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## **Abstract**

**Purpose** – Evaluation of the Teens & Toddlers (T&T) positive youth development (PYD) and teenage pregnancy prevention programme suggested that the intervention had minimal effectiveness partly due to its unclear theory of change. This study examines the lived experiences of young women participating in the programme to contribute to a clearer understanding of intervention process and potential mechanisms.

**Design/methodology/approach** – We conducted four focus groups (n=20), eight paired or triad interviews (n=12) and 15 interviews with young women participating in an RCT of the T&T programme in England, analysing these data using a phenomenological approach.

**Findings** – T&T provided some opportunities to experience the ‘five Cs’ that underpin PYD programme theory: competence, confidence, connection, character and caring. However, the young women did not experience the programme in a way that would consistently develop these characteristics. The lack of opportunities for skill-building and challenge in the activities constrained their ability to build competence and confidence. Some programme facilitators and counselors were able to achieve connections and caring relationships with the young women, though other adults involved in the programme were sometimes perceived by the participants as overly critical. The character development activities undertaken in the programme addressed attitudes towards sexual risk-taking.

**Originality/value** – Few studies of the PYD approach examine young people’s perspectives. This research suggests that the young women were not consistently provided with opportunities to achieve youth development within the T&T programmes. In refining the programme, more thought is needed regarding how delivery of particular components may facilitate or impede a PYD experience.

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## Introduction

Teenage pregnancy has been a major concern in the UK for decades. The UK government's Teenage Pregnancy Strategy (TPS) (1999-2010) (Social Exclusion Unit, 1999; DCSF, 2010) was associated with a decline in the conception rate for under-18s in England and Wales but did not meet the strategy's target of a 50% reduction. The current rate of 27.9 per 1000 women aged 15-17 remains the highest in Western Europe (Public Health England, 2014; Office of National Statistics, 2014; UNICEF Office of Research, 2013). The strategy included a focus on positive youth development (PYD) interventions as a means of prevention (Philliber *et al.*, 2002; Kirby 2007).

PYD views young people as resources to be developed, rather than as problems to be solved (Pittman, Irby and Ferber, 2000). It seeks to promote social and emotional development by supporting young people to gain skills, knowledge and competencies (Roth *et al.* 1998; Catalano *et al.*, 2002; Benson *et al.*, 2004; Benson 2007). PYD stands in contrast to deficit models of treatment or prevention in that it focuses not merely on preventing problem behaviours but also on developing positive assets. Proponents argue that PYD should aim to develop five positive attributes: competence (including academic and social skills); confidence; connection (close relationships to family, peers and community); character (positive values and integrity); and caring (Roth and Brooks-Gunn, 2000). Similarly, the Development Asset Model identifies 40 features of young people's ecologies and resources that when enhanced contribute to healthy development (Benson, 1997; Benson and Scales, 2009; Lerner *et al.*, 2011).

The argument that PYD and development of the five "C"s may be protective against adverse sexual health outcomes is supported by empirical evidence demonstrating that some of these assets, such as academic attainment and good relationships with teachers and parents, are associated with improved sexual health (Arai 2009; Allen *et al* 2007; Kirby 2007; Crawford *et al* 2013) as well as evidence that PYD interventions can reduce sexual risk (Gavin *et al* 2010). There is less consistent evidence that self-esteem is associated with reduced risk of teenage pregnancy (Goodson *et al*, 2006; Arai 2009).

While the broad aims of PYD are generally agreed, the conceptual basis for how PYD might reduce sexual risk behaviours is under-developed and there is a lack of consensus about which ingredients of programmes contribute most to effectiveness (Roth and Brooks-Gunn, 2003; Kirby, 2007; Spencer and Spencer, 2014). However, particular programmatic features tend to recur across the various models: emphasis on young people's positive attributes and potential; an atmosphere of "hope"; the sense of being part of a "caring family"; and opportunities for young people to cultivate their interests, develop skills and gain exposure to new experiences (Roth and Brooks-Gunn, 2003). Which of these is most important, and whether all must be present to achieve PYD remains unclear (Roth and Brooks-Gunn 2003). Given the lack of an over-arching conceptual framework and variability in implementation, it is not surprising that evaluations of PYD interventions report mixed results (Wiggins *et al.*, 2009; Kirby 2009; Bonell *et al.* 2013).

In a randomized controlled trial (RCT) of the Teens & Toddlers teenage pregnancy prevention programme, Bonell and colleagues (2013) examined the success of the intervention in reducing unprotected sex and expectations of teenage parenthood, and increasing a measure of youth development, as well as various secondary outcomes. The programme providers did not have an explicit theory of change for the intervention though the evaluators developed one as part of a formative evaluation conducted prior to the RCT (Jessiman *et. al.* 2012). The RCT reported that T&T had no impact on its primary outcomes, but intervention participants were less likely to experience a decrease in their self-esteem than the control group (Bonell *et. al.* 2013). The authors concluded that the lack of a prior, explicit theory of change linking intervention components and outcomes might have contributed to its limited impact.

Process evaluations examine intervention delivery but less often examine the mechanisms underlying intervention effectiveness or lack thereof (Oakley *et. al.*, 2006). The complexity of the mechanisms by which PYD aims to improve sexual health underlines the importance of such in-depth process evaluation in this field though this is rarely done (Roth and Brooks-Gunn 2003). For example, although the evaluation of the Young People's Development Programme (YPDP), a UK based PYD initiative targeting at-risk 13-15 years olds, did have a process evaluation, it was insufficiently focused on intervention mechanisms to be able to explain the unexpected findings of intervention harm suggested by the outcome evaluation (Wiggins *et. al.*, 2009).

Process evaluations of implementation and intervention mechanisms must attend to the perspectives of intervention participants (Oakley *et al.*, 2006; Spencer 2013). However, despite the avowed youth-centeredness of PYD, few evaluations have included the perspectives of young people in seeking to understand the potential barriers and facilitators to success (Krenichyn *et. al.*, 2007; Fletcher *et. al.*, 2008). Understanding how young people experience particular elements of PYD programmes can generate new insights into how potential, empowerment and hope are engendered and contribute to the development of a sounder conceptualization of the approach.

In this paper, using qualitative data collected during the process evaluation of T&T, we aimed to examine how young women participating in T&T experienced it; and what this suggests about the mechanisms underlying the programme. In doing so, we aimed to generate hypotheses about why the programme had limited impact.

## **Methods**

### *Intervention*

The data for this study were collected as part of an independent evaluation of the T&T programme funded by the UK's Department for Education led by NatCen and the London School of Hygiene and Tropical Medicine (LSHTM). T&T aims to "decrease teenage pregnancy by raising the aspirations and educational attainment of 13-17 year old teenagers at most risk of leaving education early, social exclusion and becoming pregnant" (Teens & Toddlers 2008) (Table 1). Over

the course of the 18-20 week programme, young women are identified by their teachers as potentially benefiting from participation in T&T on the basis of being perceived as at risk of teenage pregnancy. Those who consent to participate spend one afternoon per week in a pre-school nursery, each mentoring a child aged 3-5 years old in need of additional attention for approximately 90 minutes, supervised by the nursery staff and up to two T&T facilitators. T&T believes that pairing vulnerable teenagers and young children under the supervision of skilled adults offers benefits for each, such as improvements in personal, social and communication skills ([www.teensandtoddlers.org](http://www.teensandtoddlers.org)). The young women also spend 90 minutes in facilitated group sessions focused on child development, effective parenting skills, and sex and relationships education. These sessions are intended to develop skills to be applied when mentoring children. Sessions at the start of the programme provide a foundation for the mentoring work by introducing the young women to the nursery and developing skills needed for mentoring the child. Participants also receive mandatory one-to-one sessions with a trainee counsellor (who generally contribute their time in partial fulfillment of requirements for a counselling qualification) 2-3 times during the programme. Upon completion of T&T, participants receive a National Award in Interpersonal Skills, Level 1 (National Council for Further Education).

### *Sample*

The process evaluation collected qualitative data from four case-study schools in London, selected to encompass different levels of experience in delivering T&T (first time versus previous experience); and ratings of school quality as judged by government inspectors<sup>1</sup> ('good' versus 'satisfactory'). In each case-study school, data were collected from young women in year 9 (age 13/14 years) randomised to participate in the programme or serve as controls, as well as teachers, T&T facilitators and counsellors, and nursery staff, through participant observations, focus groups, and paired and individual interviews. Here, we present only data from programme participants in order to examine our research question concerning participants' experience of the programme. The overall process evaluation is reported elsewhere (Jessiman *et. al.*, 2012).

### *Data collection methods and tools*

The researchers designed a sequence of qualitative data collection methods in order to build mutual respect, trust and rapport with the young women and encourage them to speak openly about their experience of the intervention (Alderson and Morrow, 2004). We began with focus groups at the start of the intervention, moving to paired/triad interviews and then to one-to-one in-depth interviews. AS and TJ each conducted two focus groups (4 total) with participants using a range of interactive methods, including vignettes and flash cards, (n=20) with approximately 5 participants in each group; paired or triad interviews (8) with 12 participants overall; and 15 interviews with individual participants. Topic

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<sup>1</sup> Ofsted (Office for Standards in Education, Children's Services and Skills) inspects and regulates services for children and young people, and those providing education and skills for learners of all ages in the UK.

guides addressed various issues including those related to the research questions explored in this paper.

All the interviews and focus groups were conducted with participants' informed consent in private spaces at the pre-school nursery, and were recorded and fully transcribed. Each interview lasted between 60-90 minutes and focus groups between 90-120 minutes. The research ethics committees of NatCen Social Research and LSHTM granted ethical approval for the study.

### *The analytical approach*

We adopted a phenomenological analytic approach (Creswell, 2007) to describe the meaning of the experience of participation in a PYD programme from the perspective of young women. Transcripts were read through several times by AS and preliminary meaning units identified. AS and KM reviewed, refined and agreed upon a final set of meaning units and worked together to develop clusters of interconnected meaning units (Smith *et. al.*, 2009). AS, in consultation with KM, then undertook line-by-line coding of data in NVivo using the clusters of meaning units as a coding frame (Table 2). During this process, the researchers attempted to 'bracket out' their personal experience and/or opinions of the intervention and observe the data as if for the first time. This was challenging for AS because of her involvement in the T&T evaluation, but KM had not been involved in the data collection and was able to offer a novel perspective.

## **Results**

Data from 28 young women were analysed for this paper (Table 3). We identified three cross-cutting themes regarding participants' experiences of the programme and how this was experienced as impacting on their development of social and emotional competencies. We report our findings, by theme, below.

### *Being challenged*

Young women selected to participate in T&T were enthusiastic about the programme, viewing it as an opportunity to gain a qualification, "boost" their educational and employment prospects, and gain experience working with young children.

**"So when you were first told about Teens & Toddlers what did you think about it?"**

It was exciting.

**Exciting?**

Yeah.

**Why?**

Because the way they were describing it, like working with the toddlers and that."

*Paired interview 1, School 3*

PYD programmes seek to offer an 'engaging experience' (Vandell *et. al.*, 2005), that allows for intrinsic motivation, effort and concentration. Engagement is reflected in the extent to which young people are focused and excited about the activities in which they are participating (Walker *et. al.*, 2005; Larson 2000). This high level of

pre-programme enthusiasm potentially sets the stage for an atmosphere conducive to PYD. However, this was put to the test immediately, as participants began to engage with the children:

**“What was it like for you the first time you visited the nursery?”**

Annoying. [Laughs.]

**Annoying? Why?**

‘Cos the little kids were rude to me.

**They were rude? What they say?**

When I’d talk to them they would spit and didn’t answer me back, and when you told them to stop doing something, they would just walk off.”

*Focus group, School 1*

Contrasting with their anticipated friendly welcome, the initial rejection from the children resulted in feelings of hurt and disenchantment with the programme.

“Yeah, I don’t actually like it [the programme] ‘cause it’s just sometimes you don’t get along with the child and you just can’t ...

**Do you get along with your child?**

Not that much.

**No?**

He hates me.

**He hates you?**

Yeah. He tells me to go away.”

*Paired interview, School 1*

Further challenges emerged: the children were difficult to predict and often did not follow instructions. Some of the children exhibited disruptive behaviours, such as crying, being aggressive or “throwing strops”, and the young women found it difficult to respond effectively. On occasions where their attempt to work with the children failed, some young women felt “anxious”, “scared” and overwhelmed.

“Cos sometimes, yeah, it’s nice to hang round Jessica, but then the thing that happened was, after she threw the scissors [...] she got sent away, and she was crying, and I thought that because she was crying and she looked angry, I thought she would be angry with me and she wouldn’t want to talk to me, so I was kind of scared that I might lose my toddler. And then she went and she came back and she wasn’t talking to me so I was scared...”

*Focus group, School 3*

Exposure to such challenges was an intended element of the programme, both to introduce participants to the realities of raising children, but also to allow them to overcome challenges. Confronting such challenges required many young women to reassess their expectations about the work; it was going to require more effort than anticipated. At this point, about a quarter of young women dropped out (Bonell *et. al.*, 2013).

The intensity of the immediate challenge of working with the children may have lessened the sense of hope and motivation that is essential for PYD. Larson (2000) has argued that for the ‘development of initiative’ three elements must co-occur: intrinsic motivation to participate in an activity; concerted attention and engagement in the activity; and engagement with the experience over time. This is similar to the notion of ‘flow’ (Csikszentmihalyi 1990; Rich 2003) *i.e.* a balance between challenge and skill so that negative consequences such as anxiety or

boredom are minimised. For some young women, T&T may have failed to create a “flow” experience by presenting immediate challenges that they did not feel equipped to overcome.

There was variation in the amount of supervision and support the facilitators provided to the young women while they were working with the children. Some closely accompanied the young women while they worked with the children and others only offered light guidance and observed from afar (Jessiman *et. al.* 2012).

**“Has the facilitator helped you to work with her, at all?**

Sometimes...they told me to like, if I felt ill they said, oh, just keep playing with her and then you’re going in in a minute.

**Anything else they did to try and make it easier for you or...?**

[No response heard]

No? Okay.”

*Interview 1, School 4*

The young women described how some facilitators provided positive reinforcement and actively coached them to continue with T&T. For these young women, the experience became less daunting and more enjoyable and most persevered.

“Yeah sometimes when I was really like I wanted to give up they were like just keep trying, don’t worry, it takes a long time but it will work.”

*Interview 3, School 3*

Those who were able to forge relationships with the child felt a sense of achievement and were also sometimes able to make connections with meeting other challenges in their lives.

“Maybe it makes you feel a bit more confident because once you get over an obstacle with your toddler then it’s like I helped him through it so maybe I could again or maybe I can do that.”

*Triad interview, School 1*

PYD theorists suggest that without support young people have limited ability to overcome challenges on their own, and may stall, become stuck and lose initiative (Larson *et. al.* 2005). PYD practitioners should therefore assign appropriately challenging tasks to encourage young people to grow, but provide the correct support to avoid negative experiences.

### *Connecting and engaging with adults in the programme*

Evidence suggests that caring relationships with at least one non-parental adult helps to build self-esteem and self-efficacy, and protects against risk (Eccles and Gootman, 2002; Laursen & Birmingham, 2003; Bowers *et. al.*, 2014). For successful PYD, young people need to view non-parental adults as a problem-solving resource and an ‘open ear’ (Bowers *et. al.* 2014). The T&T programme counsellor, in particular, became a trusted source of support and advice about managing difficult emotions for many participants.

“She asks and she knows what to say. And it never gets silent.  
Never gets silent.

Like, the only time it gets silent is if you've told her something sad and she'll sit there and be like 'oh', and then she'll know what to say as quick as...  
...It's the comeback, isn't it?  
It's like, boom, and then she knows exactly how you feel."  
*Focus group, School 4*

The counselling sessions were an opportunity for a confidential conversation with a trusted adult. However, attending the sessions was mandatory and for the young women who did not want counselling, the sessions sometimes felt uncomfortable and they felt obliged to share more information than they would have liked.

It was weird because I haven't done it before, and it's like, just there, talking, and just quite. It's weird. [Laughs.]  
**Ok. So it's a bit awkward. Would you do it again?**  
You have to, but I wouldn't want to.

[...]

...we thought, "We'll go in there, she'll ask us questions," but she only asked us a few, and we'd just have to talk and talk about anything, and then, like, sometimes we wouldn't know what to say. And then, like, 'cos, yeah, it's awkward, the silence, you just end up telling her everything, and you don't want to.  
*Focus group, School 1*

Children and adolescents with concerns about confidentiality, judgement and stigma, and who are uncomfortable with expressing their emotions are often reluctant to seek professional help. Adolescents in particular, tend to prefer self-reliance or speaking to friends and family when dealing with problems (Del Mauro and Jackson Williams, 2013). For most of the young women participating in T&T, this was the first time they had spoken to a counsellor and they may have experienced some uneasiness as a result.

In group sessions, some facilitators shared personal experiences to help illustrate particular issues. These 'real life' experiences appeared to be valued by participants and engendered a sense of connection and mutual understanding.

"Like [the facilitator] and us, we're close 'cause she uses her experiences and tells us...if we ask questions she won't just read it from a book, she'll talk of her experience and what she thinks and then give us, and then just elaborate on what she's saying basically. [...] It's better because, instead of talking from a book you know, oh well the book says that, but once you get an, when she gets someone's experience you can say well they've been through it so they should know about it, and they're telling you from what they know [...]."  
*Interview, School 1*

However, not all of the facilitators managed to create a trusting atmosphere, resulting in awkward and uncomfortable moments.

**"What does working with [facilitators] what is that like?**

YW1: They don't really know what to say.

YW2: Like they'll go silent and then smile at us and we don't know where to look.

YW3: That's when we start laughing in the class. "

*Paired interview 2, School 4*

The discomfort of some facilitators may have been due to lack of training (Jessiman *et. al.*, 2012), underscoring the importance of investment in the development of relevant skills among adults expected to fulfil the role of 'caring adult' (Bowers *et. al.*, 2014). However, in most cases participants felt that the T&T facilitators treated them with more respect than the teachers at school:

“YW1: They teachers like kinda belittle you, [...]

YW3: Like if they're talking, they don't expect you to say nuffink, yeah, you're just basically something little to them, you're just, 'nuffin', they just talk to you like anyhow they like, they don't care.

YW2: And it's like they have to act like they're above you, it's like they can't come down and talk to you properly.

*Paired interview (with 3 participants), School 1*

In contrast, the young women sometimes felt the pre-school nursery staff were less supportive. For example, one young woman felt that a member of staff at the nursery was “having a go at” or criticising her.

“That teacher, I was running around in the playground and just running around, wasn't I, just running around with the kids and she had a go at me and I was like 'what?' She was like 'don't run around with the kids, I don't want you running round with the kids' and when I asked why, she was like 'because I don't want you doing it, you could fall over' I thought to myself 'I've been doing this for ages and now you're telling me I can't do it.'“

*Focus group, School 4*

In effective PYD, adults help young people to feel secure, cared for and valued (Nitzberg 2005). Though not the main programme providers, difficult relationships between the nursery teachers and the young women may have adversely influenced their experience of the programme and their likelihood of achieving positive development.

From the perspective of the young women, some adults involved in T&T were skilful in making connections, building trust, and warmth, and treating the young women with respect but this was not consistent across the programme.

### *Learning about yourself*

PYD models vary in terms of what they identify as personal and social assets that comprise positive development, but they all tend to focus on building confidence, emotional self-regulation, moral character and self-esteem. During group sessions, the facilitators introduced activities, such as participants reflecting upon their work and relationships with the children, as well as role-playing, and journaling to encourage the young women to develop empathy, improve their behaviour and value themselves (Jessiman *et. al.*, 2012).

“In one session, we had to look at our toddler and see if there was any, like, anger about and, where they would show it. And then we had to come back into the classroom time and say what we found out about their anger, and then where we show our anger from....”

*Interview 4, School 1*

The process of reflection on their experience in the nursery and in the counselling helped some young women to ‘discover’ their abilities and qualities, and understand how their behaviour might affect others:

“The counselling session and also the part in the nursery when I watched the children. [...]from the toddlers I saw how, I don’t know how to say it, like I reflected it to see how I act and I just like saw myself from a different view and looked how I act and everything like that, so I guess I just changed a little bit....”

*Interview 2, School 3*

Through journaling, they were able to chart their progress and improvement over time:

“...when you’re writing in your journal and you think back, you realise, “Well, yeah, I have done a good job today, and I’ll try and do a little bit better and a little bit better,” and then it’s like, when you’re writing in your journals you realise that you have done better and better.”

*Focus group, School 3*

Though the relationship between self-esteem and teenage pregnancy is unclear (Goodson *et. al.*, 2006), many interventions, including T&T, aim to increase self-esteem to reduce sexual risk behaviours. Across the various components of the T&T intervention, the young women had opportunities to build self-esteem through overcoming the challenge of working with a child, sharing with and seeking advice from a trusted adult, and reflecting upon their strengths and weaknesses via specific activities in the group sessions. This entire process appeared to have an impact on the young women’s self-esteem.

**“Has Teens & Toddlers changed how you feel about yourself in any other way that we haven’t talked about yet?”**

Just like understanding that I’m important...”

*Interview 4, School 4*

T&T also deliberately sought to enhance participants’ understanding of their risk of early pregnancy. Despite not initially seeing themselves as at risk, some participants began to discuss delaying sex, using condoms, and putting their wellbeing at the centre of any decision to have sex. Some young women also began to express the view that it was important to develop a stronger connection with someone before having sex. The programme appeared to influence the young women’s attitudes, although this does not necessarily indicate an imminent change in behaviour.

“[...] like everything we spoke about on relationships, like that you should only like have sex with someone if you really wanna be with them sort of thing, and that’s sort of changed like... Not that I would go and sleep around sort of thing, but I know that it’s not just about them, it’s about me as well...”

*Interview, School 4*

## **Discussion**

The nature of PYD is ‘top-down’ in that it defines what constitutes healthy development for young people, but it also aims to empower young people to make

choices and contribute to their communities. However, little previous research on PYD has examined participants' views about the programmes and how these might impact upon them. This study aimed to contribute to filling this gap.

A number of key themes and findings emerge from our analysis. The initial excitement about participation in T&T set the stage for an engaging experience (Vandell *et. al.*, 2005). However, for many, the challenge of working with young children did not provide the right balance of challenge and skill (Larson, 2000) to support building competence and a sense of achievement. However, with coaching from facilitators others persevered and overcame these challenges. These findings suggest that activities that offer a stimulating but achievable challenge for young people are more likely to result in feelings of accomplishment and engender confidence. Furthermore, it is important that adults working with young people actively support young people to meet the challenge, rather than merely monitor progress.

In many cases, the adults who were involved in T&T played a special role in creating a caring environment. T&T providers became trusted sources of guidance and support. However, some nursery staff were perceived as critical and perhaps introduced a negative aspect to the non-parental adult relationship building that is central to PYD (Bowers *et. al.*, 2014). Interactions with adults that appeared to produce trust and connection were based on honest communication and mutual respect.

Reflecting upon their experience helped some participants to develop self-esteem and moral character. Furthermore, the programme aimed to link participants' sense of personal development with their attitudes to risk of pregnancy and sexual behaviour. Though these interviews may have been susceptible to social desirability bias, the young women expressed feeling differently about their sexual lives as a result of participation in T&T, particularly because of the moral character they built while participating in the programme.

Our study had a number of limitations. Our qualitative research aimed to produce a rich account of experiences and processes rather than to develop statistically representative findings. However, the relevance of our findings to other participants in T&T or other PYD programmes is uncertain. Given that approximately a quarter of participants dropped out of the programme within the first eight weeks (Bonell *et. al.*, 2013), our study is liable to selection bias whereby the most satisfied participants remained in the programme.

Our study has a number of implications for policy and research. PYD interventions continue to be developed and delivered to improve sexual health and there is some evidence that such approaches are effective (Gavin *et al* 2010). Our research on young women's experiences of a PYD programme offers a number of useful insights, which should help inform further refinements to PYD interventions and theories of change. PYD interventions would benefit from: ensuring a good balance between challenge and support; ensuring participants develop trusting relationships with all adults involved in programmes through the provision of advice and support, and the exchanging of experiences and the development of

self-awareness, not only in terms of positive self-esteem but also in terms of developing empathy and a realistic assessment of vulnerability to adverse sexual health. Existing empirical evidence suggests that assets, such as the 5 “C”s are associated with better sexual health. More attention to engendering such positive development is likely to result in improved effects in sexual health outcomes. .

## References

- Alderson P and Morrow V (2004) *Ethics, social research and consulting with children and young people*. Ilford, Essex: Barnardo's.
- Allen E, Bonell C, Strange V, Copas A, Stephenson J, Johnson AM and Oakley A (2007) Does the UK government's teenage pregnancy strategy deal with the correct risk factors? Findings from a secondary analysis of data from a randomized trial of sex education. *Journal of Epidemiology and Community Health* 61: 20-27, doi:10.1136/jech.2005.
- Allen JP and Philliber S (2001) "Who benefits most from a broadly targeted prevention program? Differential efficacy across populations in the teen outreach program". *Journal of Community Psychology* 29(6): 637-655.
- Arai L (2009) *Teenage Pregnancy: The making and unmaking of a problem*. Bristol: The Policy Press.
- Arie S (2014) "Has Britain solved its teenage pregnancy problem?" *British Medical Journal* 348: g2561.
- Benson PL (1997) *All kids are our kids: What communities must do to raise caring and responsible children and adolescents*. San Francisco: Jossey-Bass.
- Benson PL, Mannes M, Pittman K, Ferber T (2004) "Youth development, developmental assets, and public policy". In, Lerner Richard M and Steinberg L (eds) *Handbook of adolescent psychology (2nd ed.)*. Hoboken, NJ US: John Wiley & Sons Inc, pp 781-814.
- Benson PL (2007) Developmental assets: an overview of theory, research and practice. In: *Approaches to positive youth development*. London: Sage
- Benson PL and Scales PC (2009) Positive youth development and the prevention of youth aggression and violence. *European Journal of Developmental Science* 3(3): 218-234.
- Bonell C, Maisey R, Speight A, Purdon A, Keogh P, Wollny I, Sorhaindo A and Wellings K (2013) Randomized controlled trial of 'teens and toddlers': A teenage pregnancy prevention intervention combining youth development and voluntary service in a nursery. *Journal of Adolescence* 36: 859-870.
- Bowers E, Johnson S, Buckingham M, Santiago G and Warren D (2014), Youth development across mid- to late- adolescence: The moderating effect of parenting profiles, *Journal of Youth and Adolescence* 43(6): 897-918.
- Catalano RF, Hawkins DJ, Berglund L, Pollard JA, Arthur MW (2002) Prevention science and positive youth development: Competitive or cooperative frameworks? *Journal of Adolescent Health* 31: 230-239.

Crawford C, Cribb J and Kelly E. (2013) Teenage pregnancy in England. Report, Centre for Analysis of Youth Transitions (CAYT). Report No. 6. London: Institute for Fiscal Studies.

Creswell JW.(2007) *Qualitative Inquiry and Research Design* (2nd Ed). Thousand Oaks, London and New Dehli: Sage Publications.

Csikszentmihalyi M (1990) *Flow*. New York: Harper and Row.

Del Mauro J and Jackson Williams D (2013) Children and Adolescents' attitudes towards seeking help from professional mental health providers. *International Journal for the Advancement of Counselling* 35(2): 120-138.

Department for Children, School and Families (DCSF) (2010) *Teenage Pregnancy Strategy: Beyond 2010*. Report, DCSF-00224-2010.

Eccles J and Gootman J (2002) *Community programs to promote youth development*. Washington, D.C: National Academy Press.

Fletcher A, Harden A, Brunton G, Oakley A, Bonell C (2008) Interventions addressing the social determinants of teenage pregnancy. *Health Education* 108 (1): 29-39.

Gavin LE, Catalano RF, Davis Ferdon C, Gloppen KM and Markham CM (2010) A review of positive youth development programs that promote sexual and reproductive health. *Journal of Adolescent Health* 46: S75-S91.

Goodson P, Buhi ER and Dunsmore SC. (2006) Self-esteem and adolescent sexual behaviors, attitudes and intentions: a systematic review. *Journal of Adolescent Health* 38(3): 310-319

Jessiman T, Keogh P, Scott S, Wollny I, Sorhaindo A and Bonell C (2012) Teens and Toddlers integrated process evaluation. Report DFE-RR212.

Kirby D, Lezin N, Afriye RA and Gallucci G (2003) *Preventing Teen Pregnancy: Youth development and after-school programs*. Scotts Valley, California: ETR Associates.

Kirby D. (2007) *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.

Kirby D. (2009) Reducing pregnancy and risky behaviours in teenagers. Youth development programmes don't always work. *British Medical Journal* 339: b2054 doi: 10.1136/bmj.b2054.

Krenichyn K, Schaefer-McDaniel N, Clark H and Zeller-Berkman S (2007) Where are young people in youth program evaluation and research? *Children, Youth and Environments*, 17(2): 594-615.

Laursen and Birmingham (2003) Caring relationships as a protective factor for at-risk youth: An ethnographic study” *Families in Society: The Journal of Contemporary Human Services* 84(2): 240-246.

Larson RW. (2000) Towards a psychology of positive youth development. *American Psychologist* 55(1):170-183.

Larson R, Hansen D and Walker K. (2005) Everybody’s gotta give: Development of initiative and teamwork within a youth program. In: Mahoney JL, Larson RW and Eccles JS (eds) *Organized Activities as Contexts of Development: Extracurricular activities, after-school and community programs*. Mahwah, New Jersey: Lawrence Erlbaum Associates, Inc.

Lerner RM, Lerner JV, von Eye A, and Bowers EP (2011) Individual and contextual bases of thriving in adolescence: A view of the issues. *Journal of Adolescence* 34: 1107-1114.

Nitzberg J (2005) The meshing of youth development and community building. *New Directions for Youth Development* 106: 7-16.

Oakley A, Strange V, Bonell C, Allen E, Stephenson J and RIPPLE Study Team (2006) Process evaluation in randomised controlled trials of complex interventions. *British Medical Journal* 18; 332(7538): 413-416.

Office of National Statistics (2014) Conceptions in England and Wales, 2012. Statistical Bulletin, Office National Statistics, 25 February.

Philliber S, Williams Kaye J, Herring S and West E (2002) Preventing pregnancy and improving health care access among teenagers: An evaluation of the Children’s Aid Society – Carrera Program. *Perspectives on Sexual and Reproductive Health* 34(5): 244-251.

Pittman K, Irby M, and Ferber T (2000) Unfinished Business: Further Reflections on a Decade of Promoting Youth Development, International Youth Foundation. In: Public/Private Ventures (eds) *Youth Development: Issues, Challenges and Directions*. Philadelphia: Public/Private Ventures.

Public Health England (2014) Sexual and Reproductive Health Profiles. Available at: <http://fingertips.phe.org.uk/profile/sexualhealth/data>.

Rich GJ (2003) The positive psychology of youth and adolescence. *Journal of Youth and Adolescence* 32(1): 1-3.

Roth J, Brooks-Gun J, Murray L and Foster W (1998) Promoting healthy adolescents: Synthesis of youth development program evaluations. *Journal of Research on Adolescence* 8(4): 423-459.

Roth J and Brooks-Gunn J (2000) What do adolescents need for healthy development? Implications for youth policy. *Social Policy Report*, 14(2). Ann Arbor, MI: The Society for Research in Child Development.

Roth JL and Brooks-Gunn J (2003) Youth Development Programs: Risk, Prevention and Policy. *Journal of Adolescent Health* 32: 170-182.

Smith JA, Flowers P and Larkin M (2009) *Interpretive Phenomenological Analysis: Theory, Methods and Research*. London: Sage Publications.

Social Exclusion Unit (SEU).(1999) *Teenage pregnancy*. London: HMSO.

Spencer G (2013) Young people's perspectives on health: empowerment, or risk? *Health Education* 113(2): 115-131.

Spencer MB and Spencer TR (2014) Invited commentary: Exploring the promises, intricacies, and challenges to positive youth development. *Journal of Youth and Adolescence* 43: 1027-1035.

Teens & Toddlers (2008) Teens & Toddlers Intensive Implementation Programme. Haringey. Internal document.

UNICEF Office of Research (2013) Child Well-being in Rich Countries: A comparative overview. *Innocenti Report Card 11*, Florence: UNICEF Office of Research.

Vandell, DL, Shernoff DJ, Pierce KM, Bolt DM, Dadidman K and Brown BB (2005) Activities, engagement and emotion in after-school programs (and elsewhere). *New Directions for Youth Development* 105: 121-129.

Walker J, Marczack M, Blyth D, and Borden L (2005) Designing youth development programs: Toward a theory of developmental intentionality. In: Mahoney J.L., Larson R.W. and Eccles J.S. (eds) *Organized Activities as Contexts of Development: Extracurricular activities, after-school and community programs*. Mahwah, New Jersey: Lawrence Erlbaum Associates, Inc.

Wiggins M, Bonell C, Sawtell M, Austerberry H, Burchett H, Allen E and Strange V (2009) Health outcomes of youth development programme in England: prospective matched comparison study. *British Medical Journal* 339: b2534 doi:10.1136/bmj.b2534.

**Table 1.** The Teens & Toddlers multicomponent positive youth development programme for the prevention of teenage pregnancy

<b>Intervention length</b>	18-20 weeks, 1 day a week, 3-4 hours a day
<b>Recruitment (2 phases)</b>	1. Schools are recruited from areas (boroughs, districts) with high rates of teenage pregnancy. 2. Teachers and other school staff responsible for inclusion, discipline and/or pastoral care identify students
<b>Participants</b>	Students between the ages of 13-15 considered to be at high risk of teenage pregnancy
<b>Activities</b>	Classroom curriculum focused on child development, effective parenting skills, anger management, sexuality and relationships
	Mentoring young children between the ages of 3-5 who are thought to be in need of additional learning or emotional support in a nursery or primary school setting
	Meetings with a trained counsellor for hour-long one-to-one sessions.
<b>Award</b>	National Award in Interpersonal Skills, Level 1 (NCFE)

**Table 2.** Meaning units, themes clusters and examples of codes generated from phenomenological analysis.

Theme cluster 1			Theme Cluster 2				Theme cluster 3		
Building confidence and “feeling like you achieved something”			Forming Co- <del>ne</del> connecting and on and meaningful engagement with adults in the programme and young children				Developing a sense of self Learning about yourself		
Meaning unit 1a	Meaning unit 1b	Meaning unit 1c	Meaning unit 2a	Meaning unit 2b	Meaning unit 2c	Meaning unit 2d	Meaning unit 3a	Meaning unit 3b	Meaning unit 3c
“A boost”	Overcoming a challenge	Purpose, accomplishment and growth	Making connection	Learning to build intimacy	Discomfort/ invasion of privacy	Not respected by adults in the programme	Being vulnerable	Learning life lessons	“I’m changed”
1a codes	1b codes	1c codes	2a codes	2b codes	2c codes	2d codes	3a codes	3b codes	3c codes
Creating options	Working with children challenging and fun/Frustrating	Building confidence	An adult you trust to talk to	Enjoy making toddler happy	Facilitators are repetitive	Cannot understand the teachers	Expressing my feelings	Taking responsibility with regard to risk	Adults treat me with more respect now
Increased concentration in school	Children unpredictable and difficult to control	Freedom and creativity	Appreciate real life experience	Improving my relationships	Pushy and prying	No mutual respect	Help with believing in myself	Self-worth	Empathise with parents
Desire to further education	Exhausting activity	Fun and accomplishment	Awkward moments with facilitators					Choice and independence	Change what people think you
Trying out a potential career	Facilitators coach us	Proud of skills in working with children	Building relationships with children					Encourages self-reflection and self-realization	
	Facilitators create a safe environment for children and young women	Learning new things	New respect for adults					Getting a “reality” check	



**Table 3.** Types of data collected during the study.

	<b>School 1</b>	<b>School 2</b>	<b>School 3</b>	<b>School 4</b>	<b>TOTAL</b>
<b>Young women</b>					
Focus groups with participants	1 (5)	1 (5)	1 (5)	1 (5)	4 (20)
Paired/Triad interviews with participants	1 x paired 1 x triad	1 x triad	2 x paired	3 x paired	8 (18)*
One-on-one interviews with participants	5	3	3	4	15*

\*Some students who participated in the focus group dropped out of the programme by the time the interviews were conducted.