they speak to you very patronising, you know, and it’s all very textbook. You know, ‘this is what you do’ or ‘this is what you don’t do’, ‘this is how you should feel. This is how you shouldn’t feel.’ So the peer educator programme really does work because everybody here has been a teen parent.’

‘... I can put myself in their shoes thinking I’ve felt like that at one point and now it’s just like ‘yeah you’re going to be alright’.’

‘Coming and doing the training here in so many different things like has even helped me as a parent, you know, and thinking about the ways we are trained to deal with situations has helped me later down the line to deal with my own situations’

‘.... I’ve since had a second child, but this hasn’t stopped me developing work skills and in 2013, I completed a Peer Mentoring course with Angie at Home-Start and now volunteer at Teens n Tots to support other younger parents, as I’ve been there, done that.’

*‘Some of the good things from attending the group are;
I learned how to budget better; I made a really good friend; I was encouraged to visit Connexions to look at my future goals; I was encouraged to look for a nursery place so I could go back to work; I was asked to become a Peer Educator and did the full training course.’*

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54. As at May 2017, 19 or 95% of the Peer Educators have moved into a position where they will be net contributors – Twelve are in work and seven are engaged in a combination of work, study and/or volunteering. These achievements result from:
- increased self-esteem, having progressed beyond needing support for themselves to being able to help other young parents
 - the additional learning acquired because of volunteering
 - increased confidence because of attending the groups and then going on to volunteer which the Peer Educators have told us has made it possible for them to apply for jobs, secure places on further and higher education courses, and training (e.g. social care courses, nursing degree, teaching assistant post).
55. The Peer Educators have also developed a keen ambition to share their experiences with their peers. Typical comments include:

“I feel I’m doing something ... the most important thing for me is just knowing I’m helping someone. Even if it’s as little as listening to them talking about an argument they’ve had with a friend, to something extreme like dealing with social services. No matter what it is, they know you’re going to be there for them.”

“I wanted to give something back because when I came to the group two of the Peer Educators were just great to me. I don’t know what I’d have done without them.”

“I needed some voluntary hours for my nursing course and I could do them anywhere. So being a volunteer at Home-Start was the best thing for me. It came at just the right time for me.”

“Other people have been lovely, like my family nurse, she was really good. But I think you open up and speak much more to someone who’s closer to your age. You sort of let your guard down – it’s like they’re a friend. I’m a bit older now (early 20s) than the girls in the group but they can relate to me because they know I was 18 with a baby.”

Social benefits and their returns

56. Two authoritative studies demonstrate and quantify the costs to society of teenage pregnancies and any time spent in NEET (Not in Education, Employment or Training).
- Coles B, Godfrey C, Keung A, Parrott S, Bradshaw J.¹² demonstrate that each 16-18 year-old who spends some time NEET will cost an average of £56,000 over the course of their life up to retirement age in public finance costs (e.g. cost to services and lost tax revenue), or, alternatively calculated, £104,000 in opportunity costs (e.g. loss of income to the economy and individuals).
 - Public Health England quantify the likely cost-effectiveness, £4,000-worth of support to a teenage mother to enable her to move into work can be repaid twenty times

¹² Coles B, Godfrey C, Keung A, Parrott S, Bradshaw J. Estimating the life-time cost of NEET: 16-18 year olds not in Education, Employment or Training: Research undertaken for the Audit Commission, University of York. 2010.

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over through increased tax contributions across her lifetime, and reduce public service costs by approximately £200,000.¹³

57. Quantifying the benefits in respect of the Peer Educators is challenging as there are several other policy initiatives involved and this is a relatively small project. There are also the limits on the quality of available quantitative data. This report makes estimates based on the known facts and studies.

Scale of benefits

58. Based on the two studies above, the benefits to society in terms of opportunity costs, reduced public service costs and increased tax contributions range from around £100,000 to £200,000. Being conservative, the following takes the lower of these figures of £100,000 per individual.

Benefits arising through the Peer Educators themselves

59. As detailed in paragraph 54 above 95% or 19 of the Peer Educators are now either in work or moving towards being net contributors to society in some way or another. Based on this and using the above estimate of the benefits – this generates a return in the region of £100,000 times 19 = £1.9 million. This could possibly be more if the remaining Peer Educator follows the same route – which seems likely on early indications.

Benefits for the young people in the groups

60. Over the course of the project, the groups have supported and given advice to 103 young parents. HSK evidence for all 103 families is too limited to make any firm conclusions on the cash value of the benefits achieved. However, there is a contribution to the reductions in teenage pregnancies and to improved sexual health in young people.
61. The Peer Educators have subsequently supported 17 teenage families on a one to one basis. There is some evidence in the MESH database that these families have improved in their parenting skills and family management leading to improvements in the parents' and children's wellbeing. We could attribute a proportion of the £100,000 benefit to each family. Being conservative we have excluded this from any quantified benefit in this report.

The future

Challenges

62. HSK have faced challenges during the life of the project:
- Recruiting sufficient Peer Educators from within the groups. The level of need and complexity of support required by many young parents being referred for group support has risen considerably (young women in foster care; pre-birth assessments; child in need/child protection plans) and has affected the potential for new Peer Educator recruitment. Young parents whose children are subject to child in need

¹³ See page 7 para 4 - Public Health England – Health Evidence Review 3 – Sept 2014 UCL Institute of Health Equity (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/356062/Review3_NEETs_health_inequalities.pdf)

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and child protection plans, or who are still themselves at school, need a longer period attending the groups before they are in a position to be considered for volunteering. HSK are looking to manage referrals in future so that group make-up reflects a more balanced profile and ensures that some attendees will be ready to move on within a reasonable time frame

- b. practical obstacles such as child care for the Peer Educators who are not always entitled to free childcare struggle to meet the costs themselves; HSK meet their child care costs during training but not once they start volunteering.
 - c. retaining new recruits if, for example, Peer Educator training is not available as soon as a new volunteer is ready. HSK have addressed this by training new Peer Educators alongside mainstream HSK volunteers
 - d. the extra support Peer Educators need because of their relative inexperience and the complex challenges some still face because of their situations (for example, lone parenthood) means that many take longer to assimilate the training and take on board the commitment required of them
 - e. equally, the fact that younger volunteers may need to take more breaks from volunteering in order to cope with personal circumstances
 - f. engaging young fathers in attending groups due partly to a lower perception of need on their part and also due to the difficulties caused by the conditions attached to receiving benefits and greater pressure (than young mothers) to secure employment.
 - g. Mothers who are breastfeeding need privacy and this has proved challenging in mixed groups.
63. Engaging young fathers has proved considerably more difficult than young mothers, partly because of their circumstances (in relation to jobs and benefits, for instance, an area in which groups like ours do not need to play such a substantial role) but also because of their own perceptions of the role they need to play in their children's lives. HSK believe that greater encouragement for young fathers at the ante-natal stage could help engage them more, further down the line. Additionally, looking into providing sessions for young fathers who have reached the limit of their 12 weeks Job Seekers Allowance (as part of their ongoing education requirement) could prove beneficial and might result in the project being able to recruit some male Peer Educators.
64. The project, in the context of supporting young families, has found that the link between the HSK groups and the Peer Educators is vital. In order to be true 'peers' and bring something to the support that a professional worker, however well qualified or intentioned, cannot, HSK have found that experiencing support in the groups first-hand is vital for the Peer Educators to be able to help other members of their 'community' to bring about life-enhancing change in their personal situations. Equally, having a stake in the organisation because they have previously received support from HSK has proved beneficial in securing the Peer Educators' loyalty to the project. No other organisation works with young parents in the way HSK do, so it would be very difficult to recruit from elsewhere. Add to that the fact that the Peer Educators, and their likely strengths and

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weaknesses and approach to parenting, are known to HSK before they start their training and it becomes clear that securing continuing funding for the young parents' groups is crucial to the success of the Peer Educator project. ¹⁴

¹⁴ The group work is currently funded to 30 April 2018, with continuation funding being energetically sought beyond that date.

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Future direction

65. There are a few charities and self-help groups supporting parents. Those that exist include:
 - a. Barnardos' Parenting Support services.
 - b. "Youth Truth: a peer education project with young parents in Lambeth" Final Report January 2013 - December 2014. It was a 2 year project funded by Esmee Fairburn Foundation and The Walcott Foundation.
 - c. Straight Talking Peer Education which runs in Lambeth has been operating for some years and has won awards for innovative work. Both young mothers and young fathers are recruited to the Peer Educator role. A major difference is that Peer Educators are employed thus moving immediately into appropriate paid employment. Whilst no figures are available for this report, it suggests that employment is cost-effective.
66. It is interesting that those that have been tracked have shown similar positive results. It provides a strong basis for supporting a larger project designed to find evidence to support or refute the assumptions gained from the results achieved so far. Longer-term monitoring of the Peer Educator project is needed to be able to track the outputs and outcomes and demonstrate change. One approach would be to follow the progress of several young parents, both Peer Educators and the young parents they support, during the time they attend HSK groups, through their progression to becoming a Peer Educator, and then beyond into education and/or work, for a 5-year period. This would require stable long term funding.

Some ideas for the future suggested by HSK

67. It has been particularly difficult to deliver sessions to young fathers as part of their education requirement after Job Seekers Allowance has reached the maximum 12 weeks. Sessions could include sexual health and relationships and also basic parenting (providing other services are not already working with the family – i.e. FNP)
68. Accrediting the Peer Educator course should be explored further, potentially as a package that includes a minimum volunteering requirement, and with full funding to include childcare costs. Limiting the time span of all relevant training to two months would also help fit with young people's availability. This might also include further research into the possibility of obtaining childcare funding whilst parents volunteer – whether this could be linked with a college course or part of volunteer hours relating to an accredited course.

Conclusion

69. There is sufficient evidence to demonstrate that the Peer Education approach works well and potentially generates substantial rewards. However, the project is based on a small sample and was conducted at minimum costs. Little resource was available for monitoring and evaluation. The

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project is a prime candidate for extending it into a much larger trial which is sufficiently resourced to ensure longitudinal data can be obtained.

70. There is an opportunity cost in not carrying out this type of work. Based on the estimate of the benefits above, for each Peer Educator costing £6,600 to recruit, train and support, there is a potential benefit in the order of £100,000. Even if only half of the estimated benefit, which is based on other authoritative studies, this project suggests that the approach is very cost effective and worthwhile.

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Appendix 1 The life journey of 5 young people through the Peer Educator project

Original situation	How they got involved	What they did	How they progressed	Where they are now
<p>PE A</p> <p>NEET</p> <p>Attended college & worked prior to becoming pregnant</p> <p>Was in a relationship & lived with the baby's father.</p> <p>Partner was controlling, an alcoholic & addicted to prescription drugs.</p> <p>Social care involvement.</p>	<p>Referred by HV</p> <p>Attended H/S young parent group for 18 months.</p> <p>Subsequently trained as a PE & began PE volunteer work 2& half years ago.</p> <p>Attended all training & awareness sessions offered in group & for volunteer inc;</p> <p>H/S preparation course, SH & R, chlamydia screening, Bookstart, Nurturing parents, Drugs & alcohol, PDVG, Healthy eating, First aid, Dental health.</p>	<p>Supported dad's / family group.</p> <p>Supported mum's group</p> <p>Occasional 1:1 support to assist young parents to access other services.</p> <p>Hand holding to/from group.</p> <p>Supported connecting communities event</p> <p>Supported fundraising events</p> <p>Supported sexual health awareness sessions in groups.</p> <p>Speaker at H/S AGM</p>	<p>Left violent & controlling relationship</p> <p>Social care plan ended when relationship ended.</p> <p>Moved into own property to live independently with child.</p> <p>Completed access course at college</p>	<p>Lives independently with child & managing a tenancy.</p> <p>Child is at school & happy.</p> <p>Continues to volunteer as a PE.</p> <p>Currently in 2nd year or a 3 year course at University.</p> <p>Volunteers with another organisation to support adults with learning disabilities.</p> <p>Long term plan – to complete 3rd year of University course followed by a masters degree.</p>

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<p>PE B</p> <p>NEET</p> <p>Became pregnant whilst in 6th form studying A levels</p> <p>Completed A levels</p> <p>Lived in the family home.</p> <p>Baby's father unsupportive throughout pregnancy & relationship completely broke down days before baby was born.</p>	<p>Referred by HV Mum was isolated & suffered with low mood.</p> <p>Mum lost all her friends due to pregnancy & having a baby.</p> <p>Desperate to meet other young parents - attended H/S young parent group for 2 years.</p> <p>Subsequently trained as a PE & began PE volunteer work 18 months ago.</p> <p>Attended all training & awareness sessions offered in group & for volunteers inc; H/S preparation course, SH & R, chlamydia screening, food hygiene, Bookstart, Nurturing parents, Drugs & alcohol, PDVG, Healthy eating, First aid, Dental health.</p>	<p>Supported family group.</p> <p>Occasional 1:1 support to assist young parents to get out & out in the local community.</p> <p>Hand holding to/from group.</p> <p>Supported sexual health awareness & other information & awareness sessions in group.</p> <p>Provided group & PE journey for H/S AGM speech.</p>	<p>Moved out of family home to live independently with baby.</p> <p>Relationship with mum (grandma) improved greatly after moving out of the family home.</p> <p>Completed helping in schools course.</p> <p>Completed SEN helping in schools course.</p> <p>Passed driving test</p> <p>Obtained work in retail, but struggled with varying hours & childcare & additionally the onset of health problems.</p>	<p>Lives independently with child & managing a tenancy.</p> <p>Child is at school & happy.</p> <p>Continues to volunteer as a PE.</p> <p>Long term plan – to continue volunteer work until Sept '18, at which time health problems should be under control & paid employment can be sought.</p>
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<p>PE C</p> <p>Became pregnant at school.</p> <p>Completed some of G.C.S.E.s but was unable to achieve as much as she could have done otherwise.</p> <p>The father was controlling</p> <p>Left the family home to live independently with baby & she suffered domestic violence and theft in her property</p> <p>Social care involvement.</p>	<p>Referred by Teenage pregnancy midwife</p> <p>Attended H/S year 10 & 11 young parent, subsequently young mum's group for 3 years.</p> <p>Subsequently trained as a PE & began PE volunteer work for 3 years.</p> <p>Attended all training & awareness sessions offered in group & for volunteer inc; H/S preparation course, SH & R, chlamydia screening, Bookstart, Nurturing parents, Drugs & alcohol, PDVG, Healthy eating & cooking, First aid, Dental health, Food hygiene, Steps.</p>	<p>Supported 2 family groups.</p> <p>Key role in workshops delivered in Kirklees college</p> <p>Supported sexual health awareness sessions in groups.</p> <p>Occasional 1:1 support to assist young parents to access other services.</p> <p>Hand holding to/from group.</p> <p>Attended Kirklees safeguarding conference & played key role in H/S workshops.</p> <p>Supported H/S at Kirklees College events.</p> <p>Speaker at H/S AGM</p> <p>Created & delivered safety for babies & children in group sessions.</p>	<p>Left violent & controlling relationship</p> <p>Attended college & successfully completed a Health & Social care course.</p> <p>Moved area & into another property.</p> <p>Had a second child and a second break in education.</p> <p>Attended other courses & whilst working in a pub found catering of great interest.</p>	<p>Following house conversions, moved back to the family home with both children.</p> <p>Children are at school & happy.</p> <p>Completed a catering course & worked in catering for 1 year.</p> <p>Successful in securing a further, more varied catering role & is due to start imminently.</p> <p>Long term plan – to continue work progression, pass driving test & purchase a car, move out of family home & live independently with children. To spend as much time & holidays as possible with children.</p>
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<p>PE D</p> <p>NEET</p> <p>Fled DV & moved to Kirklees whilst pregnant</p> <p>Isolated & low self-esteem</p> <p>CPP in place at referral – plan de-escalated & closed quickly due to moving area.</p> <p>Strained family relationships.</p> <p>Showed initiative in finding ante-natal class herself as none available locally</p> <p>Gained level 2 in childcare prior to becoming pregnant.</p>	<p>Referred by Health visitor</p> <p>Attended young mum’s group for 18 months.</p> <p>Supported by 2 Peer Eds to reduce isolation</p> <p>Make friends in group & reduced isolation.</p> <p>Fully engaged in every sessions & benefitted from sessions delivered by other services & support to access other services.</p> <p>Attended all training & awareness sessions offered in group & for volunteer inc;</p> <p>H/S preparation course, SH & R, chlamydia screening, Bookstart, Nurturing parents, Drugs & alcohol, DV, Healthy eating & cooking, First aid, Dental health, hygiene, budgeting.</p>	<p>Supported a group weekly.</p> <p>Supported sexual health awareness sessions in groups.</p> <p>Supported other young parents to engage in group.</p> <p>Supported other parents with parenting advice & ages & stages information.</p>	<p>Confidence increased</p> <p>Relationships with family improved.</p> <p>Excellent role model & parent role model to other parents.</p> <p>Enrolled on teaching assistant course.</p>	<p>Took a short break for PE voluntary work, but returned to support the weekly group.</p> <p>Continuing level 2 teaching assistant course & fulfilling placement hours in school.</p> <p>Plans to study level 3 teaching assistant course following completion of level 2.</p> <p>Child is settled with a childminder & happy.</p>
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<p>Had a troubled background for the first few years of life and was in foster care.</p> <p>Was adopted and gained a stable family home.</p> <p>Went 'off the rails' in her teenage years.</p> <p>Got into a controlling relationship with father of her first child.</p>	<p>Referred herself to Home-Start</p> <p>Attended the young parent's group for 2 years, initially with her the father of her first child and latterly on her own after leaving the controlling relationship.</p> <p>Subsequently trained as a PE & began PE volunteer work for 2 years.</p> <p>Attended all training & awareness sessions offered in group & for volunteer Peer Educators inc; H/S preparation course, SH & R, chlamydia screening, Bookstart, Nurturing parents, Drugs & alcohol awareness, PDVG, Healthy eating & cooking, First aid, Dental health, Food hygiene,.</p>	<p>Supported family groups.</p> <p>Supported one of the groups.</p> <p>Proved exceptional at going into college to promote good sexual health & relationships & Home-Start information.</p> <p>Supported sexual health awareness sessions in groups.</p> <p>Occasional 1:1 support to assist young parents to access other services.</p> <p>Hand holding to/from group.</p> <p>Became a home visiting volunteer & supported one family.</p> <p>Participated in the research carried out by Huddersfield University, for a published academic paper.</p>	<p>Moved home to live independently with her child.</p> <p>She left Home-Start to enter full time employment.</p> <p>Started in the care industry as a Carer. Progressed to Senior Carer, then supervisor then manager.</p> <p>Gained a level 4 NVQ in management & Health & Social Care.</p> <p>Had a short break in employment after the birth of her 2nd child.</p>	<p>Both children are at school & happy.</p> <p>Currently on maternity leave awaiting the arrival of her 3rd child.</p> <p>Long-term plan – to continue work progression. Buy a property. Continue to enjoy spending as much time as possible with her children.</p>
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