



Career Ambitions of Teenage Mothers: Customer Insight Research

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1 Introduction

1.1 Introduction

Teenage pregnancy is an issue of both national and local concern. In Nottinghamshire the Teenage Pregnancy Partnership, and in Nottingham the Teenage Pregnancy Taskforce have both been working in partnership in their respective areas to reduce the rates of teenage conceptions and to support young parents.

This report was commissioned by a joint working group of both the City and the County with the Connexions service as part of the East Midlands Improvement and Efficiency Partnership's (EMIEP) programme of research. The project comprised two key components, the first being an analysis of Nottinghamshire's Connexions Client Information System (CCIS) against the Mosaic lifestyle data classification, to find out what is known about teenage girls and young mothers who are not in education employment or training (NEET) across the County and the City. This information could then inform communication strategies with these groups. The second component of the research was to undertake in-depth qualitative work with young mothers to explore the specific circumstances of young mothers, how they take decisions, and who influences them and supports them through those decisions.

This paper brings together both research components. The first component was undertaken by the local authorities using Connexions data which was mapped by the County's research team using their geographic information system (GIS) capability. The second component was undertaken by the International Centre for Guidance Studies at the University of Derby. The whole research programme was supported by the Insight teams at both the County and the City Councils (part of their Research and Information teams), alongside the Connexions service in Nottingham and Nottinghamshire and the EMIEP management team.

1.2 Researching teenage motherhood.

This section will rehearse some of the issues that research has evidenced in order to provide a context for the customer insight research in Nottingham and Nottinghamshire.

The research literature on teenage motherhood provides a great deal of insight but is often contradictory and disputed. Research has been conducted from a number of different disciplines such as health, education, sociology and economics which means that a range of different policy approaches or practice solutions are proposed to solve a problem which is defined accordingly. Thus in education, the debate is about when to provide sex and relationships education, what it should cover and the impact of such education on adolescent behaviour. Sociologists explore the factors influencing teenage pregnancy rates, health workers focus on practices to support the health of the baby and of the child, whilst economists undertake cost-benefit analyses of teenage parenthood. These differing concerns are realised in multi-agency team working when professionals bring their various expertise to bear on the delivery of teenage pregnancy strategies and the pursuit of reduction targets.

1.2.1 Factors explaining the causes of teenage motherhood

Statistical observation demonstrates that teenage pregnancy does not occur equally across areas or between different socio-economic or ethnic groups. Rates of teenage pregnancy in socially deprived areas are higher than the national average (Blank et al 2005). In a 'review of reviews' Swann et al (2003) found that teenage pregnancy is associated with low educational attainment, with young people in care, those who are homeless, involved in crime, and excluded from school, and those who are themselves children of teenage mothers. Young women from some ethnic groups are more likely to become pregnant than others. Data revealed that teenage motherhood is significantly higher among young women of 'Mixed White and Black Caribbean', 'Other Black', and 'Black Caribbean' ethnicity. 'White British' mothers also have high rates of teenage pregnancies

whilst Asian ethnic groups are under-represented (Department for Education and Skills, 2006).

Whilst there is general acceptance of these observable trends, the reasons underlying those trends are less clear. Dawson & Meadows, (2001) for example highlight the lack of engagement with school and say that while a large number of young women had become pregnant while still at school, many already had a history of school disengagement partly attributed to bullying, boredom and educational failure. For some the role of sex education in school has primary importance, with Bennett and Assefi (2005) asserting that the impact of school based abstinence plus contraceptive programs can have effects on behaviour that last for at least 30 months, while the Family Education Trust have argued that "the evidence that sex education affects the sexual behaviour of young people and reduces risk-taking activity is weak". Allen et al (2007) meanwhile suggest that knowledge of sexual health may not determine pregnancy rates but that relationships with parents and school, as well as expectations for the future, may have important influences on teenage pregnancy.

Other researchers focus on the issue of the self-esteem of the young person, and challenge the prevailing assumption in many support programmes that low esteem informs risky behaviours which in turn lead to teenage pregnancy. In a review of 20 years worth of research Goodson et al (2006) conclude that most research studies find no association between self-esteem and adolescent sexual behaviours, attitudes or intentions.

There has been a growing body of research that contextualises the experience of the individual within their society or culture. It is argued that in some neighbourhoods, or in some cultures or socio-economic classes teenage motherhood is more acceptable than in others. Smith and Roberts(2009) for example in a survey in London found that young people were more likely to find young parenthood socially acceptable, whilst both age and affluence were associated with a positive acceptance of abortion. This was further affirmed by Turner (2004) who found that "women from relatively deprived areas were more likely than their relatively affluent peers to predict that they would keep a teenage pregnancy". Furthermore research by Arai (2003) suggests that to focus solely on prevention or education is missing the point because in fact, many teenage parents chose pregnancy.

1.2.2 The effects of teenage motherhood

Whilst the factors contributing to teenage pregnancy are a matter of debate, so too are the consequences. Research suggests either that teenage pregnancy contributes to sustained structural social and economic disadvantage, or that it in fact helps young people to overcome such inequalities. On the first perspective, Ermisch (2003) finds that the longer term consequences of motherhood before the age of 18 are that they are less likely to have relationships with partners with average or higher earnings, less likely to be a home owner and have living standards that are about 20% lower than equivalent households. Similarly Fletcher and Wolfe (2008) find that teenage childbearing reduces the probability of receiving a high school diploma by 5 to 10 percentage points and reduces annual income as a young adult by \$1,000 to \$2,400. By contrast, Zeck et al (2007) found that adolescent pregnancy may not be the disadvantage that it is assumed and that by contrast they are more satisfied with regards to relationships and friendships when compared with a reference group the same age. In a review of the issue of teenage pregnancy as a matter for policy Duncan (2007) argues that "teenage childbirth does not often result from ignorance or low expectations, it is rarely a catastrophe for young women, and that teenage parenting does not particularly cause poor outcomes for mothers and their children. Indeed, as we have seen, expectations of motherhood can be quite high and parenting can be a positive experience for many young men and women". The latter point is reinforced by research on 'planned' teenage pregnancy which found that "young people saw parenthood as an opportunity, within their own control, to change their life and to gain independence and a new identity" (Cater and Coleman, 2006).

The policy response to the issue of teenage parenthood is however less equivocal. From the Social Exclusion Unit's analysis of 1999 to the successive teenage pregnancy strategy initiatives, the policy focus has been to

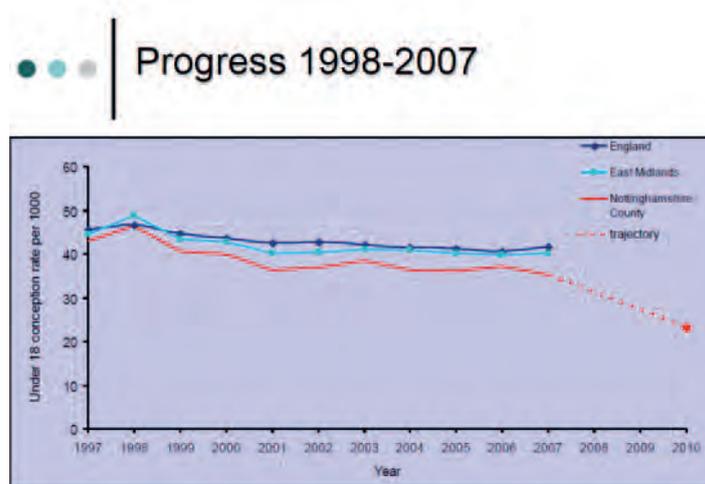
reduce the number of conceptions and to re-engage young parents in learning and earning. The Strategy set two targets relating to teenage parenthood:

- To reduce the rate of teenage conception; specifically to halve the rate of teenage conceptions by 2010 and,
- To increase to 60% the participation in education, employment and training.

The rationale behind the education, employment and training (EET) target was to reduce any long term social exclusion by encouraging participation in the labour market to reflect the wider welfare to work policy drive (Shaw & Woolhead, 2005). The duty to deliver the strategy was devolved to local authorities and operationalised through strategic partnerships that generally brought together local authority Children's Services, Health Services and Primary Care Trusts, Connexions Services, education providers, and voluntary sector partners. It is this policy context which shaped the provision of support for young parents, and provided the context for this research study.

1.3 Teenage pregnancy in Nottingham and Nottinghamshire

In Nottingham the Teenage Pregnancy Taskforce and in Nottinghamshire the Teenage Pregnancy Partnership have been working to achieve the targets set by government. The figure below (taken from a presentation by the Nottinghamshire Teenage Pregnancy Partnership 2009) shows firstly that the rate of conception has remained remarkably steady albeit with a downward trend over the decade.

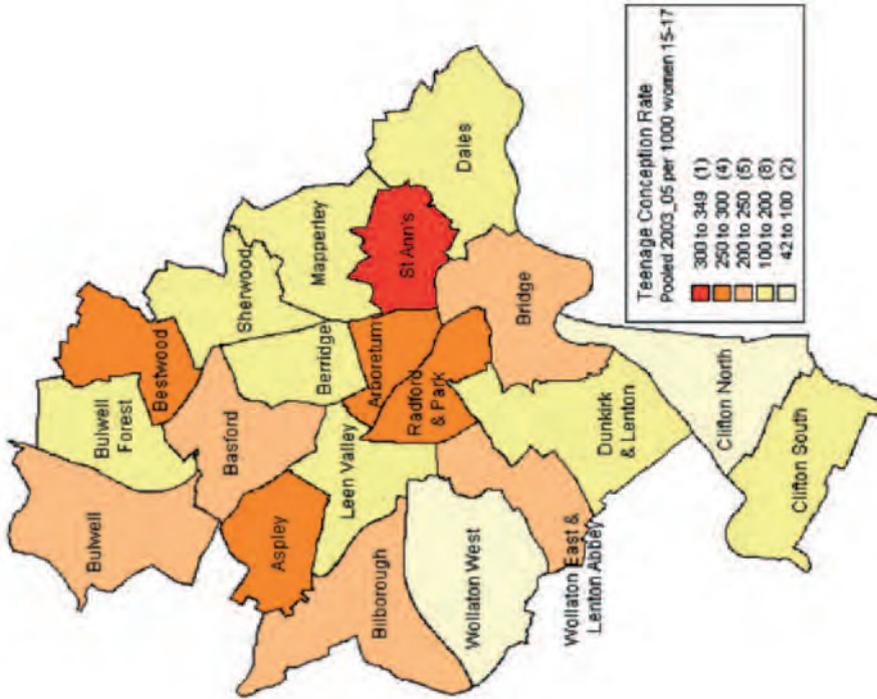
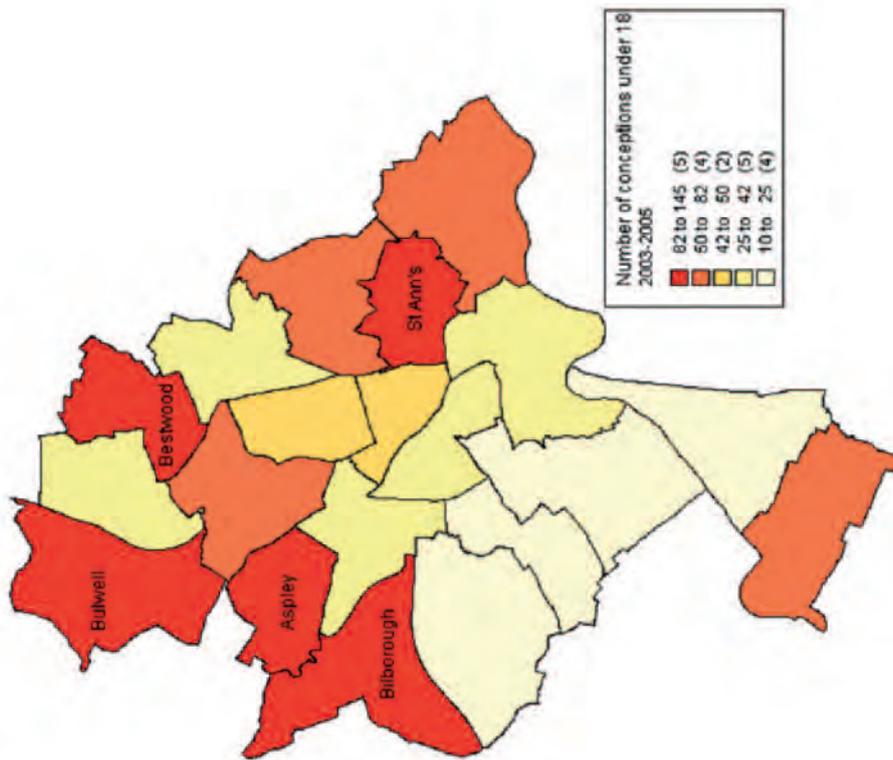


Furthermore the geographical analysis of where those conceptions and births take place remain focussed on particular 'hot spots'. In Nottingham City this is illustrated in the figure over the page taken from a teenage pregnancy factsheet produced by Nottingham City Primary Care Trust (2008).

The fact sheet concludes that after a decade and despite concerted action to reduce the under-18 conception rate, there has been no significant change in Nottingham over the last 10 years and the rate remains consistently high. In Nottinghamshire the conception rate had in fact fallen from 46.4 in 1998 to 35.3 in 2007, but even this 24% reduction remained below the target.

While Local Authorities with health services have focussed efforts on tackling conception rates, the partnership with Connexions has focused on the economic activity of young mothers to seek to achieve the national target that 60% of teenage mothers aged 16-19 should be in education, employment or training (EET). However, this target was also stubbornly resistant to intervention with March 2010 figures showing that 29.8% and 25% of

Fig. 1: Number of Conceptions (ave. per year) at ward level (03-05) Fig. 2: Rates of Conceptions at ward level (03-05)



Source: Nottingham Health Informatics Service; TPU figures

young mothers in Nottingham City and Nottinghamshire County Council respectively (CCIS Health Check data March 2010) were EET. At the end of March 2010, whilst 91.2% of 16-18 year olds in the County were in EET, only 27.2% of teenage mothers aged 16-18 were in EET. For the City at the end of March 2010, 89.9% of 16-18 year olds were in EET compared to 29.9% of 16-18 year old teenage mums. (CCIS MI report PM0010 quoted in Briefing Note from Nottinghamshire County Council insight project).

This is against a background of higher than average participation in education or employment with training in both the City and the County. In 2009 both areas achieved their best ever year 11 school leaver destinations figures with almost 95% of year 11 school leavers in the County entering education or training with less than 1% going directly into employment without training and in the City 90.2% entered learning or work with training with 0.5% entering work without training (CCIS, 2009 Year 11 Destination Data).

1.4 Research Aims

The research project had two key aims, the first was to map the available information on teenage girls and young mothers in Nottingham and Nottinghamshire. There is a well documented challenge associated with the collection and sharing of data about vulnerable young people or individuals for management purposes (Shaw and Woolhead, 2006). This initial part of the project sought to use CCIS data to reveal further local detail about the whereabouts of young mothers and use that information to reveal characteristics about the areas and lifestyles in which they live.

The second part of the project was to identify the relative impact of a range of interventions upon the decisions of young mothers in Nottingham and Nottinghamshire in order to generate insights to the following research questions:

- What are the catalysts, drivers and barriers that shape young mothers' decisions to return to work or learning, compared with those that chose to remain NEET?
- Who influences those choices?
- Where do young mothers get information about their options?
- Which marketing media have an impact on young mothers' choices?

1.5 Research Methods

The first element of the project used CCIS data which is collected regularly and routinely on all young people aged 16 to 19 (and in some cases up to the age of 25). Data sharing protocols were agreed between Connexions and the County who then used the data to map it against Mosaic lifestyle categories.

The customer insight approach was agreed at a meeting with the key partners in February, 2011. This meeting agreed the key research questions (as outlined above) and the scope of the research which was to:

- Interview young mothers face to face either in small groups or individually;
- Mothers should be between the ages of 16 and 19 and therefore have had to make choices about their education or employment;
- They should live either in the City or the County in the sample should reflect a 40/60 ratio;
- A minimum of 20 interviews should be carried out, with a maximum of 50;
- Interviews should be held in spaces familiar to the young mothers and in privacy within those settings;
- Young mothers engagement with and agreement to participate in the research would be facilitated via key workers with whom the mothers have an established relationship;
- Young mothers would be offered a £10 high street voucher to thank them for participating in the research.

Career Ambitions of Teenage Mothers: Customer Insight Research

Two question schedules were created for guiding interviews in a semi-structured manner with both young mothers and with the key workers. These were agreed with the research partners. Subsequently the research proposal was submitted and approved through the University of Derby's research ethics committee structure.

Interviews were recorded and transcribed. They were then uploaded into Nvivo, a software package to manage qualitative data analysis, coded and analysed.

2 Teenage mothers in Nottingham and Nottinghamshire

2.1 Introduction

The main objectives of the Mosaic classification were two-fold:

- To see whether the Mosaic customer segmentation techniques can be effective with data on small cohorts.
- Understand geographic concentrations of teenage mothers both in and not in education, employment or training across Nottinghamshire (EET and NEET)

Mosaic UK is a classification of households developed by Experian. It is a consumer classification that provides an accurate understanding of the demographics, lifestyles and behaviour of all individuals and households in the UK. It uses post-code data to plot households against one of 15 main groups.

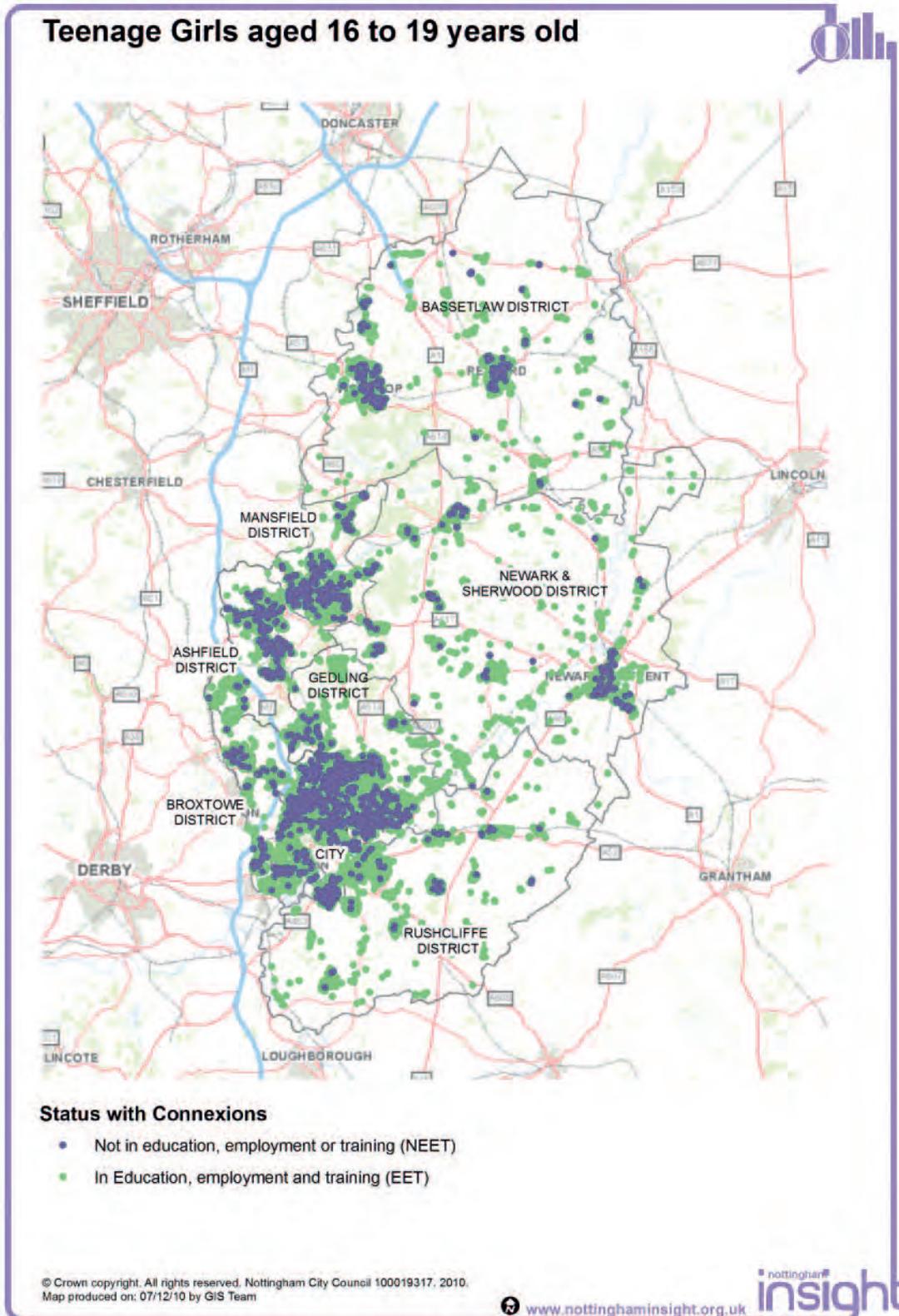
Quantifying the number of teenage mothers living within an area is not straightforward. Firstly there are the generic difficulties associated with maintaining any dataset as situations change, and data quality is variable as young women's situations will change more rapidly than data capture and data sharing can. Secondly, the specific nature of data capture regarding young people's situations is difficult, young people move house frequently, they change their contact numbers regularly, they can be less responsive to requests from local authorities or other agencies and they may be wary about offering personal information. These are issues encountered by every Connexions service in the maintenance of their CCIS. In the case of young mothers, this is compounded by their engagement with services other than Connexions services during pregnancy and after childbirth. Consequently CCIS's can often record young women as being pregnant when in fact they have opted for termination or childbirth many months previously.

From the 3 years worth of data of teenage girls from Nottingham City and the Nottinghamshire County totalling nearly 48,500, 31% were duplicates, i.e. the same teenage girl showing in more than one year with the same status. These were removed and the remaining data was cleaned, given a grid reference and a unique property reference number so these could be shown spatially and matched to a Mosaic code. Due to some incomplete addresses, some addresses outside of the County, and others simply failing to match in the software, the remaining figure was 28,761.

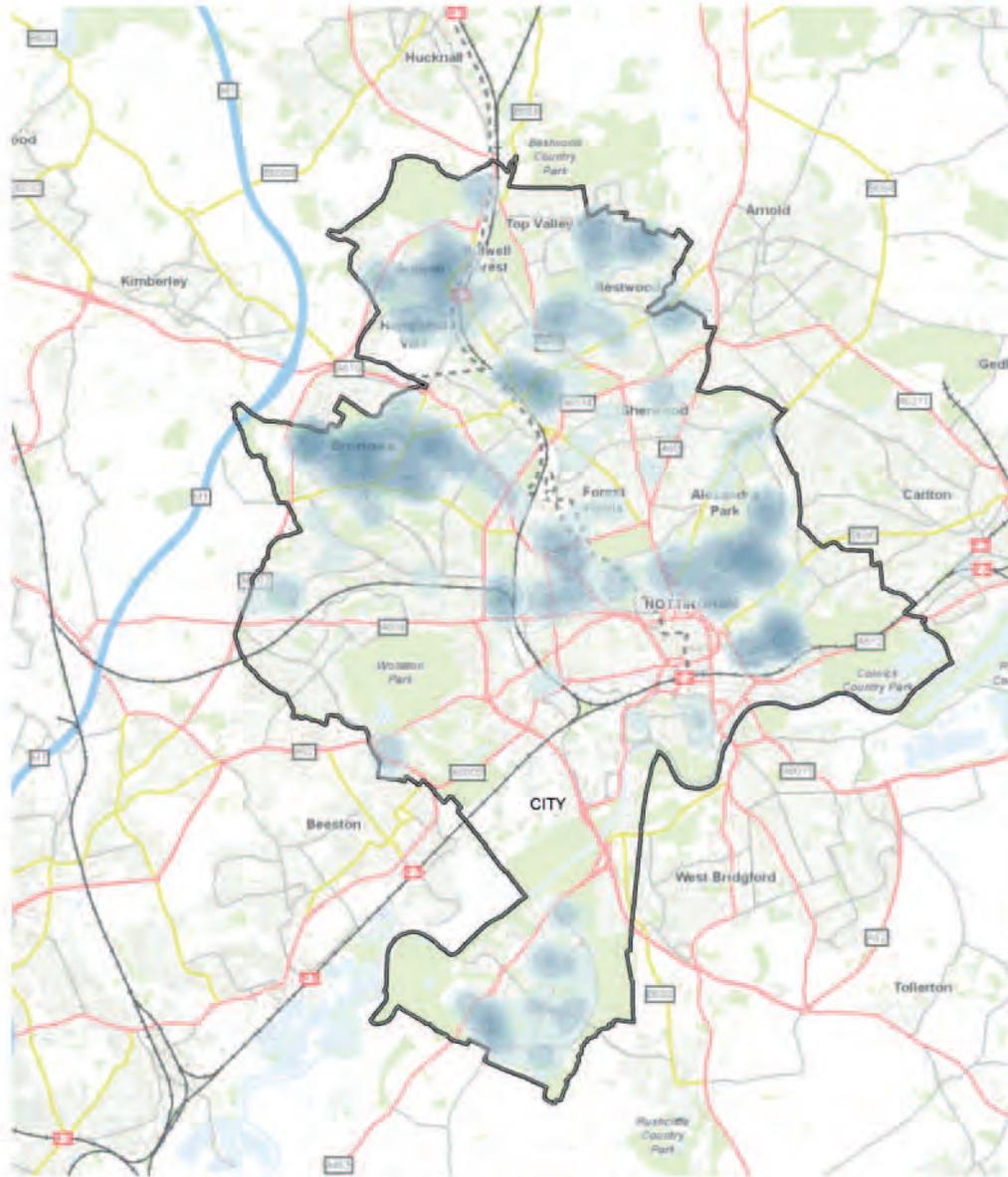
These were coded with Mosaic at a match rate of 97%.

The maps on the following pages use this data. The first plots the number of teenage girls, and their EET or NEET status and shows geographical concentration of NEET in the main urban centres.

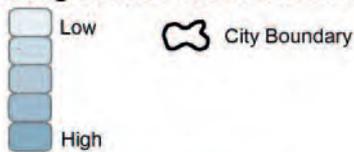
The second map plots teenage mothers who are registered as NEET for Nottingham City. It shows the concentrations in particular parts of the City, highlighting areas like Aspley, Bulwell, St Ann's and Bestwood as high concentration of NEET young mothers. When looking at all teenage mothers and NEET teenage mothers at a County level, they are mainly concentrated in the major towns within the County. The fewest teenage mothers and those mothers that are NEET can be found in Rushcliffe district.



City - Not in education, employment or training (NEET) Young Mothers registered with Connexions



Young Mothers who are not in education, employment or training



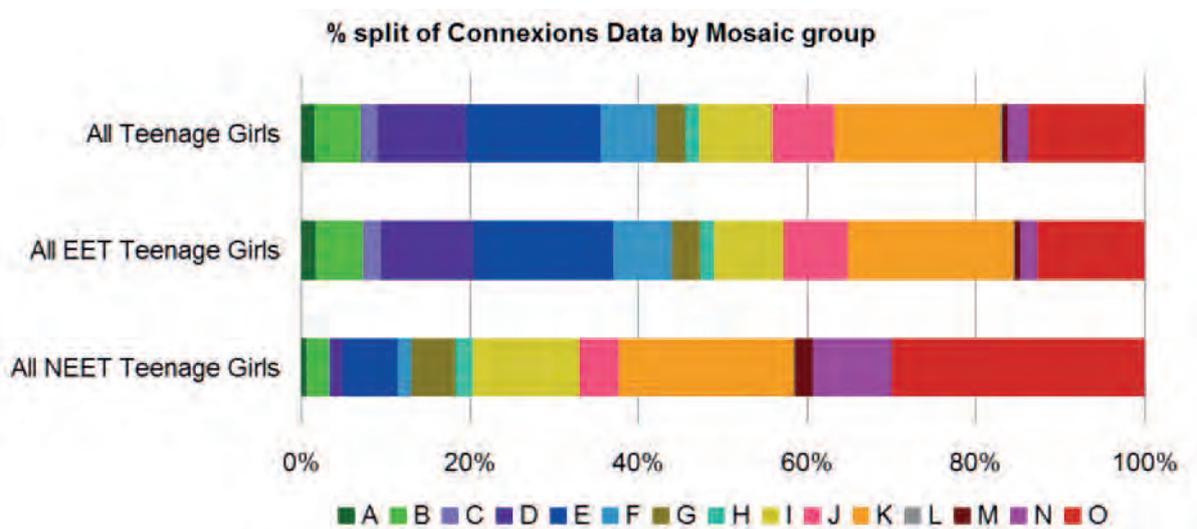
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Map produced on: 07/12/10 by GIS Team

2.2 Mosaic profiles of teenage girls aged 16 to 19

The data shows that of all teenage girls aged 16 to 19 years old registered with Connexions during 2008, 2009 and 2010:

- 94% were in employment, education or training (EET).
- 6% were not in education, employment or training (NEET)
- 3% of all the teenage girls aged 16 to 19 were young mothers.
- 68% of those young mothers were not in Education, employment or training

With the Mosaic code from each client, it was possible to breakdown all the teenage girls by Mosaic group and their Connexions status. A list of Mosaic Groups and Types can be found in the Appendix 2. It is worth noting that the category relates to the household in which the teenager resides.



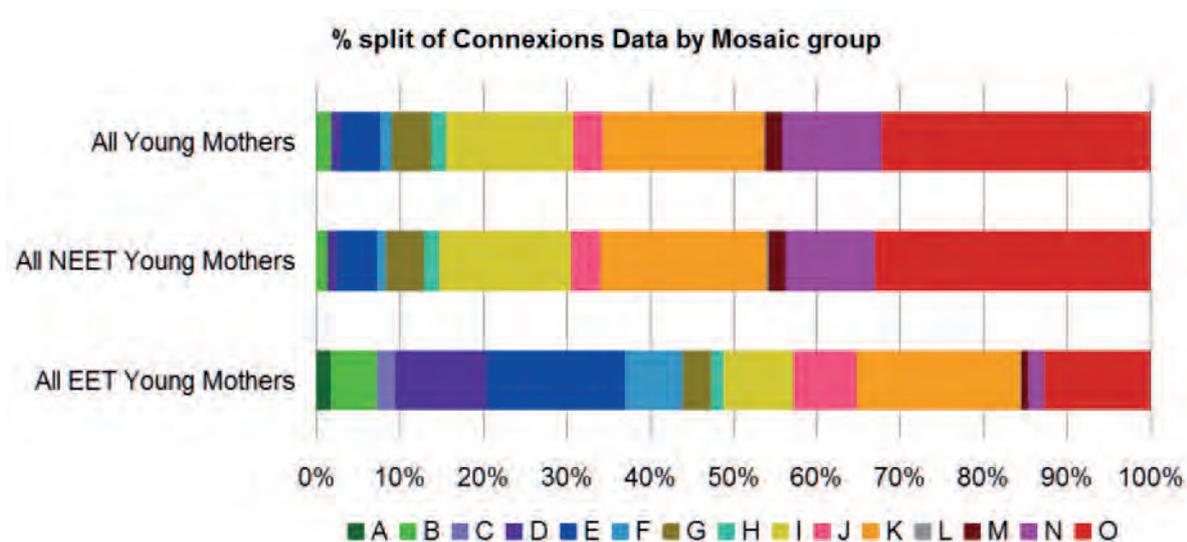
Across Nottingham and Nottinghamshire, teenage girls are represented by the broad spectrum of Mosaic groups.

Group K Residents with sufficient incomes and right to buy council houses make up the largest percentage of the data (20% of all teenage girls) which is the group that is predominantly made up of families.

Interestingly Group M Elderly people reliant on state support make up 7% of the 'all teenage girls' in the City profile and hardly feature in the County. This may suggest that some of the City teenage girls are living with grandparents or at least using their address to register with Connexions.

The figure shows that, as a group, teenage girls who are NEET have a different profile to teenage girls overall. NEET girls are more likely to live in Group K: Residents with sufficient incomes and right to buy council houses, Group N: Young people renting flats in high density social housing and Group O: Families in low-rise council housing with high levels of benefit need.

2.3 Mosaic profiles of Young Mothers



While young mothers are found across a broad spectrum of nearly all the 15 mosaic groups, nearly 80% are from just 4 of those groups:

- 12% Group N Young people renting flats in high density social housing
- 15% Group I Lower income workers in urban terraces in often diverse areas
- 19% Group K Residents with sufficient incomes in right-to-buy social housing
- 32% Group O Families in low-rise social housing with high levels of benefit need

Young mothers who are EET represent a third of the cohort of young mothers. The mosaic classification shows that young mothers who are EET tend to live in different households to those who are NEET with a higher proportion in middle income families in suburban homes. 68% of the young mothers are not in employment, education or training.

2.4 Communication strategies

This approach to segmentation reinforces not only what is known about the types of teenagers who are more likely to become NEET and those who are more prone to becoming mothers, but also about the modes of marketing that are more likely to reach them (poster campaigns in post offices and doctors surgeries, or advertising in local press for example).

The data suggests that Groups I,K,N and O share common social attitudes, which Mosaic characterises in the following ways:

- All find it difficult to say no to their children
- Are easily swayed by other people's views
- Some think little can be done to change life

They are therefore more likely to take heed of information that comes via word of mouth from people they will be in contact with in the community. The figure below further describes the characteristics of these Mosaic groups.

Group I Lower income workers in urban terraces in often diverse areas want to reach to top of their career and aspire to set up their own business one day. Most parents are ambitious for their children and encourage them to apply to university or vocational courses at local colleges. However, this does vary according to the ethnic background of the parents and children. Female members of this group are likely to only access services if accompanied by an adult family member. Language barriers should also be a consideration especially when communicating with the older family members. They are also likely to use Post Offices which could be used as an advertising location. They also visit council and housing services.

They use Mobile phones and may respond to text messaging and a small amount of internet use either via a mobile phone or the library. There is some use of social networking sites. Local papers are a popular with this group.

Group K Residents with sufficient incomes in right-to-buy social housing has relatively few parents that have benefitted from university education and some have difficulty in understanding the specific processes whereby a university degree leads to a high income career. Many parents have achieved a reasonably comfortable lifestyle from jobs requiring vocational and technical qualifications. They tend to rely on the opinions of teachers regarding the secondary schools their children should progress to, or the further education courses they should apply for. This group prefer watching sport on TV rather than doing it.

They respond well to posters. They use public transport well and also use the Post office to pay bills. Both of these locations would be ideal for a poster campaign. They prefer face to face communication when accessing services and local papers are a popular media. This group don't use mobile phones.

Group N Young people renting flats in high density social housing inhabit a world where they do come into contact with people who have achieved career success, when in the street, at local shops and on buses. This, together with the proximity to minority ethnic populations, does contribute to horizons which are less limited than those of children living on peripheral council estates suffering similar levels of social deprivation. A number of pupils will progress to vocational courses delivering technical skills, for which there is still a demand in the local labour market.

Local leisure facilities are enthusiastically used by residents from Group N particularly those offering facilities for swimming and fitness. They also like Combat Team activities.

Group O Families in low-rise social housing with high levels of benefit need contains many young people having few successful role models to emulate and in an environment where few children encounter parents who have benefitted from further education, few see the financial and career benefits that accrue from post school studies.

There is not a great use of leisure facilities but this group do like to watch soaps and reality shows with an element of fantasy like X factor as an example.

To communicate with all teenage mothers regardless of the fact they were NEET or in education, employment or training the same methods of communication apply.

The application of Mosaic to the research questions has some limitations. Firstly as the groupings are based on household level data drawn from the consumption habits of adults (over 18's) it may not therefore represent those of the teenage group who live in the same household, similarly the data set is too small to identify those "at risk" groups. Nevertheless, it does further refine knowledge of the target group, and gives geographic detail about their neighbourhoods and their habits.

2.5 Summary

There is a lack of readily available, accurate and up to date data on the numbers of young mothers across the area or within a locality. This has implications for planning service provision, and allocating specialist advisers and other resources.

The mapping exercise demonstrates the spatial variation of where teenage girls live and where higher proportions of those who are not in education and training live. It shows that there is a concentration of NEET young girls in particular areas of the city and county.

Coding this data into Mosaic reveals the incidence of engagement in education and training by socio-economic characteristic. Mosaic data is used to profile certain segments of the population in terms of their lifestyle and consumption habits. The analysis confirms the association stated in research that young people in the more economically and socially disadvantaged households which are themselves in more disadvantaged areas are more likely to be NEET and more likely to be young mothers. By contrast, while young mothers are represented across the Mosaic data types, those who have the advantages associated with a middle class background are more likely to be in education or employment with training.

In terms of the development of communication strategies, the majority of young mothers who are NEET share the same characteristics as teenagers who are NEET. Communication modes that work best with these young people are through word of mouth referral, text messaging and through the local press.

Whilst CCIS data contains a great deal of useful data on young people's characteristics, risk factors and engagement with services it is often not consistently recorded and coded. Even when it is, it only records detailed information for young people who are actively engaged with the service. Consequently, there is little consistent insight into the lives of young mothers who remain a statistically small but nonetheless significant group of each cohort of young people. Qualitative insight into the lives of young mothers and their engagement with support services forms the second half of the research project.

3 Research Participation

3.1 Introduction

The qualitative element of the customer insight project sought to explore the different personal and social contexts within which young motherhood takes place. Initially it was felt that it would be important for the research to identify groups of young mothers who are in EET and those who are not and to contrast their attitudes and their engagement with support services. In particular the research process wanted to explore interactions with those support services that focus on the physical health and well-being of the child and its mother, and those that focus on the social and economic well-being of the mother and (in some cases) the father. This distinction was demonstrated in case study research undertaken by iCeGS in its work for the Equality and Human Rights Commission (Hutchinson et al., 2011) which found good practice in a project in Glasgow which was founded upon effective integration of careers support with health support from before birth through a case worker approach until the young woman was too old to be supported by the service.

The particular circumstances of the teenage mother must also be recognised and acknowledged. Not least the age of their child, or their children; the availability of affordable childcare; their age and eligibility to draw down benefits; their relationships with family; flexible training and employment opportunities; and their ability to forge new friendships as existing networks often break down during pregnancy. All these factors influence an individual's ability to engage in education, employment or training especially when experienced in combination. These risk characteristics were to be explored further in qualitative research to highlight service take up and other requirements.

In acknowledgement of the challenge of arranging interviews with young mothers the sampling frame was appropriately flexible. It was agreed that the research would

- Interview young mothers face to face either in small groups or individually;
- Mothers should be between the ages of 16 and 19 and therefore have had to make choices about their education or employment;
- That they should live either in the City or the County in the sample should reflect a 40/60 ratio and that
- Young mothers engagement with and agreement to participate in the research would be facilitated via key workers with whom the mothers have an established relationship.

3.2 Stakeholder Participation

Members of the steering group provided the research team with initial professional contacts from a number of stakeholders with whom they have good working relationships. This list of contacts was supplemented by a process of co-nomination, and internet search. The experience of liaising with key contacts, securing agreement and achieving contact with young mothers has been an interesting process which may highlight the different approaches to service delivery in different localities.

In some areas initial contacts were welcomed by key workers who managed the research enquiry very well by maintaining contact, providing updates and managing the research process to its conclusion. In places, this seems to correspond to the existence of a strong link between Sure Start Children's Centres and local learning providers. In North Nottinghamshire for example, the local college, the third sector and Sure Start seem to work closely together to provide services. There appeared to be a very coherent approach in this part of the county.

However this experience was not universal. In several other places the enquiry was mis-managed with people delegating the request to inappropriate others, and neither acknowledging nor returning calls. This may be for a number of reasons associated with workload, the fact that the request was unusual and responsibility for managing it was unclear within organisational structures. An alternative suggestion is that the organisation did not want a third party to engage with their client group, or did not want their practice to be available to

scrutiny. Either way, if our experience is typical of either a partner organisation, or a prospective client wanting to access the service then there are issues of communication, management and accessibility which need to be addressed. Our concern would be to ensure that such an experience is not felt among young mothers, and would suggest further enquiry such as a mystery shopper exercise be undertaken by telephone by young women to allay such concerns.

Contacts that were based in the county appeared to have a much closer relationship with individuals, in that they knew them by name, were aware of their ages, and were able to predict with some certainty how many of them would turn up for an appointment with them or their colleagues. By contrast in other places the young women were not known by name, the research team would be told that "up to 4" could attend a group, but could not be provided with any further information about how many of them were within the 16 – 19 age range. In two instances our research team attended an appointment to find that none of the young women were within the age range. In two instances our research team attended clinics that were advertised on the website, that were confirmed the day before and where not only did no young women turn up, neither did the key worker with whom the arrangement was made.

Overall the research team attended 14 interview sessions and interviewed 33 young women. At two of these no young women were available for interview. Most of the interviews (24) were undertaken on a one to one basis, while three small group discussions were held with three young women at each.

3.3 Young mothers' participation

The young women who participated in the research represented a diverse group:-

- Aged between 16 and 19 years old (one had just turned 20)
- Their children were aged up to 4.5 years old; although 10 participants were in advanced stages of pregnancy
- Some had no qualifications, whilst others were well qualified with 10 GCSEs

Table one summarises their key characteristics whilst Appendix 3 provides additional information on each participant.

Table One: Sample characteristics

| Provider | Borough | City/County | Completed EET interviews | Completed NEET interviews | Total |
|--|------------|-------------|--------------------------|---------------------------|-----------|
| North Notts College | Bassetlaw | County | 3 | | 3 |
| Retford Children's Centre | Bassetlaw | County | 1 | 2 | 3 |
| Worksop Centreplace Abbey Street Community Centre | Bassetlaw | County | | 6 | 6 |
| Mansfield Woodhouse Children's Centre | Mansfield | County | | 1 | 1 |
| Warsop Children's Centre | Mansfield | County | | 1 | 1 |
| Bellamy Children's Centre | Mansfield | County | | 2 | 2 |
| Total (County) | | | 4 | 12 | 16 |
| Aspire training | Nottm City | City | 5 | | 5 |
| Strelly Children's Centre | Nottm City | City | 2 | 7 | 9 |
| Clifton Children's Centre | Clifton | City | | 3 | 3 |
| Total (City) | | | 7 | 10 | 17 |
| Grand total | | | 11 | 22 | 33 |

As the maps in Appendix three show the young women who were interviewed in the City were generally living in more deprived households than those in the County, but these few were more likely to be NEET rather than EET. Given the small numbers involved this probably says more about how those young women were selected for interview rather than a reliable research finding.

However the characteristics of the group of 22 young mothers who were NEET reflected those general characteristics shared by all NEET young women in that they were generally

- from disadvantaged backgrounds,
- had not enjoyed school
- 9 had been bullied at school
- had low or no qualifications
- living in households with different people staying and going
- having experienced moves around the country either to follow a parent or to run away from a parent
- had health issues or special educational needs.

In other words in their lives they have experienced a great deal of turmoil and change both as a consequence of their pregnancy and in spite of it.

The purpose of the research was not to question whether young women were appropriately informed about contraception and the risks associated with pregnancy but the research did in fact identify a number of themes around this which tended to inform subsequent choices and behaviours. For many young women the fact that

they were pregnant was a surprise to them, and it provoked feelings of shock, fear, joy, and bewilderment. However, while it was a shock some of the young women were not actively preventing pregnancy either because of a chaotic lifestyle, or because they were ill informed about how to use contraception properly. For others pregnancy was part of their career plan, they wanted to have children young and saw pregnancy as part of their destiny. Typical attitudes to family planning were:-

- “if it happens it happens” – an approach to planning for motherhood that encourages accidental pregnancies
- “I didn’t realize that ...” – often that the contraceptive pill’s effectiveness is diminished after periods of sickness
- “I wanted a baby..” – and therefore was deliberately not taking contraception

And in two cases:

- “I didn’t know I was pregnant until the stomach pains associated with labour started”.

3.4 Summary

The process of securing participation in the research was more problematic than experience suggests it should have been. Some organisations were able to respond quickly and effectively to the request to interview young mothers and they were familiar with the young women as individuals. Others who did offer support were less familiar with the groups with whom they were working, whilst others were unwilling or unable to engage. The extent to which this reflects working in an uncertain and unstable financial and organisational environment, specific issues with the research, strength of local networks and partnership working or general support or otherwise towards research is uncertain. However, it would be poor practice if potential partners or service users have a similar experience.

In total the researchers attended 14 interview sessions at nine different locations in the City and the County and interviewed eight stakeholders. We would wish to acknowledge thanks due to these individuals, their colleagues and organisations. Thirty-three young mothers were interviewed who were a diverse group across the 16 – 19 age range with children up to 4½ years old and with a range of qualifications. The majority of young mothers reflected the characteristics of young people who are more likely to be classed as NEET (not in education, employment or training), i.e. from socially and economically disadvantaged backgrounds with few or low qualifications, unstable family backgrounds, and who have experienced bullying.

4 Key Findings

4.1 Engagement with services

All the young women who participated in the research were coping well with motherhood. Most of them expressed gratitude and appreciation of most of the services that they had used, although some services were criticised. Young women were not always able to distinguish between the different professions who were co-located at a Sure Start or a Children's Centre.

4.1.1 Pre- and post natal care

Young women engaged with several services before, during and after their pregnancy that focussed primarily on their health as a pregnant woman and on their health and care needs and those of their young babies. Their comments on these services can be summarised as follows:-

Midwives: were held in both high esteem and high affection, their sympathetic and supportive approach throughout pregnancy, childbirth and afterwards provided the young women with role models (four reported that they too would like to become a midwife in the future). They were valued because of the way they spoke to the young women (not judgemental), their practical advice, and their acknowledgement of the emotional needs that all women experience. The need to be treated fairly and in the same way as all mothers was expressed by one young woman:

My midwife was lovely, the first one was horrible, she was old and in my opinion she didn't like black and white relationships, I could tell straight away she didn't like mixed relationships and she was really 'off' with us, but then as soon as she went off her shift and the other one came on she was lovely. She couldn't do enough for me, through the bad pain she would comfort me. (Nottingham)

Health Visitors: were held in similar regard as midwives although generally their function is to work with the mother after the birth. Some young women said that it was their health visitor who told them about other services or other places where they could go to get help. Most often this was through a children's centre but they also referred to other networks including the voluntary and community sector projects.

'My health visitor is like a friend I can talk to' (Worksop)

'I learned about the centre here from my health visitor. I took a course here to learn how to keep her [her child] safe' (Mansfield)

'I have been coming here and I found out about here through my health visitor. I also went to a class for young mums and really young babies' (Retford)

Children's Centre staff: the Centres are highly valued by the young women who use them as a place to come to meet other mothers, as a source of advice on what to do for their child and where to go for support services, and as a place to learn specific skills such as healthy eating, first aid and other things that help them to be better equipped for motherhood. 11 of the young mums specifically spoke about their Children's Centre.

'I love coming here because I really like the people who work here. I can talk to them about the things that worry me like when she is ill and they reassure me she is fine. It helps me get out of the house as well' (Retford)

'Sure Start did loads for me. I was gutted when they said they were closing down because one of women there helped with filling out forms if you didn't understand it. Another one helped with getting things you needed like fireguards and stair gates. There were mother and baby sessions you could go to and they were always there if you needed them. The health visitor who came out was really friendly, couldn't give you enough information, if you were ever worried you could just ring her directly and talk to her. (Aspire)

4.1.2 Family support services

Family Support Nurse is part of a new initiative to focus support on teenage mothers in hot-spot parts of the City, the expectation is that young women who are pregnant will be contacted by the Family Support Nurse within the first 16 weeks of their pregnancy and will remain with the mother for the next two years. Two mums mentioned a family support nurse and while both were aware that they had a family support nurse, they had not really developed a relationship as yet.

'You get a family nurse when you are pregnant you work with her for 2 years until your baby is 2. You do worksheets when you are pregnant working up to having the baby, learning what is expected, what is the best way and after you've had the baby do worksheets more about things like cot death, balanced meals. She comes to see you regularly, once a week' (Aspire)

Social workers were mentioned by seven young mothers. In several cases the mothers had been known to the social services department prior to their pregnancy either on their own account or because of their family background. The value which the young mothers attributed to the service tended to reflect their relationship with the worker, so if they had a "good" one they were positive, whilst about others they could be dismissive.

'Social worker she was there to support me for my pregnancy. I got a referral to help me get accommodation but I was too young at the time. She was one of the best I had and she used to listen to me but she had to go to another centre. Now I have another social worker but he disappeared. I don't try and find him because I don't want to be put in a hostel' (Bellamy)

Housing services were also mentioned including those run by local authorities and housing associations. Accommodation was an important aspect of the lives of young mothers, as it allowed them time and space to be with their child and to develop their identity as a mother.

'Hopefully I would like to get my own place if I can afford it. I don't want to go in a Council house because of the area. I don't want [my daughter] to be brought up in a rough area where she won't have friends. I have been with my boyfriend for 4 years and I am hopeful we could get a place together as a family' (Mansfield)

'Council housing team found me somewhere to live. They gave me points so I could get paint and rollers so we bought all of that. Now we just need money for the carpets' (Mansfield)

Fifteen of the women reported that they had received help from housing services with finding appropriate accommodation and / with furnishing it. In addition others reported the support of family and friends in finding, funding and refurbishing places to live. All were appreciative and grateful for the housing support they had received and only three girls were experiencing a significant delay in securing appropriate accommodation.

4.1.3 Other support services

Teachers and school staff: Eight of the young women were still of compulsory school age when they discovered their pregnancy. Some were still attending but most had erratic modes of attendance. The response of teachers and schools varied; some referred the case to an education welfare officer, one girl was encouraged to stay on and take exams but to try to disguise her bump; others stopped attending due to morning sickness or health concerns about being pushed around in busy school environments (with the apparent collusion of the school). The young women's reports indicate a lack of consistency in schools responses to this issue.

College tutors and staff: As with schools, the young women's reports of their experiences with colleges varied between providers and the timing of the pregnancy. One young woman was told that there was no point to her attending any more because she would not be able to take her exams which led to her feeling rejected by them. Another had to leave her course because she was suffering with morning sickness but she "begged" to be allowed back in a year's time even though she would technically be too old for her place and has been told she will be able to do that for which she is grateful. The young women are not aware that their treatment is a reflection of the funding requirements under which colleges can offer places and not unreasonably take the college response personally.

'They (Connexions) told me about this course and got me an interview. I begged them to let me come back after the baby was born, because before you weren't allowed to come after you were 19 and they extended the age, I was so happy' (Aspire City)

Jobcentre Plus: Five young mothers reported using the Jobcentre in the context of accessing benefits rather than job search services. None said that they had been supported by the JobCentre with job search or a referral onwards to continue their engagement with the labour market.

'They provided help with money and planning out how much I am entitled to. I have felt that they are trying to get rid of me – only really helped with the basics. I wish it was all one lump thing – benefits will be changing soon and i wanted to know if there was anything else I could claim for, she told me that I should not be asking her but would not say where to go' (Bellamy)

Connexions: was mentioned by 25 young women. They all said that they had been helped by the service mostly in terms of getting information and filling in application forms. One young woman had developed a good relationship with a personal adviser who was offering her intensive support:

'If I hadn't come here (Sure Start centre) I wouldn't have met [Connexions PA] and I wouldn't have gone on to look at going to college' (Warsop)

Citizens Advice Bureau had been used by two young women for debt counselling and they found it to be really helpful.

'Went to ask about local housing benefit – no appointment, just showed up they talked to me straight away, gave me a paper and they were really good' (Bellamy)

'I'm going to the citizen's advice people to see what I'm entitled to, moneywise and then hopefully I can get some quick' (Mansfield)

Libraries had also been used by four young women to access the internet for information about services, their rights or to find out more about courses or job-search information.

'I have been to the library to use the computers' (Worksop)

Their routes into engagement with services tended to follow one of two routes either initial contact with pre- and post-natal health services, or through learning providers with subsequent referral to health services.

4.2 Influencers

The interviews explored where young mothers got their ideas from and who helped them take choices to engage in learning or employment. Despite adopting a question approach that specifically queried choices in terms of learning or employment, questions about choices and decisions were almost always interpreted as being about choices associated with the baby – either to have the baby or to terminate the pregnancy or those associated with its care. Most, although not all, saw themselves as mothers first.

4.2.1 Family and Friends

The young women talked a lot about their relationship with their own mothers. Many were “frightened” about telling their mums that they were pregnant (one young woman only felt able to do it by text message, another climbed out of her window to avoid being in the house when her father opened a letter addressed to her with the pregnancy test results in). Six mentioned having a difficult relationship with their mother prior to the pregnancy

‘My mum was really upset when I told her ‘I am pregnant’. My dad was OK. My mum was really upset though and said I have to leave our house by July’ (Strelley)

However, for some, the baby has provided a focus for them which has led to an improved relationship.

‘My mum doesn’t approve my partner because he is younger...I think it was the fact that her youngest was pregnant and she didn’t want to let go. She’s fine with it now... I have 2 sisters and 1 brother, I am the baby of the family. She’s helping me now and giving me advice’

The young women seldom said that they took direct advice from their mothers but did say that they sought support from their mums and talked about things with them.

Boyfriends and partners were also significant relationships in the young women’s lives. In some cases the boyfriends were no longer in contact with the women or their children and in two cases the young woman was actively trying to cut contact with her baby’s father

“He was an alcoholic and then when I told him that if he’d been drinking he was getting nowhere near the baby, he had a go at me I got sick of it and left him.”

‘He had plotted to snatch his youngest lad which didn’t put any trust in me for letting him have anything to do with my baby. For a while we were living together but then I got sick of it as he was really controlling’

However, in many cases the baby’s fathers were an important part of their lives and the family networks brought together a range of “in-laws” around the child. The fathers seldom lived with the young women, only one mentioned living with their partner, however they would provide money, share childcare, spend time with the young woman and their child and offer practical support such as helping around the house. For many young women the choices they made were as a couple albeit not as part of a more conventional household setting.

A third group of influencers are young mothers’ friends and siblings. It is a feature of teenage motherhood that former friendships often do not survive parenthood and the mothers who participated in this study tended to talk of the conversations and meetings that they had with other young women in their situation rather than

former friends. For example, in some places the young women preferred to talk to the researcher in a friendship group of two or three – all young mothers. These friendships offered a way for mothers to talk about their children and their needs with others who understood their concerns. They also shared advice, sources of information and other contacts.

'We saw the same midwife. We thought it was probably better to see the same midwife throughout so we knew what she told us was the same and what we were going through. You got to know each other' (Workshop)

'Since I moved here it's taken them about 4 months to come out and see me. I've spoken to my friends here and they say they get a visit every month to see how the kid is going on. I wonder why I haven't had that experience' (Workshop)

Finally, it is worth noting that the communities in which many of the young mothers live are small communities. Several times they would say that they found out about something through some extended relationships for example one girl learned about a housing charity from her boyfriend's mum. One of her friends used to work there and she knew it was a place where they could help people. Personal contacts and relationships can be supportive and positive in such environments but they can also set a mode of behaviour and attitudes that are difficult to resist.

4.2.2 Professionals

The young women were influenced by professionals in as much as they would consider coming to attend a course or a clinic if one of the professionals they liked and had contact with suggested it. Most typically this would be the health visitor or midwife suggesting attendance at a children's centre and then the staff there would encourage further engagement. Mostly, this was associated with supporting the development of the baby.

In some cases the young women would seek help from a specific source of advice, such as debt counselling from the CAB or training advice from Connexions. Some were in active contact with professionals and if they mentioned an ambition to return to college they were strongly encouraged to pursue this:-

"I was thinking to go back to College in September.....I spoke to [the worker] and she instantly jumped on the phone to the College. I decided what I wanted to do....she slapped an application form in front of me and she said to fill it in. " (Workshop)

In another example there was an informal social network of young mothers who kept each other informed whenever there was an offer on, or where one had accessed vouchers for food or goods for example they would encourage their network to do the same.

' At the moment I am using Facebook, they have a group for young parents and I find that useful. I can turn to them for advice. It is a parents group... These are other online services, which are not part of Facebook. They are really helpful; there are topics about benefits and all the things you are entitled to' (Workshop)

In many cases however the young women were not pro-active, they did not like to use the telephone to find help, and expected services to seek them out rather than the other way around. If there was no-one who would advocate their needs on their behalf then those needs went un-met.

4.3 Information

4.3.1 Who provides information?

The research sought to ascertain the main sources of information specifically as it relates to progression back into education, employment or training. Those young women who know that they want to return to learning in order to build their skills, experiences and secure employment will seek advice from their local college, or Connexions alongside talking things through with their parents and partners.

'I always wanted to be a nurse. I want to change someone's life for the better and I can see that through being a nurse. I don't know what to do to do that. I know I will have to speak to Connexions and I know I need to get my qualifications. It's my ambition' (Bellamy)

'I get information through my mum and through the Sure Start centre. I use the internet as well' (City)

For the rest, their main engagement with services is through the health support workers and their networks and while the young women found them helpful in directing them towards mother and baby sessions and mainstream support services, no young women reported that they had discussed issues around returning to learning or work with their health workers. So unless a young woman actively seeks information, she is not being challenged about her own learning ambitions. The exception to this was from North Nottinghamshire where the college had made links with a children's centre to engage young women in thinking about attending a course and had supported them in terms of offering advice about which courses were available, childcare eligibility and so forth.

4.3.2 How do young people seek and find information?

The research also sought to find out which modes of media or marketing were likely to be recognised by the young mothers. Only four modes were mentioned:

- Phone or face to face contact with a professional: if a trusted worker informs a young mother about something that she might find useful then they will consider it
- Leaflets that are handed to a young mother by a trusted worker are useful to reinforce the information but they will seldom opt to take a leaflet about a service
- Google searches on the internet are used by young women – although our recent work (Hooley et al 2011) has shown that they have to have very precise search criteria to be able to use this effectively (i.e. they need to know what they are looking for)
- Social media (such as Facebook), and texting are used by young women to communicate with each other but not with professionals.

They were prompted to consider radio advertising, posters, adverts in the local press but none responded to these prompts.

4.4 Drivers from NEET to EET

4.4.1 Young mothers who are already in education, employment or training

Nine of the young women that participated in the research were currently engaged in education or training. Nine others were clear that they would also be returning to learning within the next year.

Five of the nine were engaged through Aspire training which provides short courses of learning alongside opportunities for young mothers to meet up, socialise, develop confidence and self-esteem and build both skills and ambitions. Young mothers go to Aspire either through referral from Connexions or they hear about it via

word of mouth. They have engaged with the project for a number of reasons:-

- respite from motherhood through childcare provision funded by Care to Learn
- to access the educational maintenance allowance
- to rebuild esteem, and confidence

'Now Aspire has given me that push to know that I can do it, even though it is going to take a long time and all the hard work'

- achieve a qualification and rewards

'I am here to do my English and Maths GCSEs again. I didn't finish my apprenticeship because I fell pregnant I didn't get my qualifications through for English and Maths so I that's the reason I had to come here'

- opportunities for social networking

'There are all sorts of courses. Food, healthy living, maths and English. We are taken out for a day like bowling. It was a treat, we had to finish all our courses first'

'You don't have to have dinner money, if you are struggling there is food here'

'There's childcare here. It's nice for the children as well because they get time to progress at the nursery'

The four young women from the County were attending college courses, three were interviewed at Worksop through the North Notts College link and one was studying at Lincoln College.

4.4.2 Young mothers who aspire to employment and education

Alongside these specific drivers were more generally expressed views from some of the young mothers that they wanted to return to work or learning. These are summarised below.

Future focus: 18 young women said that they had career ambitions that they wanted to pursue to enable them to fulfil their own potential and to secure good jobs that would allow them to raise their family well.

'Having [my daughter] – she has made me grow up a lot has made me realise that having an education is really important, before I just was not that bothered' (Bellamy)

'At school I never had nice shoes but all my friends did. When my mum passed away we didn't get anything. I'm not mad at her about that, but when I die I want my children to have a house and a car, money to fall back on so they can think we didn't leave them with nothing' (Aspire)

Others were thinking more long term and said that they thought if they did a good job as a mother then it would be their children who could get to University and get a good job.

'I try and save for the future and for my child's education so that he won't grow up to be as me' (Worksop)

However, these aspirations tended to lack focus and be expressions of future wishes rather than being based on specific goals and plans.

Challenging stereotypes: the desire to prove critical observers wrong and to confound the stereotypical image of a teenage mother was a driver for some young women. They wanted to assert their own identity by achieving more in spite of their situation.

Psychological development: While many of the young women said that motherhood was difficult, challenging, frightening and tiring; almost all of them said they would not change their situation. Some reflected that parenthood had made their responsibilities to themselves and to their child very clear in a way that they had not recognised before. Accordingly some felt more mature, better able to manage and to move on with their lives.

'I manage. I just do the priorities with the bills for the house, put gas and electric on and if there is anything spare it's a bonus. I get [my baby's] nappies and everything else. I've just bought a car, I saved up for it' ~(Worksop)

'My child getting born it's matured me a lot, even though I had to grow up quickly it's been a great experience. I wouldn't change it for anything. That's why I don't mind, even if it's going to be a struggle with 2 children especially as I have my daughter already but I don't mind' (Aspire)

Some of the young women appeared very independent and their desire to carry on with their education reflected their independent nature and a need to look after themselves.

'I don't use my parents. I use me because I am a parent now and I am responsible to make my decisions. Whether it's right I don't know but that's what I do' (Worksop)

Incentives: the incentives associated with returning to learning in particular were appreciated by several of the young women. These included:

- securing the educational maintenance allowance and Educare,
- opportunities to socialise with other young adults, and
- access to childcare,

"I can't wait really, sounds awful; it's 3 days at College, I can't wait to have that bit of time away 'cos I'm with him 24-7 although I don't like to say that" (City)

4.5 Barriers to education, employment or training.

The young women offered surprisingly few barriers to education or training. This may have been because they had not thought about it sufficiently to identify barriers, or it was simply not part of their thinking at that stage in their pregnancy or motherhood. Those that were mentioned included:

Low qualifications and no experience so securing employment would be difficult as a young person, and almost impossible as a young mother

'The hardest thing they had to deal with after leaving school was boredom and not being able to find a job. We didn't have any qualification and no one would employ us' (Strelley)

Cost and time involved in travelling to college (from rural Nottinghamshire)

'The hardest things is travelling because I need 50 pounds to travel and I don't have that money' (Retford)

Limited resources to find opportunities (such as access to the internet – one young woman did not know what the internet was)

‘I am getting information by calling people. It’s very practical. I don’t know what the internet is’ (Strelley)

Lack of desire to leave their children under some-one else’s care.

‘My only plan at the moment is, as soon as the baby is old enough, to get a job and start paying for things for myself. I think as soon as he goes to nursery, I can start off with a part time job and then once he is in primary school I can go full time. (Mansfield)

Post-code intimidation (noted by a stakeholder but not mentioned by any of the young mothers)

‘If you live at NG5 and someone lives at NG3 then they probably wouldn’t go from NG5 to NG3 or there’s going to be an issue . Not long after I started work here we had got a work placement for one of our girls to go and work in one of the kitchens over in St Ann’s when she lived in The Meadows and there was no way that she was going and I couldn’t understand the problem really. We got the bus route and everything, but it was to do with this cultural bubble that they live in’

‘It’s mainly the boys that are more into the postcode than the girls, but then if they are with their boyfriends I suppose they are frightened. If for example someone from NG1 which is Meadows, knows they are from NG3 St Ann’s and they know that that girl is going out with that boy they would probably attack them because the boyfriend is from that area’

4.6 Summary

The information and perspectives provided by the young mothers in the research reveal a complex mixture of factors influencing individual lives and choices. However, their responses to the core key questions had a degree of commonality about them as is featured in the table below:

Typical responses

| | |
|--|--|
| <p>What are the catalysts and drivers that shape young mothers’ decisions to move to EET</p> | <ul style="list-style-type: none"> To socialise Earn money to improve their child’s life To secure the Education Maintenance Allowance To fulfil personal ambition To confound stereotypes To reflect their growing maturity |
| <p>What are the barriers that shape young mothers’ decisions to stay NEET</p> | <ul style="list-style-type: none"> Low qualifications Low employability Cost and time of travelling to opportunity Limited knowledge or social resources to find opportunities Desire to stay at home to care for their child Post-code intimidation |

| | |
|---|--|
| Who influences those choices | <ul style="list-style-type: none"> Family (especially mothers) Partners (many have close relationships with their child's father) Friends and siblings Professionals |
| Where do young mums get information about their options | <ul style="list-style-type: none"> Health support workers Children's Centres Colleges Connexions |
| Have any marketing media got a greater influence on their choices than any others | <p>Face to face communication with a trusted professional are the most important</p> <p>Supplemented by leaflets, and information from colleges and the internet.</p> |

The following section presents reflections on how the population might be categorised in a way which accommodates service level responses.

5 Analysis

5.1 Introduction

The findings presented in the previous sections build a picture of complexity at the level of the individual but with certain core responses to issues about engagement with learning and employment pertaining to many of the young women who participated in the research. The group of young women we interviewed offered a wide variety of life experiences and backgrounds, for example one young woman was academically a high achiever who was planning to study at college or University and who became pregnant because she forgot the pill was less effective after a bout of sickness. Another was missing school, had a family background of frequent engagement with social services and intergenerational unemployment and became pregnant at 16 because while she did not plan to become pregnant, neither was she taking contraceptive precautions. So their choices have to be considered within the context of their background, and for many it is their social disadvantage that is the significant factor in their decision making at least as much as their pregnancy.

However, while social background may be an important factor it does not always affect young mothers in a deterministic way. So while it is more likely that young women from socially and economically disadvantaged backgrounds will become pregnant, this does not however mean that their pregnancy will inevitably lead to the perpetuation of disadvantage. For some young mothers, the fact that they were responsible for another person brought a more mature perspective, a sense that they had to take control of their lives and a desire for a new and better life for their child's sake.

As the research progressed it became possible to suggest that there was a way to impose a sense of order on the types of responses and attitudes expressed by the somewhat heterogeneous group of young mothers. This typology is presented as a way to conceptualise the group, and in so doing, to offer a different perspective on the way that services could be developed and offered to young mothers.

5.2 A two-axis typology

A two-axis typology is a simple device to plot attitudes or activities across a continuum that allows the categorisation of an individual. In this case its intent is to be descriptive rather than predictive, and to facilitate a robust way to conceptualise how young women approach career decisions on the basis of their attitudes rather than simply their observable characteristics.

In this case the research team identified first a number of different types of young mother as regards their responses to the question, and sought to interrogate the data to find which two key attitudes and actions were that helped to explain those observations.

5.2.1 Factor One: Availability to the labour market

The first factor is availability to the labour market. Some young mothers were actively engaged in education and training with a view to progressing to employment as soon as possible, others were engaged in training but with little sense that this was to move them towards paid employment, some were not engaged but wanted to be, others were not engaged and were a long way from being ready for engagement.

There was a temporal element to their closeness to the labour market. For some young mothers their planning horizons were limited, to manage until the next month when their money came in, or when they next saw a family member. Some of these young mothers saw the fulfilment of their children's happiness as being synonymous with their own personal growth and expressed the view that they were willing to defer their own fulfilment by promoting that of their child. Other young women were more focused in terms of themselves and their own need to continue to manage their own education and training. They were thinking about the types of educational progression they needed to achieve in order to secure a well-paid job to support their family.

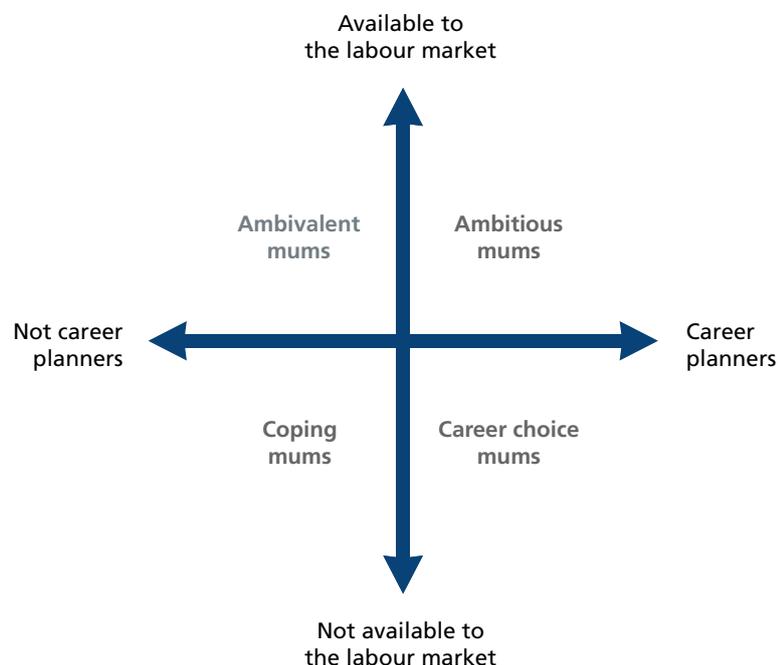
There is also a practical element to this and until they felt that they had the capacity to address some of the barriers to re-entry to education or employment which included their own low qualifications, and limited employment experience, the cost and time associated with travelling to opportunity, limited knowledge of what opportunities were available, and fear of travelling to a different part of town associated with post-code intimidation, they would not be immediately available to the labour market.

5.2.2 Factor Two: Career planning readiness

The second factor that informs the typology is whether or not a young mother was ready and able to plan their career. So the difference between engagement and non-engagement can be affected by the drivers and barriers that were identified in the previous section. At an individual level these are undoubtedly significant (such as travel money or lack of information), but they are not insurmountable and it would be naive to suggest for example that if information were put into the hands of young mothers they would inevitably move into education or training in the short to medium term. Rather it appeared that some young mothers were able to take control of their own lives, to find out information and to seek financial support to manage their career planning, whilst other young mothers were not “career planning ready”.

5.2.3 Characterising the types

Whilst with such a small sample it cannot be empirically tested; these attitudes towards responsibility for career planning and engagement with the labour market suggest a typology of young mothers. Those who participated tended to fall into one of four key types based on their response to their pregnancy and their subsequent capacity to manage their future ambitions. This is described in the figure below.



Career choice mums: are those young mothers who have always wanted to have children and want to start a family while they are still young and they took the decision to become pregnant. They are devoted to their children and have stable family backgrounds typically based either on a strong relationship with their mother or their partner. They value the services that they access. They are not available to the labour market because they have chosen motherhood as a career option and rejected the pattern of learning, qualification and employment before parenthood.

'I am 16 years old and pregnant...I didn't enjoy school so I left. I now live out of income support. After I have my baby I will stay home and take care of her and be a full time mum' (Strelley)

Coping mums: find out that they are pregnant and it is a shock to them, they decide to keep their baby and then work their way through the implications of this. Some have supportive backgrounds, others do not and they rely on the support and advice of the professional workers that engage with them. Their pregnancies tended to be accidental as a result of not taking their contraception properly. Coping mums are providing the best care they can for their children, but their support networks, their social context, their lack of qualifications or employment experience tend to conspire to keep them at a distance from the labour market and there is little in their environment to prompt them to start thinking longer term about their own careers.

'We did a test and it was positive. We didn't believe it but I was being sick all the time and on the Monday I did another test and that was positive so I had to go and tell my mum about it, I was so scared. She wasn't happy about it and at first she wanted me to have an abortion because she said I wouldn't be able to cope and I would get post natal depression but I kept him' (Warsop)

'It was a mistake. I used contraception but it didn't work. I had to tell my mum and dad when I found out. I was late and felt strange so I took a pregnancy test. When I found out I was nervous of telling my mum and dad obviously. At first they wanted me to get rid of it. My boyfriends mum and dad did but I don't really believe in getting rid of them so I was determined. Mum and dad weren't very happy at first, but when they got over it they were really supportive and so were my boyfriends mum and dad and my boyfriend'

Ambitious mums are either those that have always had ambitions for themselves, or those that have built ambition as a consequence of motherhood. Their children were generally not planned but the mothers are determined to pursue their ambitions, which are often changed due to limitations imposed by having to care for a family. They tend to be more focused in their engagement with services and have plans for the short term.

'I want a job when [my son] is in school. Something glamorous. I would like to go to make up College in Retford in September and I'm looking to get enrolment now. They do a crèche there I think, but I wouldn't want to just leave her there. If I went full time I'd like [my boyfriend] to have her...Worksop

'Found out I was pregnant when I missed a period so i took a test. I then had to take 3 more tests to be sure. I was scared and shocked on how to deal with things, how to tell my parents...I am a pregnant 16 year old and working full time as a hairdresser. After I have my baby I would like to go back to work and college and finish a course on childcare so that I can fit it around my baby' Strelley

Ambivalent mums are those who were more fatalistic about their pregnancy – the term ambivalence is taken from some recent research by Barnado's (Evans and Slowley, 2010). They are outwardly street-wise and access services in a deliberate and determined way and use their social networks to manage their way through support services. They are often from disadvantaged backgrounds and some have complex needs. While they could be available to the labour market they could also be resistant to participation for a wide range of reasons. They are not career planning ready as their life experiences preclude them from thinking about longer term positive progression. Their planning horizons are immediate and they have yet to develop the sense of responsibility and maturity that comes to some young mums.

'It wasn't exactly planned but we hadn't been using anything... I'm skint, although I got paid yesterday. Benefits should have started; I am 29 weeks now. I posted off the healthy start grant 2 days ago. I should have signed off on Friday but because me and [my boyfriend] are claiming separate for a while, I figured with me being signed off if we would get stuck we'd be done for benefit fraud jointly. I've got to sign on to make sure I get paid Monday. He gets paid tomorrow and then we are going to sort it out Tuesday'

5.3 Implications for service provision

The typology is not empirically tested and it requires a significant degree of subjectivity to populate it. However if it chimes with the experiences of support workers from across the services then at the very least it facilitates discussion of how to support teenage mothers back into education, training and employment from the perspective of the mother. The implications of the typology are outlined below.

Teenage mothers share a common experience in that they have all been pregnant and have all had babies. They therefore share the experience of engagement with health services in pre-and post-natal support. These services are the consistent regular and valued link with teenage mothers. They routinely support the health and well-being of both the baby and mother and their support for young mothers needs to be positively acknowledged. However as they are the main point of engagement they do not appear routinely or consistently to support referral to learning providers or to personal advisers.

Most teenage mothers also have had to inform their school, college, employer or training provider that they are pregnant. There has been no consistent response in terms of ensuring the young woman seeks and secures appropriate health care, or career advice. Young mothers reported a range of responses from learning providers being very supportive with continuing learning alongside pregnancy through to rejection and effectively expulsion of the young mother. This kind of unofficial exclusion has been challenged by Barnados (Evans and Slowley, 2010) who fear that young people are being excluded on spurious 'health and safety' grounds.

Some young mothers are close to participation in the labour market in spite of their pregnancy, others are closer to it because of it. The NEET data captured by CCIS does not take account of this. Young people who are classified as NEET are not all available to participate in the labour market. CCIS data is split into 'available' and 'not available' for employment or training and then added together to form the total NEET count. NEET available is broken down into personal development; not yet ready for work or training; awaiting learning or training; seeking employment, education or training; New Deal Gateway, or Job Seekers Allowance. NEET not available is broken down into young carers; teenage parents; illness; pregnancy; religious grounds; unlikely to be economically active; or other reason. Any automatic attribution of a teenage parent being not available to the labour market confounds the findings from this research. If young people are incorrectly accounted, then services cannot be designed to meet their needs.

The availability of support for young mothers to consider their careers, to explore their options and to make active purposeful and positive progress in their career planning could help to move some closer towards the labour market, particularly those mums who chose parenthood as their career and find they struggle with the reality, or those who see engagement as their way of coping with being a young parent. The reality for some of these young mothers will be that they will be able to manage their lives while their children are young, but as they get older and as financial support for training declines, benefits linked to the care of children diminish, and what education and experiences they have gets progressively dated their currency in the labour market diminishes. The lack of a longer term perspective as it relates to the young woman could mean that by the age of 24 or 25 they are left needing to find work but with few qualifications, skills or employment experiences to offer. Services support young mothers' immediate health and benefits needs, but none appear to actively address their longer term needs.

The information that young mothers get relating to both labour market participation and career planning is

limited and tends to be mediated by family, partners, and friends – which may be neither adequately informed nor impartial. Consequently their choices (and where they fall within the typology) might be different if they were to be challenged with robust, personalised, and relevant information. This could come from a range of sources (young mums engage with a wide range of services from family nurses, midwives and health visitors to the housing services, CAB and public libraries), but information alone tends not to change activity unless it is reinforced through repetition and other more active interventions.

6 Summary and conclusions

6.1 Key Findings

6.1.1 Heterogeneity of teenage mothers as a group

The research presented here demonstrates that teenage pregnancy and motherhood is more prevalent in some areas of the City and County than others. It has also shown, despite issues with data availability and use, that teenage mothers span the Mosaic lifestyle categories so that while pregnancy is associated with deprivation, lower educational participation and attainment, the association is not exclusive. Furthermore the pattern of incidence of NEET young women aged 16 -19 maps that of teenage mothers very closely – interventions to support NEETs should overlap with those to support young mothers.

Similarly while two thirds of young mothers are not in education employment or training, one third are. Again those young mothers who are participating in education or employment span the Mosaic categories although a rather higher proportion are living in middle class households. Thus interventions that focus on ‘hot spots’ for teenage pregnancy are appropriate, but should not forget that there are other young women in different areas who also have support needs.

6.1.2 Engagement with services

The range of experiences of the young women who participated in the qualitative research was diverse. In terms of engagement with services all the young women held their midwives and health visitors in high esteem and high affection. Engagement with family support services was generally positive, particularly those who attended a Children’s Centre. The Family Support Nurse was known about by two of the mothers but they had not yet established a relationship with them while their reaction to social workers depended on their thoughts of an individual rather than of the service as whole. The Housing service was working very well for the fifteen young women who had used their services and they were very appreciative of the support with finding and furnishing accommodation.

The young women’s experience of school and college response to their pregnancy varied a lot with some being positively supported whilst others were virtually excluded, or the school appeared to collude with their unauthorised absence. Jobcentre Plus was used by the young women to access benefits but none said they had been encouraged to job search or access training. Connexions were used by most of the young women and they helped with finding places at college or training providers and filling in forms. Other services used included the Citizens Advice Bureau for debt counselling and the local library for internet access.

All young women had very good reports of the health care and housing support they had received. Areas of concern that were revealed by the research were:

- Lack of consistent support for young women by their school or college to remain in school during pregnancy.
- Lack of any formal re-entry to education or employment plans for the short or medium term, so that while young mothers need to spend time with their baby they also need a longer term perspective so that they understand for example, how their age and that of their child will affect their benefits
- Lack of referral between those services with good relationships with the young mothers and Connexions services to help to motivate their re-engagement with learning
- Concern over the apparently limited knowledge of key contacts whose remit is to work with teenage parents of their client group.

6.1.3 Sources of information and advice

The interviews explored where young mothers got their ideas from and who helped them make choices to engage in learning or employment. Despite adopting a question approach that specifically queried choices in terms of learning or employment, questions about choices and decisions were almost always interpreted as being about choices associated with the baby – either to have the baby or to terminate the pregnancy or those associated with its care. Most, although not all, saw themselves as mothers first. Many were maintaining a good relationship with the child's father and although they seldom lived together, fathers were involved in caring, financial and practical support.

Most of the young mothers were highly influenced by their own mothers, the baby's father and their own friends and siblings. These relationships were not always positive but provided a way for the young women to share and discuss issues that were concerning them. The young women did have good relationships with professionals and would ask their advice, however many tended not to seek out their advice – just ask if something came up. Many did not like to use the telephone to seek advice.

The research sought to ascertain the main sources of information specifically as it relates to progression back into education, employment or training. Those young women who know that they want to return to learning in order to build their skills, experiences and secure employment will seek advice from their local college, or Connexions alongside talking things through with their parents and partners. For the rest, their main engagement with services is through the health support workers and none of the young women reported that they had discussed issues around returning to learning or work with their health workers. The only exception was with North Nottinghamshire College who had proactively recruited young mothers through the Children's Centre.

6.1.4 Marketing messages to young mothers

Of those young mothers who had sought information, the communication modes which were mentioned which were a conversation with a professional, leaflets handed to a young person by a professional, google searches on the internet or social media between social groups. They were prompted to consider radio advertising, posters, adverts in the local press but none responded to these prompts.

6.1.5 Barriers and Motivations to re-engage with learning and the labour market

Finally questions were asked of the young women to try to find out what had helped them to consider their move back into education or training after having their baby. Their responses typically were to socialise, to earn money or secure the Education Maintenance Allowance, to fulfil personal ambition, as a reflection of their own maturity or to confound stereotypes held by others. They also articulated a range of barriers to re-engaging and these included their own low qualifications, and limited employment experience, the cost and time associated with travelling to opportunity, limited knowledge of what opportunities were available, fear of travelling to a different part of town associated with post-code intimidation, and that they wanted time at home to care for their child.

Arising from these findings a parent participation typology was generated. The typology was formed around two axes, the first was availability to the labour market which addresses the practical barriers to engagement as well as the temporal element (the new mother may be less available to the labour market than the mother of a toddler). The second axes was career planning readiness which is a concept to capture the extent to which a young mother was ready and able to make career plans which could be expressed in a practical, informed and immediate way. The intersection of these two axes created a typology of

- Coping – managing from day to day
- Career Choice – mothers out of choice, enjoying it and not available to the labour market as a consequence

- Ambitious – those who had plans to return to education to provide their own fulfilment and / or to provide for their child
- Ambivalent - mothers who planned their pregnancy with a degree of fatalism and assumed the same strategy to other areas of their lives.

The typology is a descriptive tool and not empirically tested. Its value is to show that different mothers have different attitudes towards their role as mother and their plans for engaging in the labour market. It accepts that “becoming a teenage parent can make good sense in the particular life worlds inhabited by some groups of young women and men.” Duncan, 2007: 328. In so doing it accepts that not all young mothers have either the current capacity or desire to return to learning or employment. By the same token however it does not assume that all young mothers are not available to the labour market simply because they are young mothers.

6.2 The policy outlook

The previous Labour government made reducing teenage conception rates, and increasing labour market involvement of young mothers as a policy priority. The teenage pregnancy strategy ended in 2010, and the coalition government disbanded the Teenage Pregnancy Independent Advisory Group as one of the first to go in the ‘bonfire of the quangos’. The strategy overall claimed some success with teenage pregnancy rates in 2008 the lowest that they had been for two decades (Teenage Pregnancy Independent Advisory Group, 2010). In this final report the Group claimed several successes including training teachers to deliver appropriate sex and relationships education as part of the Personal Social and Health Education curricula, the provision of school and college-based contraceptive and sexual health (CASH) services, The Family Nurse Partnership and Care to Learn. They said that if under 18 conception rates had remained at the 1998 level, then by 2010 there would have been an additional 42,000 conceptions. Furthermore of those conceptions an increasing number of young women were opting for abortion with recent data showing that half of these conceptions were terminated. The final report provided no statistics on the labour market participation of young mothers.

The coalition government maintain an interest in teenage pregnancy as a policy area, as the Minister, Sarah Teather commented “There is still much more to do, to further reduce the number of teenagers whose lives are changed forever by an often unwanted pregnancy. Teenage parents and their children are more likely to suffer from poor health, unemployment and poor achievement at school than their peers.” Teather, 2011. Subsequent statements have indeed reinforced the need for appropriate SRE in schools and colleges, however the statement on the coalition government’s approach to Supporting Youth Employment (Prime Ministers Office, 2011) does not mention teenage parents. The direction of prevailing policy thus appears to focus on providing young people with better education about sexual health and the risks associated with pregnancy. Participation of young parents in the labour market will be seen as part of the overall target to increase participation in education and training associated with Raising the Participation Age.

6.3 Recommendations

Recommendation 1: Maintain a policy focus on engagement of young mothers in education, employment and training.

Better education and awareness of contraceptives and other sexual health matters has an important role for the healthy development of all young people, but it alone will not reduce conception rates because many young people chose a career as parent over other options available to them. There needs to be a sustained policy interest in supporting young parents to continue their education and in career planning.

Recommendation 2: Continue to share data on young mothers between health, education, social care, youth care and personal advisers.

Resources have to be applied to support individual need in ways that are efficient and effective. Those whose role is to support young mothers should know basic details about their client group including the names of the mothers in their geographical area and the ages of their children. Aggregated data should be made anonymous and used for monitoring and review. The impact of services, and identification and sharing of good practice is made difficult through a lack of data.

Recommendation 3: Co-referral of different services by each professional group should become standard practice.

The young mothers we spoke to said they do not respond to passive marketing approaches. They do however accept verbal and written information from trusted professionals but they will not all seek out information or advice that they might benefit from. All young mothers should be made aware on a repeated basis of the full range of support services that are available for them and this will include benefits advice, health advice, counselling services, career information, advice and guidance, in addition to those that are statutorily provided.

Recommendation 4: Young women should share in the development of a re-engagement plan while they are pregnant.

Several young women felt abandoned by their learning provider when they became pregnant, meanwhile many felt relieved that pregnancy saved them from further schooling. However motherhood is only one career stage in many women's lives and a re-engagement plan devised by the young woman with a professional careers adviser would provide one way to build a relationship with a broader range of support. This issue will become increasingly critical as RPA becomes better understood and more accepted in the community.

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Appendix 2: Mosaic public sector groups and types

Mosaic Public Sector groups and types

This latest version of Mosaic Public Sector classifies citizens in the United Kingdom into one of 69 types and 15 groups.

| Group | Description | % ↑ | % ↓ | Type | Description | % ↑ | % ↓ |
|-------|---|-------|-------|------|---|------|------|
| A | Residents of isolated rural communities | 4.72 | 4.40 | A01 | Rural matures of the very rich and middle incomes | 0.99 | 0.85 |
| | | | | A02 | Retirees electing to settle in environmentally attractive localities | 1.26 | 1.31 |
| | | | | A03 | Remote communities with poor access to public and commercial services | 0.87 | 0.87 |
| | | | | A04 | Villagers with few well paid alternatives to agricultural employment | 1.59 | 1.86 |
| B | Residents of small and mid-sized towns with strong local roots | 8.89 | 8.75 | B05 | Better off empty nesters in low density estates on town fringes | 2.29 | 2.96 |
| | | | | B06 | Self employed trades people living in smaller communities | 2.57 | 1.99 |
| | | | | B07 | Empty nester owner occupiers making little use of public services | 2.72 | 2.63 |
| | | | | B08 | Mixed communities with many single people in the centres of small towns | 1.14 | 1.17 |
| C | Wealthy people living in the most sought after neighbourhoods | 4.22 | 3.94 | C09 | Successful older business leaders living in sought-after suburbs | 1.85 | 1.50 |
| | | | | C10 | Wealthy families in substantial houses with little community involvement | 0.68 | 0.56 |
| | | | | C11 | Creative professionals seeking involvement in local communities | 1.42 | 1.18 |
| | | | | C12 | Residents in smart city centre flats who make little use of public services | 0.29 | 0.30 |
| D | Successful professionals living in suburban or semi-rural homes | 9.82 | 8.23 | D13 | Higher income older champions of village communities | 2.47 | 2.31 |
| | | | | D14 | Older people living in large houses in mature suburbs | 1.71 | 1.44 |
| | | | | D15 | Well off commuters living in spacious houses in semi rural settings | 2.21 | 1.77 |
| | | | | D16 | Higher income families concerned with education and careers | 2.90 | 2.30 |
| E | Middle income families living in moderate suburban semis | 13.39 | 11.18 | E17 | Comfortably off suburban families weakly tied to their local community | 2.85 | 2.14 |
| | | | | E18 | Affluent industrial workers living in owner occupied semis | 2.98 | 2.73 |
| | | | | E19 | Self reliant older families in suburban semis in industrial towns | 2.31 | 2.63 |
| | | | | E20 | Upwardly mobile South Asian families living in inter war suburbs | 1.54 | 0.98 |
| F | Couples with young children in comfortable modern housing | 3.39 | 3.78 | F21 | Middle aged families living in less fashionable inter war suburban semis | 3.80 | 2.70 |
| | | | | F22 | Busy executives in town houses in idyllic settlements | 1.10 | 1.67 |
| | | | | F23 | Early middle aged parents likely to be involved in their children's education | 2.81 | 2.42 |
| | | | | F24 | Young parents new to their neighbourhood, keen to put down roots | 1.50 | 1.52 |
| G | Young, well-educated city dwellers | 8.18 | 8.46 | F25 | Personnel reliant on the Ministry of Defence for public services | 0.24 | 0.17 |
| | | | | G06 | Well educated singles living in purpose built flats | 1.80 | 1.09 |
| | | | | G07 | Families and singles in large houses in late Victorian suburbs | 0.60 | 0.57 |
| | | | | G08 | Families that have gentrified the terraces in Victorian suburbs | 0.54 | 0.53 |
| H | Couples and young singles in small modern starter homes | 4.01 | 5.91 | G09 | Young professional families settling in better quality older terraces | 1.71 | 1.68 |
| | | | | G10 | Diverse communities of well educated singles living in smart, small flats | 0.41 | 0.52 |
| | | | | G11 | Owners in smart purpose built flats in prestige locations, many newly built | 0.76 | 1.00 |
| | | | | G12 | Students and other transient singles in multi-let houses | 1.01 | 0.93 |
| I | Lower income workers in urban terraces in often diverse areas | 6.94 | 7.02 | G13 | Transient singles, poorly supported by family and neighbours | 1.02 | 1.03 |
| | | | | G14 | Students involved in college and university communities | 0.74 | 1.14 |
| | | | | H05 | Childless new owner occupiers in cramped new homes | 1.51 | 2.37 |
| | | | | H06 | Young singles and sharers renting small purpose built flats | 1.02 | 1.79 |
| J | Owner occupiers in older-style housing in ex-industrial areas | 7.32 | 7.40 | H07 | Young owners and rented developments of mixed tenure | 1.15 | 1.38 |
| | | | | H08 | People living in brand new residential developments | 0.20 | 0.27 |
| | | | | I09 | Young owners and private renters in inner city terraces | 0.36 | 0.34 |
| | | | | I40 | Multi-ethnic communities in newer suburbs away from the inner city | 0.53 | 0.58 |
| K | Residents with sufficient incomes in right-to-buy council houses | 11.07 | 8.67 | I41 | Renters of older terraces in ethnically diverse communities | 0.53 | 0.52 |
| | | | | I42 | South Asian communities experiencing social deprivation | 1.26 | 0.88 |
| | | | | I43 | Older town centre terraces with transient, single populations | 1.67 | 2.72 |
| | | | | I44 | Low income families occupying poor quality older terraces | 2.52 | 1.97 |
| L | Active elderly people living in pleasant retirement locations | 3.10 | 4.34 | J45 | Low income communities reliant on low skill industrial jobs | 2.88 | 3.09 |
| | | | | J46 | Residents in blue collar communities revitalised by commuters | 2.36 | 2.06 |
| | | | | J47 | Comfortably off industrial workers owning their own homes | 2.07 | 2.25 |
| | | | | K48 | Middle aged couples and families in right-to-buy homes | 1.89 | 1.72 |
| M | Elderly people reliant on state support | 3.84 | 5.96 | K49 | Low income older couples long established in former council estates | 2.07 | 2.06 |
| | | | | K50 | Older workers, many of whom suffer poor levels of health | 3.67 | 2.88 |
| | | | | K51 | Often indebted young families living in low rise estates | 3.47 | 2.20 |
| | | | | L52 | Communities of wealthy older people living in large seaside houses | 0.46 | 0.87 |
| N | Young people renting flats in high density social housing | 4.46 | 5.18 | L53 | Residents in retirement, second home and tourist communities | 0.51 | 0.60 |
| | | | | L54 | Retired people of modest means commonly living in seaside bungalows | 1.28 | 1.79 |
| | | | | L55 | Capable older people leasing / owning flats in purpose built blocks | 0.82 | 1.29 |
| | | | | M56 | Older people living on council estates with limited budgets | 1.92 | 2.68 |
| O | Families in low-rise council housing with high levels of benefit need | 5.05 | 5.16 | M57 | Old people in flats subsisting on welfare payments | 0.81 | 1.31 |
| | | | | M58 | Less mobile older people requiring a degree of care | 0.46 | 0.86 |
| | | | | M59 | People living in social accommodation designed for older people | 0.61 | 1.12 |
| | | | | N60 | Tenants in council flats on estates at risk of serious social problems | 0.64 | 0.80 |
| | | | | N61 | Childless tenants in council flats with modest social needs | 1.31 | 1.77 |
| | | | | N62 | Tenants on estates with many residents recently arrived in Britain | 0.52 | 0.50 |
| | | | | N63 | Renters sharing flats on multi-cultural estates | 0.50 | 0.49 |
| | | | | N64 | Single people renting flats on multi-cultural estates | 0.84 | 0.81 |
| | | | | N65 | Established multi-ethnic communities, many living in high rise flats | 0.33 | 0.50 |
| | | | | N66 | Childless, low income tenants in high rise flats | 0.34 | 0.50 |
| | | | | O67 | Older tenants in low rise "overspill" estates where jobs are scarce | 1.90 | 2.30 |
| | | | | O68 | Tenants in low rise council estates with non-traditional family setups | 1.12 | 1.65 |
| | | | | O69 | Vulnerable young parents needing substantial state support | 2.08 | 1.20 |

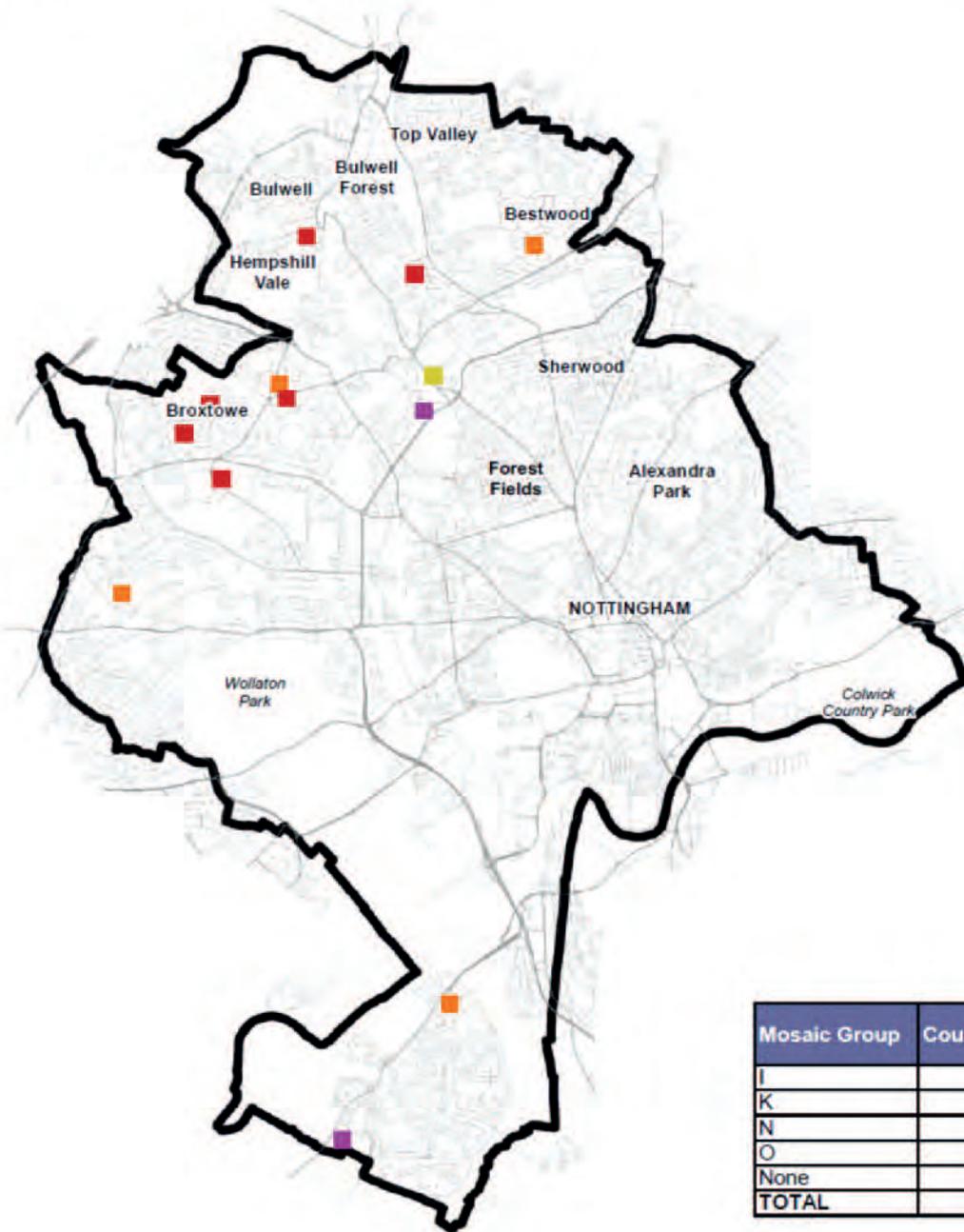
Appendix 2: Mosaic public sector groups and types

| Age | NEET or EET | City or County | Age of child(ren) | With partner? | >Level 2 | Entry / Level 1 |
|-----|-------------|----------------|---------------------------------------|---------------|----------|-------------------------|
| 17 | NEET | County | 7 months | Yes | √ | |
| 17 | NEET | City | Pregnant | Yes | | √ |
| 19 | NEET | County | 9 months | Yes | | No GCSEs |
| 19 | EET | County | 12 months | Engaged | | √ |
| 19 | NEET | County | 14 months | Yes | | √ |
| 19 | NEET | County | 14 months | Yes | | √ |
| 19 | NEET | County | Pregnant | Yes | √ | |
| 16 | NEET | City | Pregnant | Not clarified | | √ |
| 17 | NEET | County | 18 months | Not clarified | | Missed exams |
| 18 | EET | City | 24 months | No | | √ |
| 19 | EET | City | 21 months | No | | Studying for GCSC's now |
| 19 | EET | City | 2 years and pregnant 27 weeks | Yes | | Not clear |
| 19 | EET | County | 2 years old | No | | No GCSE |
| 20 | EET | County | 1 ½ years old | No | | No GCSE |
| 20 | EET | County | 4 years old | Yes | | √ |
| 18 | NEET | City | Pregnant | Not clarified | | No qualifications |
| 17 | NEET | City | 5 months | Not clarified | | Not clear |
| 18 | NEET | County | 2 years old | Not clarified | | Low qualification |
| 17 | NEET | County | 5 months | Yes | √ | |
| 20 | EET | City | 18 months | Yes | √ | |
| 20 | EET | City | 2 years old | Not clarified | | √ |
| 17 | NEET | County | 5 months | Not clarified | | √L |
| 19 | NEET | County | 18 months living with ex-partner | No-however | | √ |
| 19 | NEET | County | 4 years old and another one 11 months | Not clarified | | √ |

Career Ambitions of Teenage Mothers: Customer Insight Research

| Age | NEET or EET | City or County | Age of child(ren) | With partner? | >Level 2 qualification | Entry / Level 1 |
|-----|-------------|----------------|-------------------|---------------|------------------------|-----------------|
| 16 | NEET | City | 23 days old | No partner | | No |
| 19 | NEET | City | Pregnant | Yes | √ | |
| 16 | NEET | City | Pregnant | Yes | | No |
| 17 | NEET | City | Pregnant | Not clarified | √ | |
| 16 | EET | City | Pregnant | No partner | | No |
| 16 | EET | City | Pregnant | Yes | | Still in school |
| 17 | NEET | City | Pregnant | No | | √ |
| 18 | NEET | City | Pregnant | Not clarified | | Not clear |
| 18 | NEET | County | 10 months | Yes | √ | |

Participants of Interviews



| Mosaic Group | Count |
|--------------|-----------|
| I | 1 |
| K | 4 |
| N | 2 |
| O | 6 |
| None | 4 |
| TOTAL | 17 |

Participants

Mosaic Public Sector Group

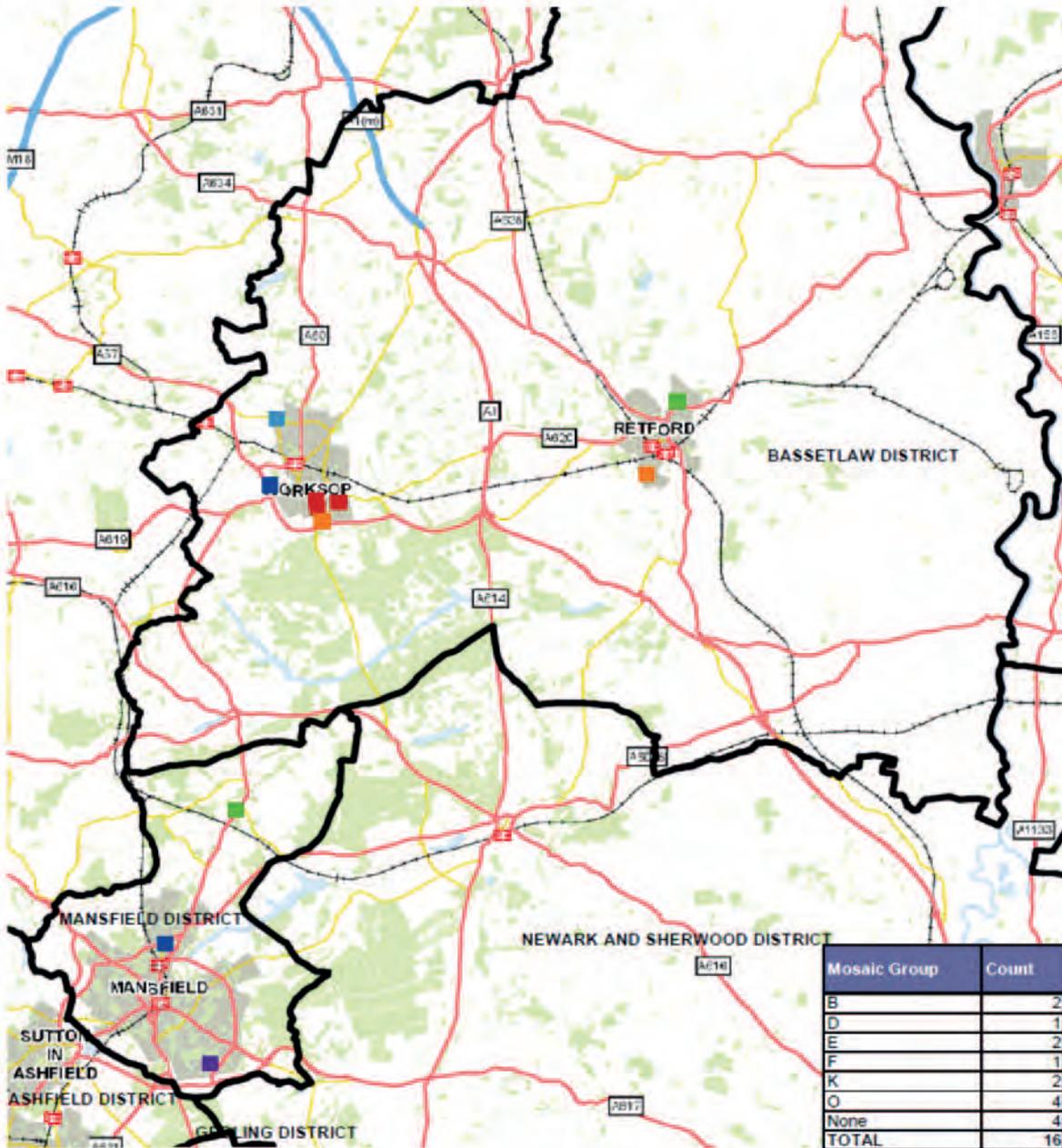
- A Residents of isolated rural communities
- B Residents of small and mid-sized towns with strong local roots
- C Wealthy people living in the most sought after neighbourhoods
- D Successful professionals living in suburban or semi-rural homes
- E Middle income families living in moderate suburban semis
- F Couples with young children in comfortable modern housing
- G Young, well-educated city dwellers
- H Couples and young singles in small modern starter homes
- I Lower income workers in urban terraces in often diverse areas
- J Owner occupiers in older-style housing in ex-industrial areas
- K Residents with sufficient incomes in right-to-buy social housing
- L Active elderly people living in pleasant retirement locations
- M Elderly people reliant on state support
- N Young people renting flats in high density social housing
- O Families in low-rise social housing with high levels of benefit need

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Participants of Interviews - County



Key

0 0.5 1 2 3 4 Miles



Participants

Mosaic Public Sector Group

- A Residents of isolated rural communities
- B Residents of small and mid-sized towns with strong local roots
- C Wealthy people living in the most sought after neighbourhoods
- D Successful professionals living in suburban or semi-rural homes
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