



Public Health
England

Protecting and improving the nation's health



A framework for supporting teenage mothers and young fathers



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Over the last 18 years, the under-18 conception rate has more than halved, to the lowest level since 1969. This is the result of a long-term evidence-based teenage pregnancy strategy, delivered with concerted effort by local government and their health partners.

Despite the significant reduction, further progress is needed to sustain the achievements, narrow the variation in rates between and within local areas, and improve the outcomes for young parents and their children.

Like all parents, teenage mothers and young fathers want to do the best for their children and some manage very well; but for many their health, education and economic outcomes remain disproportionately poor which affects the life chances for them and the next generation of children. Young mothers - including those up to the age of 25 - are at particular risk of poor mental health.

Every young parent has their own individual story, but the area and individual risk factors for early pregnancy highlight the vulnerabilities with which some young people enter parenthood: family poverty, persistent school absence by age 14, slower than expected attainment between ages 11 and 14; and being looked after or a care leaver. These risk factors are reflected in the cohort of young parents in the Family Nurse Partnership trial participants: 46% had been suspended, expelled or excluded from school and 48% were not in education, employment or training at the time of recruitment.

As a result some young parents will have missed out on the protective factors of high quality relationships and sex education, emotional wellbeing and resilience, positive parenting role models and having a trusted adult in their life. For a minority, these vulnerabilities may make parenting very challenging. Almost 60% of mothers involved in serious case reviews had their first child under 21.



Evidence and lessons from local areas show that poor outcomes are not inevitable if early, coordinated and sustained support is put in place, which is trusted by young parents and focused on building their skills, confidence and aspirations.

For most teenage mothers and young fathers this will require dedicated support, co-ordinated by a health visitor, family nurse or other lead professional with the skills to build a trusted relationship.

Early help and effective support also rely on universal services and relevant programmes being aware of the needs of teenage mothers and young fathers and understanding how they can contribute to improving outcomes. This Framework is designed to maximise the assets of all services and practitioners to create a joined up care pathway. It sets out:

- the relevance and importance of teenage mothers and young fathers to each service
- suggestions for tailoring services to meet their needs
- helpful resources

The Framework has been developed to help commissioners and service providers review current support arrangements for young parents in their local area. While there is no single definitive model of support for young parents, there are key component parts which all contribute to an effective model and which are adaptable to local circumstances and variations in need.



It is suggested that commissioners and service providers use this framework as a multi-agency self-assessment tool, completing it in partnership to enable a collective review of the local offer; an identification of gaps in provision; and an exploration of the likely impact and effectiveness of those component parts on local support for young parents.

Getting support right for teenage mothers and young fathers can transform the lives of individual young parents and their children, enabling them to fulfill their aspirations and potential. At a strategic level good support:

- is integral to safeguarding, the Early Help agenda and improving life chances
- is key to giving every child the best start in life
- breaks intergenerational inequalities
- reduces future demand on health and social services
- contributes to Public Health and NHS Outcomes

Footnotes:

1. Teenage mothers and young fathers refers to young mothers under 20 and young fathers under 25. The majority of the outcomes data compares mothers under 20 with all mothers; the vast majority of fathers of babies born to young women under 20 are young men under 25: approximately a third under 20 and half 20 to 24. However, analysis of the Next Steps data (previously the Longitudinal Study of Young People in England) found some of the poor outcomes are experienced by young mothers up to the age of 25.

2. The Framework focuses on identifying and addressing the needs of teenage mothers and young fathers – a recommendation by Ofsted in the Ages of Concern report on serious case reviews, however for brevity, in some parts of the document, this is shortened to young parents.



The ten key factors in addressing teenage pregnancy



Supporting young parents contributes to prevention of teenage pregnancy

International evidence and lessons learned from local areas have identified ten key actions for addressing teenage pregnancy. Early and coordinated help for young parents contributes to prevention by:

- supporting young parents to prevent subsequent unplanned pregnancies
- reducing the risk factors associated with teenage pregnancy by helping teenage mothers, young fathers and their children fulfil their potential

United Nations Convention on the Rights of the Child (UNCRC)

The UNCRC protects the rights of children under 18. The UK ratified the UNCRC in 1991 and it is part of UK law. UNCRC includes the right for children:

- to express their views, feelings and opinions and for these to be taken seriously
- to have access to information
- to have access to health services and to reach the highest attainable standard of health
- to be protected from sexual abuse and exploitation



The contribution of improved support to public health and NHS outcomes

Under-18 conception rate

Reduction in first and subsequent pregnancies contributes to improving outcomes

Children in poverty

63% higher risk for children born to women under 20

Incidence of low birth weight of term babies

30% higher rate in babies born to women under 20

Smoking status at time of delivery

Mothers under 20 are three times more likely to smoke throughout pregnancy

Infant mortality rate

75% higher rate for babies born to women under 20

Breastfeeding prevalence at 6 to 8 weeks

Mothers under 20 are half as likely to be breastfeeding at 6 to 8 weeks

Maternal mental health (placeholder)

Mothers under 20 have higher rates of poor mental health for up to three years after birth; mothers aged 16-24 also much more likely to experience poor mental health compared with older mothers

Child development at 2 to 2½ years

Parental depression most prevalent risk factor for negative impact on poor child development outcomes

Rates of adolescents not in education, employment or training (NEET)

An estimated 12% of 16-17 year old females recorded as NEET was a teenage parent



Outcomes for young parents and their children (1)

Child health



Teenage mothers are 2x as likely to smoke before and during pregnancy and 3x more likely to smoke throughout pregnancy



Teenage mothers are a third less likely to start breastfeeding and half as likely to be breastfeeding at 6-8 weeks



- Babies of teenage mothers have a 30% higher rate of stillbirth
- Babies of teenage mothers have a 60% higher rate of infant mortality
- Babies of teenage mothers are 1.9 times more likely to die from Sudden Unexpected Death in Infancy



- Children of teenage mothers are twice as likely to be hospitalised for gastro-enteritis or accidental injury
- Babies of teenage mothers have a 30% higher rate of low birthweight.



At age 5, children of teenage mothers are 4 months behind on spatial ability, 7 months behind on non-verbal ability and 11 months behind on verbal ability



Outcomes for young parents and their children (2)

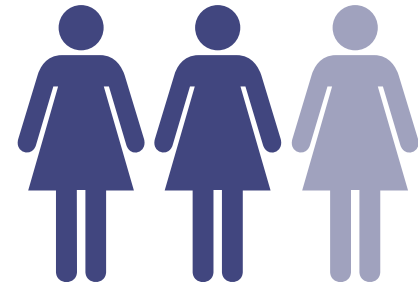
Mental health and emotional wellbeing



Teenage mothers have higher rates of poor mental health for up to three years after the birth

3x

Teenage mothers are 3 times more likely to experience postnatal depression

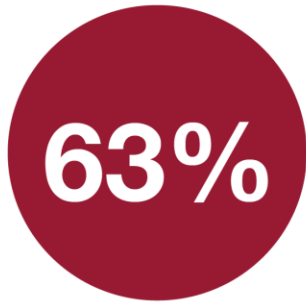


2 in 3 teenage mothers experience relationship breakdown in pregnancy or the 3 years after birth



Outcomes for young parents and their children (3)

Economic wellbeing



Children born to teenage mothers have a 63% higher risk of living in poverty



An estimated 12% of 16-17 year old women recorded as NEET was a teenage parent.

(This figure does not include young people who are 'Not Known' so does not include the NEET definition.)



Women who were teenage mothers are 22% more likely to be living in poverty at age 30



Men who were young fathers are twice as likely to be unemployed at 30



Applying national statistics to your local area: a new PHE data tool (1)

A tool has been published by Public Health England to model some of the national statistics* on outcomes for young parents and their children, using local authority data. Below is a worked example on smoking in pregnancy, using an anonymous 'Anytown' local authority.

Evidence suggests that in England, young mothers are three times more likely to smoke throughout pregnancy than the general population of women giving birth.¹ The proportion of all women recorded as having smoked throughout pregnancy in England in 2013/14 was 12%. Therefore we estimate the proportion of mothers aged under 20 who smoked throughout pregnancy nationally in 2013/14 was 36%.

The 'What About Youth' study² tells us that 8.2% of females aged 15 years in England are current smokers, and 10.0% of females aged 15 years in 'Anytown' are current smokers.

The relative difference between smoking rates for females aged 15 years when comparing 'Anytown' to England has been used to moderate the overall national estimate of 36% of teenage mothers smoking throughout pregnancy. We know that slightly more teenage girls aged 15 years (10.0% vs 8.2%) smoke in 'Anytown' compared to England as a whole. Therefore we adjust the national estimate (36%) by this small amount: $(10.0\% \div 8.2\%) \times 36\% = 43.9\%$.



Applying national statistics to your local area: a new PHE data tool (2)

43.9% is the modelled percentage of teenage mothers aged 15 to 19 who smoked throughout pregnancy in Anytown in 2013/14.

We know that in 2013 there were 63 births to mothers aged under 20 in 'Anytown'. We therefore assume that 43.9% of these – that is 28 babies and their mothers – were affected by the mother smoking throughout pregnancy.

The tool can be found here: www.gov.uk/government/publications/teenage-parent-outcomes-modelling-tool
Further information about teenage pregnancy, including teenage pregnancy profiles for each local authority, can be found at PHE's Fingertips: <https://fingertips.phe.org.uk/profile/child-health-profiles/supporting-information/young-people>

References:

1. Maternal smoking prevalence: Infant Feeding Survey, 2010.
2. Health Behaviours in Young People – What About YOUth?

*PHE's Teenage Parent Outcomes Modelling Tool uses 2013 data to be consistent across all indicators in the tool. The Framework for Supporting Teenage Mothers and Young Fathers uses more recent data, where available, in order to provide the most up to date picture of the relationship between factors affecting outcomes for teenage parents and their children. The underlying risk factors for poorer outcomes remain unchanged, and differences between the magnitude of the increased risks are minor.



Evidence for improving outcomes (1)

Prevention

Unplanned teenage pregnancy can be prevented through:

- High quality sex and relationships education
- Easy access to effective contraception
- Provided to all young people with more intensive support for those at risk

Choice

Pregnant teenagers need:

- Early access to free pregnancy testing
- Unbiased advice on pregnancy options with counselling if needed
- Prompt referral to abortion or early antenatal care

Support

Poor outcomes are not inevitable when teenage mothers and young fathers receive support that is:

- Early
- Sustained
- Multi-agency
- Co-ordinated by a lead professional
- Trusted by young parents



Family Nurse Partnership (FNP)

FNP is a licensed programme, developed in the US. Over 40 years of rigorous international research has shown significant benefits for vulnerable young families in the short-, medium- and long-term across a wide range of outcomes. A randomised controlled trial (RCT) on the impact of FNP in England was commissioned by the Department of Health and published in 2015.

The RCT looked at four primary outcomes in mothers receiving FNP: maternal smoking, birth weight, timing of second pregnancy and children's attendance at A&E. The study found no significant difference in the primary outcomes between the mothers receiving FNP and the control group receiving normal care.

The study showed promising early indications of improvement in some of the secondary outcomes such as those relating to child development, safeguarding and mothers' self efficacy. In addition the research found that the programme is popular with the young parents and has succeeded in engaging with a group who are sometimes reluctant to access services and to trust professionals. The Family Nurses were able to develop respectful and trusting relationships with their clients and uptake of the visits was good.

The results of the trial are being used to improve and develop the support provided to vulnerable young parents and their children. Areas for focus include improving support to stop smoking, to address neglect and intimate partner violence, and greater personalisation of the programme, including dosage to reflect client needs, and targeting and eligibility criteria.

Building Blocks 2-6, a follow up to the original RCT, is evaluating the long term effectiveness of FNP. The results are due to be published in 2019-20.



Sure Start Plus personal adviser

As part of the Teenage Pregnancy Strategy, 35 Sure Start Plus programmes were piloted in local authorities. Each pregnant teenager in Sure Start Plus had a personal adviser who: gave one to one support, starting before birth, drew in specialist support tailored to their needs, was a 'critical friend' who built their confidence and aspirations and was a key point of contact and co-ordination for other agencies.

The programme was evaluated using a mixed method approach, including comparison with 35 non-Sure Start Plus sites, matched for deprivation scores and teenage pregnancy rates.

The evaluation found the programme was successful in providing crisis support for pregnant young women and young mothers: increasing support for emotional issues; improving the young women's relationships, including reducing the incidence of domestic violence; improving the housing situations of young parents; increasing education participation for those under-16; and, when the adviser was based in the education sector, improving participation in education, employment or training for those aged 16 to 18. There was less impact shown on increasing breastfeeding, reducing smoking in pregnancy and reaching young fathers.

The essential ingredient was the role of the personal advisor, which young parents and partner agencies all saw as beneficial.

Many Sure Start Plus local authorities have continued to commission the key components of the programme applying the principles of a lead adviser and co-ordinated support through health visitors, children's centres or voluntary sector organisations.



Reintegration officer support for school-age parents

Reintegration officers, based in local authorities, support young school-age parents back into education. A qualitative evaluation was conducted in ten local authorities looking at the direct experiences of 93 pregnant young women and young mothers and the views of 138 schools and 106 key professionals.

The evaluation found: reintegration officers had a positive impact on school-age mothers continuing their education; and the impact was particularly strong for young mothers who had been missing school.

Care to Learn childcare support

Care to Learn provides funding for childcare and travel costs for young parents (under 20) returning to education and training. Evaluation of the programme surveyed 1,728 young parents funded by Care to Learn, representing 22% of all young parents receiving Care to Learn. Responses were weighted back to be representative of the overall population.

The evaluation found Care to Learn had an important role in reducing the proportion of young parents who are NEET: three in four teenage parents said they could not have gone into any learning without Care to Learn; only one in four who received Care to Learn were NEET after their course, compared with two in three before the course; the reduction in NEET was sustained 40 months after Care to Learn was originally received.



Improving outcomes saves money

Safeguarding

For every child prevented from going into care, social services would save on average £65k per year
Every domestic violence incident prevented saves police, local authorities, the Criminal Justice System and the NHS £2,700

School readiness

Every child who is 'school ready' who would not otherwise be - saves schools £1,000 per year

EET

Every teen mum who gets back in to Education, Employment and Training (EET) saves agencies £4,500 per year

Mental health

For every individual who does not develop a mental health issue saves a local authority £2,000 per year



Maternity services



30% higher rate of stillbirth 21% higher rate of premature birth for first baby 30% higher rate of low birthweight 95% higher rate of premature birth for second baby 60% higher rate of infant mortality x3 higher rate of postnatal depression

Helpful resources

- Getting maternity services right for pregnant teenagers and young fathers. PHE, RCM. 2015
- Baby Buddy. App for young mothers. Best Beginnings
- Start4Life: Information Service for Parents. PHE. 2016
- Pregnancy and complex social factors: a service provision overview. NICE. 2018
- Making the case for preconception care. PHE 2018
- Planning for pregnancy App. PHE and Tommy's. 2018

Key actions for your area

A welcoming environment for pregnant teenagers and young fathers

- ✓ Young people friendly services reflecting the You're Welcome criteria
- ✓ Accessible information and resources
- ✓ Both young parents treated with dignity and respect

High quality antenatal care

- ✓ Early access to dietary advice, folic acid and Healthy Start vitamins
- ✓ Arrangements for early booking, publicised in services providing pregnancy testing
- ✓ Contraception routinely planned during antenatal care and provided before postnatal discharge

Tailored antenatal care

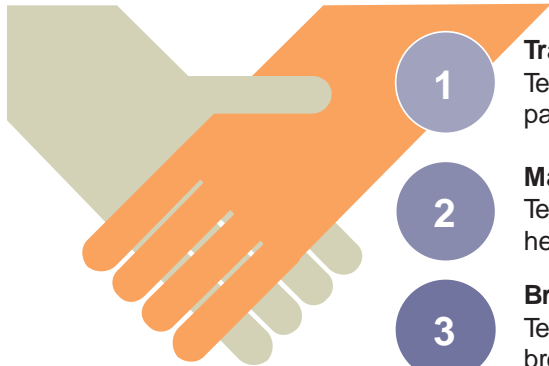
- ✓ Pre-birth assessment to identify and address problems early
- ✓ A specialist teenage pregnancy midwife or named midwife to provide additional care and raise staff awareness of young parents needs
- ✓ Clarity about confidentiality

Partnership working

- ✓ Swift referral pathways and information sharing protocols with health visitors, children's centres, Family Nurse Partnership, school nurses and specialist support



Health visiting



1

Transition to parenthood and the early weeks

Teenage mothers and young fathers may enter parenthood with existing vulnerabilities

2

Maternal mental health

Teenage mothers are more likely to have poor mental health up to 3 years after birth

3

Breastfeeding initiation and duration

Teenage mothers are 1/3 less likely to start breastfeeding and 1/2 as likely to be breastfeeding 6-8 weeks

4

Healthy weight, healthy nutrition

Teenage mothers are more likely to have a poor diet and limited cooking skills

5

Managing minor illnesses and reducing accidents

Children of teenage mothers are twice as likely to be hospitalised for gastro-enteritis or accidental injury

6

Health, wellbeing & development at age 2 and school readiness

Children of teenage parents are more likely to have developmental delays

The 6 high impact areas of the Health Visiting programme match the poor outcomes likely to affect young parents and their children:

Helpful resources

- Health Visiting and Midwifery Partnership – pathway for pregnancy and early weeks. DH. 2013
- Early Years High Impact Areas. PHE. 2018
- Rapid Review to Update Evidence of the Healthy Child Programme 0-5. PHE 2015
- Baby Buddy. App for young mothers. Best Beginnings
- Start4Life: Information service for parents. PHE 2016
- Engaging Fathers. PHE. 2019

Key actions for your area

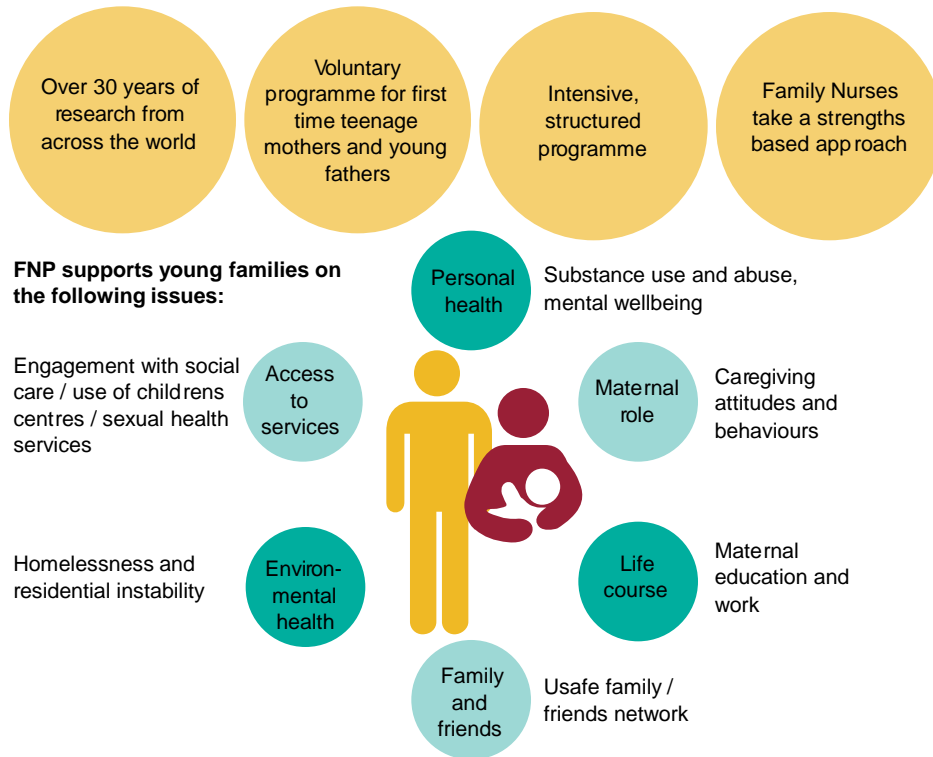
- ✓ **Universal Plus or Universal Partnership Plus** support for teenage mothers and young fathers
- ✓ Arrangements for **antenatal visits**
- ✓ **A specialist young parent health visitor, FNP or named health visitor** to address additional needs and raise staff awareness

Partnership working

- ✓ **Early Help Assessments** of young parents, with referral pathways to specialist services
- ✓ **Referral protocol** with maternity services
- ✓ Arrangements for **receiving information** about young parents moving into the Local Authority
- ✓ Arrangements with sexual and reproductive health services to **support young parents to access contraception**
- ✓ Liaison with the Local Authority lead on NEETs to **support young parents' return to education** and promotion of **Care to Learn childcare funding**



Family Nurse Partnership



Key actions for your area

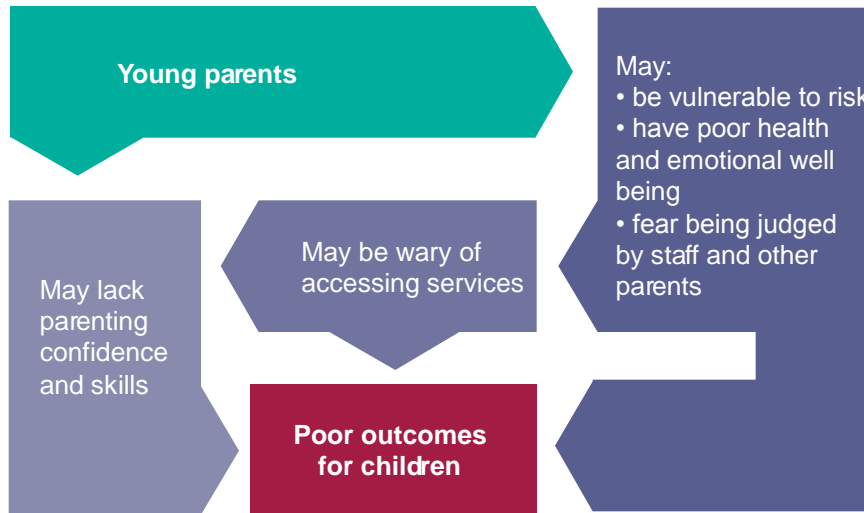
- ✓ A clear **notification pathway** from maternity services to FNP
- ✓ **Strong links** with health visitors, children's centres, stop smoking services and safeguarding
- ✓ An **alternative pathway** for pregnant teenagers who do not receive FNP or drop out
- ✓ Arrangements with sexual and reproductive health services to **support young parents to access effective contraception**
- ✓ **Liaison with LA lead on NEETs** and promotion of **Care to Learn childcare funding**
- ✓ **Use client insight** to improve quality and exchange knowledge and expertise between services
- ✓ **Engage with FNP ADAPT** fnp.nhs.uk/fnp-next-steps/adapt

Helpful resources

- Family Nurse Partnership. <http://fnp.nhs.uk>
- FNP ADAPT Interim report. Family Nurse Partnership and national Unit and Dartington Service Design Lab. 2018
- Family Nurse Partnership: evidence rating. Early Intervention Foundation. 2014



Children's centres



Supporting young parents will help children's centres to meet their core purpose:

- to reduce inequalities in child development and school readiness
- to improve parenting aspirations, self-esteem and parenting skills
- to reduce inequalities in child and family health and life chances

Helpful resources

- Children's Centres statutory guidance (2013).
- You're Welcome: Quality criteria for young people friendly health services. AYPH. 2018.
- What to expect when? A parents' guide. 4-Children. 2015.
- Are we nearly there yet dad? Barnardo's. 2012.
- The Next Chapter: Young People and Parenthood. Action for children & University of Bath. 2018.

Key actions for your area

- ✓ A **named Children's Centre lead** for teenage mothers and young fathers
- ✓ A **young people friendly environment**, reflecting the You're Welcome: quality criteria for making health services young people friendly. **Staff skilled in engaging** with teenage mothers and young fathers
- ✓ **Accessible information** and resources
- ✓ **Health promotion**, including healthy diet, for both young parents

Partnership working

- ✓ **Arrangements** with maternity services and the Local Authority **to identify young parents**
- ✓ Strong **referral pathways** with health visitors and other support services
- ✓ Arrangements to contribute to **Early Help**
- ✓ **Assessment** and support plans
- ✓ Liaison with the Local Authority lead on NEETs to support young parents' **return to education** and promotion of the **Care to Learn childcare funding**
- ✓ Arrangements with sexual and reproductive health services to **support young parents to access contraception**



School nurses:

- have training and skills on safeguarding and delivering public health interventions for 5-19s
- are trusted and valued by young people
- are skilled at working with families
- can support young parents from pregnancy testing through the early years pathway including contraception and sexual health advice
- are expert in managing relationships between young people and education settings
- can support young parents returning to education

Health promotion by school nurses includes:

Resilience
and emotional
wellbeing

Improving
lifestyles

Reducing
risky
behaviours

Helpful resources

- Healthy child programme 0 to 19: health visitor and school nurse commissioning. PHE. 2018
- Overview of the 6 early years and school aged years high impact areas. PHE 2018
- Developing strong relationships and supporting positive sexual health. DH. 2013
- Promoting emotional wellbeing and positive mental health of children and young people. DH & PHE. 2015

Key actions for your area

Comprehensive school nurse offer may include:

- ✓ Promoting **pregnancy testing** and access to
- ✓ **unbiased pregnancy options** advice
Providing information about the return of fertility after pregnancy and the **importance of postnatal contraception**
- ✓ **postnatal contraception**
Providing the chosen contraception or **signposting to relevant services**
- ✓ **Partnership working**
- ✓ Strong links and **referral pathway to maternity services**
- ✓ Strong **referral links with health visitors, children's centres** and other support services
- ✓ Arrangements to contribute to **Early Help Assessment** and support plans
- ✓ **Liaison with the Local Authority** lead on **NEETs to support young parents' return to education**, and promotion of **Care to Learn childcare funding**



Sexual and reproductive health services

1. Preventing subsequent unplanned pregnancies

12% of births conceived to under-20s are to young women who are already teenage mothers

Teenagers have the highest rate of unplanned pregnancies

Young parents are often unaware of the return of fertility after pregnancy and have poor knowledge of contraception

2. Sexually transmitted infections (STIs)

Young people under 25 have some of the highest rates of STIs

All under-25s, including young parents, should have chlamydia screening annually or on change of partner

3. Sexual violence, CSE and emotional wellbeing

Some young mothers have been affected by sexual violence or CSE and need specialist care

Young mothers have higher rates of poor mental health and may need referral to specialist perinatal mental health support

Helpful resources

- Making it Work: a guide to whole system commissioning for sexual health, reproductive health and HIV. PHE, DH, LGA, ADPH, NHSE 2014.
- Contraceptive services with a focus on young people up to 25: recommendations 6 & 7 NICE Public Health Guidance 51. 2014.
- Contraceptive options and contraceptive choices after you've had your baby. Fpa Sexwise.
- FSRH guideline: Contraceptive After Pregnancy. 2018.

Key actions for your area

- ✓ **Well-publicised, young people friendly** sexual and reproductive health services providing the full range of contraception, including the more effective long acting methods
- ✓ **Contraception routinely planned during antenatal care** and provided before postnatal discharge
- ✓ Contraception **followed up postnatally** to address any problems
- ✓ **Accessible information** displayed in antenatal and postnatal settings (including at GPs and children's centres) about:
 - the return of fertility after pregnancy
 - the importance of postnatal contraception
 - the most effective methods of contraception
 - how and why to access chlamydia screening
- ✓ **All young parents proactively offered** sexual health advice, chlamydia screening and condoms.

Partnership working

- ✓ Inform maternity services and postnatal settings about **child sexual exploitation /sexual violence referral protocols** and specialist support
- ✓ Arrangements to **monitor local data on subsequent unplanned pregnancies** to under-20s



Alcohol and drug use services



Guidelines advise that **no level of alcohol is safe to drink in pregnancy**. Pregnant teenagers who find out they are pregnant after already having drunk during early pregnancy, should avoid further drinking

Chief Medical Officer advises an **alcohol free childhood** as the healthiest and best option. If children drink alcohol it should not be **until at least the age of 15**

Key actions for your area

- ✓ **Promote healthy relationships and sexual health** with young people accessing alcohol and drug services
- ✓ Provide **information about local sexual and reproductive health services** to young women and young men
- ✓ Undertake **risk assessments for pregnant young women and young parents** who are accessing alcohol and drug use services
- ✓ **Promote early and sustained uptake of maternity care** for pregnant teenagers and young fathers

Partnership working

- ✓ **Named contact and referral pathways** to sexual and reproductive health services, maternity services, health visitors, children's centres and safeguarding lead

Helpful resources

- UK Chief Medical Officer Alcohol Guidelines Review. 2016.
- Chief Medical Officer for England: Guidance on the consumption of alcohol by children and young people. 2009.
- Young people's commissioning support 2019 to 2020: Principles and indicators. PH., 2018.
- Safeguarding children affected by parental alcohol and drug use. PHE. 2018.



How general practice can help:

As a gateway service

A trusted relationship with the practice team can encourage young parents to:

- seek advice early
- build their knowledge about child health and development
- increase confidence in their parenting skills

Preventing subsequent unplanned pregnancies

- Young parents are often unaware of the return of fertility after pregnancy and have poor knowledge of contraception.
- Young parents may rely on their GP for information and provision of contraception.

Health promotion by GPs includes

- healthy eating during pregnancy
- benefits of breastfeeding
- healthy transition to first foods
- immunisation
- stopping smoking and smoke free places
- contraception and sexual health



Helpful resources

- RCGP Child Health Strategy: 2010-2015. RCGP.
- GP Champions for Youth Project: Toolkit for General Practice. RCGP and AYPH. 2015
- Safeguarding children and young people: a toolkit for general practice. RCGP & NSPCC 2011.
- Talk to Us: guide for young people. RCGP. 2018.

Key actions for your area

- ✓ **A practice champion** for young people's health, including the needs of young parents
- ✓ **A young people friendly environment**, reflecting the You're Welcome criteria
- ✓ **Clarity about confidentiality** for young people displayed in the waiting room
- ✓ **Health promotion** for both young parents
Accessible information about:

- the return of fertility after pregnancy
- the importance of postnatal contraception
- the most effective methods of contraception
- how and why to access chlamydia screening

- ✓ **Support to choose an effective method of contraception** and provision of the chosen method

Partnership working

- ✓ **Named contact and strong links** with health visitors, children's centres and other specialist support services
- ✓ Young parents **proactively offered information** about other services



Youth support workers

Youth support workers' voluntary relationship with young people gives them an important role in supporting pregnant teenagers and young parents, both within their own service and in partnership with other agencies.

As a trusted adult, youth support workers may be the first person to whom a young person discloses their pregnancy or a young parent shares any parenting concerns.



Youth support workers can:

Help pregnant teenagers access early and unbiased pregnancy options advice



Encourage and support teenage mothers and young fathers to access antenatal care, children's centres and other specialist services



Help build the aspirations of teenage mothers and young fathers and support them back into education and training



Helpful resources

- National Citizen Service: www.ncsyas.co.uk
- The young woman's guide to pregnancy. Tommy's. 2014
- Following Young Fathers. Resource booklets for practitioners. University of Leeds. 2015.
- GP Champions for Youth Project: Toolkit for General Practice. RCGP & AYPH. 2015.

Key actions for your area

- ✓ **Arrangements to identify how commissioning** or direct delivery of universal youth provision and targeted youth support can support teenage mothers and young fathers, within the service and through outreach work
- ✓ **Staff awareness** of the needs of pregnant teenagers, teenage mothers and young fathers and the local specialist support services, including unbiased pregnancy options advice
- ✓ **Accessible information and resources** for teenage mothers and young fathers in universal and targeted support services
- ✓ **Arrangements to involve young parents** in mystery shopping and client feedback of maternity and parenting support services.

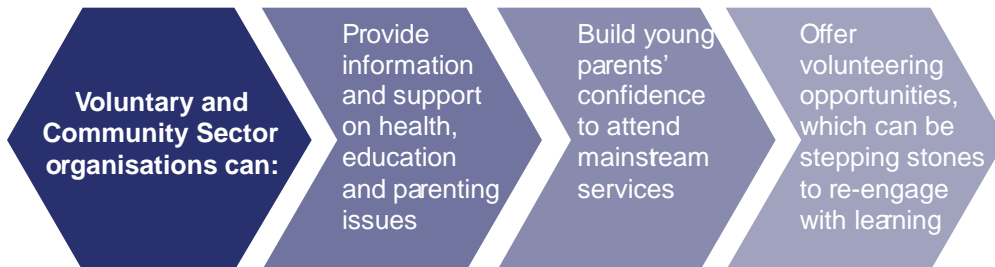
Partnership working

- ✓ **Named contact and referral pathways** to sexual and reproductive health services, including unbiased pregnancy options advice, maternity services, health visitors children's centres, and other local specialist support services.



Voluntary and community sector (VCS) support

How the VCS can help:



Helpful resources

- The young woman's guide to pregnancy. Tommy's. 2014.
- Are we nearly there yet, Dad? Barnardo's. 2012.
- You're Welcome: Quality criteria for young people friendly health services. AYPH. 2018.
- GP Champions for Youth Project. Toolkit for General Practice. RCGP & AYPH 2015.

Key actions for your area

- ✓ **Arrangements to monitor** the number of teenage mothers and young fathers using your service
- ✓ **Staff awareness** of the needs of teenage mothers and young fathers
Staff with **skills to tailor behavioural change interventions** to support young parents
- ✓ Staff with **skills to advocate on behalf of young parents**
- ✓ **Accessible information and resources** for young parents
- ✓ **Access to childcare** to enable young parents to take part in activities with other young people

Partnership working

- ✓ **Support for young parents to access early help** from general practice, health visitors, children's centres and sexual and reproductive health services
- ✓ **Staff awareness** of specialist support services
Clear **referral pathways and safeguarding protocols**



Young fathers



3 in 4 babies of teenage mothers are jointly registered with the father

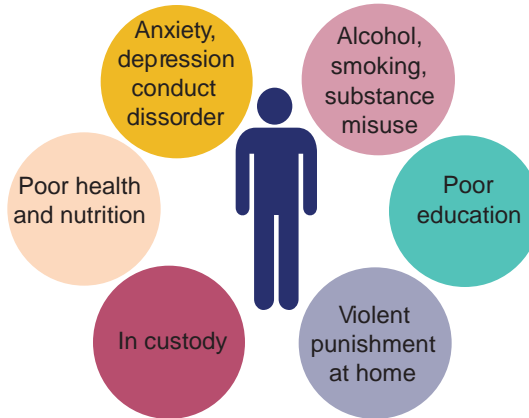
Young fathers matter to mothers and children

- Children with positively involved fathers have better outcomes
- Young fathers can positively influence the mother's smoking and breastfeeding
- Teenage mothers with a supportive partner are less likely to get postnatal depression
- Becoming a father can be a positive turning point in confidence and re-engagement with education and employment

Young fathers are often invisible to services

- Many young fathers don't live with their partners
- Young fathers may present as single young men
- Young fathers may feel left out of 'parent' services focused on mothers
- Young men might be in a parenting role even though they aren't the birth father

Young fathers are often vulnerable



Helpful resources

- Getting maternity services right for pregnant teenagers and young fathers. PHE, RCM. 2015.
- Young Fathers Research Summary. Fatherhood Institute. 2013.
- Are we nearly there yet, Dad? Barnardo's. 2012.
- Following Young Fathers. Resource booklets for practitioners. University of Leeds. 2015.
- Young fathers or about to become one? Working with men. 2018.

Key actions for your area

- ✓ **Arrangements for identifying young fathers** in all services and assessing their support needs including whether they are the primary carer
- ✓ **A specialist young father's worker or named team member** to address needs and raise staff awareness
- ✓ **Staff training** to increase confidence and effective practice
- ✓ **A commissioned support service** where needed

Father-friendly services

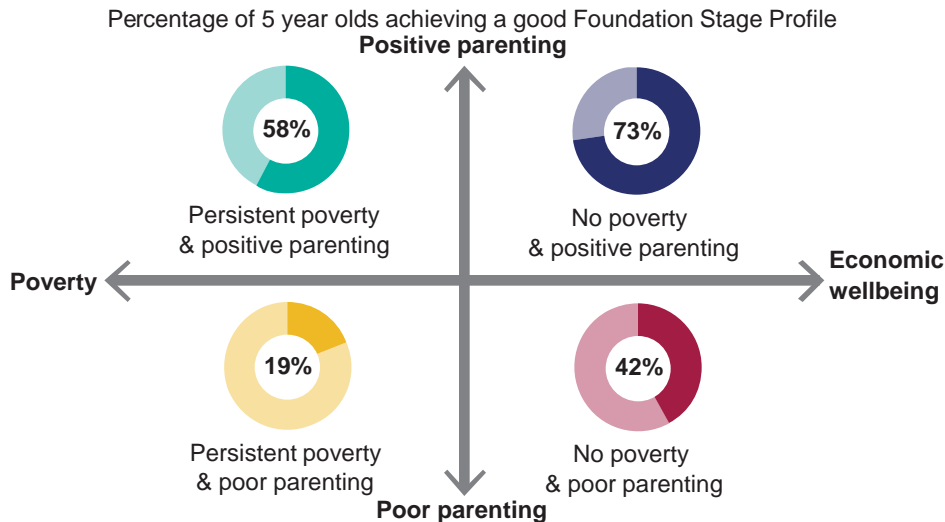
- ✓ **A welcoming environment** with father-friendly images
- ✓ **Accessible information and resources**
- ✓ **Specific invitations to young fathers** to attend antenatal, postnatal and parenting support appointments

Partnership working

- ✓ **Named contacts and referral pathways** to specialist support services
- ✓ **Work with young offender institutions**, prison and probation services to help young fathers **maintain contact with their child** and partner



Parenting is the **biggest single factor** affecting children's well-being and development



Young parents may face many parenting challenges:

- poor mental health
- unstable family background
- no experience of positive parenting
- coping with transition from adolescence to adulthood
- relationship breakdown: 2 in 3 young mothers experience relationship breakdown during pregnancy and the 3 years after birth, compared with 1 in 10 older mothers

Helpful resources

- The young woman's guide to pregnancy. Tommy's. 2014
- Baby Buddy. App for young mothers. Best Beginnings.
- Start4Life: information service for parents. PHE. 2016.
- Troubled Families Programme. Gov.uk. 2018.

Key actions for your area

- ✓ **Arrangements** in the local parenting strategy and Troubled Families Programme **to identify the needs of both young parents**, starting before birth
- ✓ A **non-judgemental, assets-based approach** to support young parents to develop their parenting potential and confidence
- ✓ Inclusion of young parents in **evidence-based parenting programmes**
- ✓ **Bespoke parenting programmes** for young parents, tailored to engage those who have been out of education
- ✓ Access to **relationship support** services.
- ✓ Promotion in all services of the **Five Ways to a Happy Childhood**
- ✓ Information and **support for parents of teenage mothers and young fathers**

Partnership working

- A **swift referral pathway** to Family Nurse Partnership and/or the health visiting service
- ✓ **Information about local parenting support** programmes for all services working with young parents

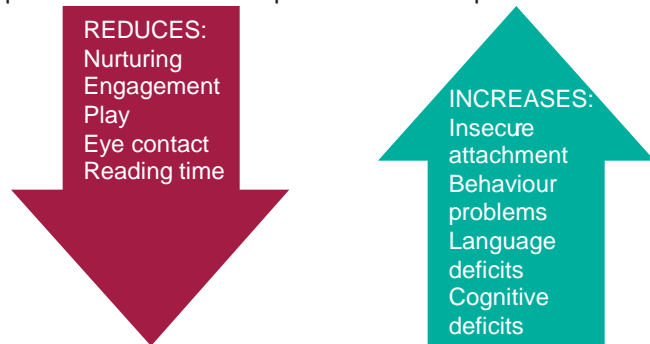


Risks for teenage mothers and young fathers:

- Some teenage mothers and young fathers may enter parenthood with existing vulnerabilities and poor mental health
- Teenage mothers are 3 times more likely to experience postnatal depression and have higher rates of poor mental health up to 3 years after birth
- Young fathers are more likely to have pre-existing serious anxiety, depression and conduct disorder.
- Unstable family background, relationship breakdown, domestic abuse and poor housing all undermine maternal mental health

Poor mental health and emotional wellbeing:

- is distressing for the young parent
- undermines their ability to parent positively
- is the most prevalent risk factor for poor child development outcomes



Helpful resources

- Antenatal and postnatal mental health: clinical management and service guidance NICE guidelines [CG192] December 2014
- Prevention in mind. All Babies Count. Spotlight on Perinatal Mental Health. NSPCC 2011.
- Promoting the emotional wellbeing and positive mental health of children and young people. 2014. DH/PHE.
- Not Exactly Congratulations – a research publication exploring the emotional wellbeing of teenage mothers and the relevance of postnatal depression. 42nd Street. 2005.

Key actions for your area

- ✓ Commissioning of maternity and child health services in line with **NICE guidelines on antenatal and postnatal mental health**, and on promoting the emotional wellbeing of children and young people
- ✓ Arrangements for **identifying and addressing the needs of young parents** in the local parenting strategy and emotional health and wellbeing service
- ✓ Consider the mental health needs of young parents in **CAMHS Transformational Plans**
- ✓ Support for **young parents to access youth provision**
- ✓ **Prevention Concordat for Better Mental Health** adopted as a cross sector approach to plan arrangement that embrace the needs of all young people

Partnership working

- ✓ **Strong links and referral pathways** between maternity, health visitors, school nursing and mental health services
- ✓ **Information for all practitioners** working with young parents **about local emotional wellbeing support services**



Stop smoking support

Smoking during pregnancy causes:



1 in 12 premature births



1 in 5 cases of full-term low birth weight



1 in 14 preterm-related deaths



1 in 3 Sudden Unexpected Deaths in Infancy (SUDI)

Smoking during pregnancy is the main modifiable risk factor for a range of poor pregnancy outcomes including miscarriage, premature birth, stillbirth and infant mortality.

Pregnant teenagers are:

- twice as likely to smoke before and during pregnancy
- three times more likely to smoke throughout pregnancy



Smoke free families and homes:

- If the young father and wider family quit or reduce smoking, this will support the young mother to quit
- Smoke free homes and cars will reduce the risk of second hand smoke for mother and child
- Young parents may need support to cope with the stress of parenthood without resuming smoking after pregnancy

Helpful resources

- Quitting smoking in pregnancy and following childbirth. NICE guidelines [PH26]. 2010.
- NCSCT Smoking Cessation: a briefing for midwifery staff. NCSCT & PHE. 2016.
- Smoking in Pregnancy training materials. Smokefree Action Coalition. 2018.

Key actions for your area

- ✓ A **specialist smoking in pregnancy advisor**, co-located in maternity services
- ✓ **Expertise** in local stop smoking services **to meet the needs of pregnant teenagers**
- ✓ **Stop smoking training** for all health professionals working with young parents
- ✓ All staff working with pregnant teenagers use the Tommy's guide for practitioners - **Talking About Smoking in Pregnancy**
- ✓ **Accessible information** for pregnant teenagers, young fathers and the wider family on the benefits of stopping smoking and smoke free places

Partnership working

- ✓ Arrangements in maternity services for **identification of pregnant teenagers who smoke**
- ✓ A **strong referral pathway** from maternity services to local stop smoking services
- ✓ **Named contact and strong links** between the specialist smoking in pregnancy adviser and general practice nursing or school nursing services

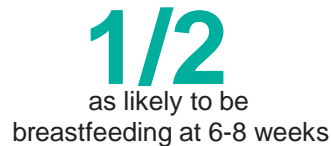


Breastfeeding support

Breastfeeding reduces these risks:



Teenage mothers are:



Why may young mothers be less likely to start or continue breastfeeding?

- Lack of confidence in their ability to breastfeed
- Not the 'social norm' for their community
- Embarrassment about breastfeeding in public
- Influenced by negative views of breastfeeding from the young father or wider family
- Lack of awareness of the health benefits of breastfeeding

Helpful resources

- Improving maternal and child nutrition. NICE Quality Standard. 2015.
- The Unicef Baby Friendly Initiative. 2016.
- Commissioning local infant feeding services. PHE & Unicef. 2016.

Key actions for your area

Baby Friendly Initiative

- ✓ **Implementation of the UNICEF Baby Friendly Initiative** in all healthcare settings and children's centres

Information

- ✓ **Accessible information** about the benefits and how-to of breastfeeding tailored to teenage mothers and young fathers
- ✓ **Information for the wider family** about the benefits and how-to of breastfeeding
- ✓ **Bottlefeeding information and support** for young mothers who do not breastfeed

Encouragement and support

- ✓ **Positive images** of young mothers breastfeeding
- ✓ Breastfeeding **peer support** workers



Safeguarding (1)

- Safeguarding issues may arise because of young parents' vulnerability, unstable relationships and lack of long-term accommodation, and affect both them and their children
- Some young parents under-18 should be considered as children in need
- If a child is considered a 'child in need' as defined in the Children Act 1989, has suffered or is likely to suffer significant harm, a referral by any professional should be made immediately to children's social care

Unintentional injuries

Unintentional injuries are a significant cause of preventable death and serious long-term harm for the under-fives. Unintentional injuries are linked to a number of factors including:

- knowledge of child development: young parents may lack understanding of normal developmental risks and safety advice
- the physical environment in the home: young parents are more likely to live in poor quality or overcrowded housing
- the availability of safety equipment - which may not be affordable for young parents on a low income
- new consumer products in the home- like hair straighteners, detergent capsules and products with button batteries

Infant death and Sudden Unexpected Death in Infancy (SUDI)

- Deprivation and low birth weight are strongly associated with infant deaths
- Smoking in pregnancy causes 1 in 3 of all SUDI
- Breastfeeding to 4-6 months decreases the risk of SUDI by 36%

Babies of teenage mothers have:

- a 75% higher rate of infant mortality
- three times a higher risk of SUDI



Helpful resources

- Reducing unintentional injuries among children and young people. PHE. 2018.
- Preventing unintentional injuries among the under 15s in the home. NICE guidelines [PH30]. 2010.
- Reducing Infant Mortality in London: an evidence based resource. PHE. 2015.
- Bubblicious: SUDI advice and support for young parents. Lullaby Trust. 2015.

Key actions for your area

Unintentional injuries

- ✓ **Implementation of the 4-step plan** for local authorities and partnerships, set out in Reducing unintentional injuries in and around the home among children under 5
- ✓ **Accessible information** about preventing unintentional injuries
- ✓ **Information and support** for young parents to **increase their understanding of child development**
- ✓ Take action to **reduce the five most common causes of unintentional injuries** which account for 90% of accident related hospital admissions for under fives - these are **choking, suffocation and strangulation; falls; poisoning; burns and scalds; and drowning.**
- ✓ **Target additional preventative interventions to those living in the most deprived areas**, including schemes providing and fitting home safety equipment and safety improvements in homes and gardens

Infant death and SUDI

- ✓ **Implementation of Public Health England advice** on reducing infant mortality and SUDI
- ✓ **Accessible information and advice** about safe sleeping and preventing unintentional injuries



The need for additional support

Domestic abuse

- 30% of domestic abuse begins in pregnancy
- 40% of teenage mothers in the FNP trial had experienced domestic violence in the 12 months preceding their child's 2nd birthday

Young parents are at increased risk of domestic abuse if they have:

- a history of family abuse
- a history of intimate partner violence
- unstable partner relationships

Child sexual abuse (CSA) and child sexual exploitation (CSE)

- Young mothers and fathers are twice as likely to have been sexually abused in childhood
- Survivors of abuse may have low self-esteem and reduced ability to resist unwanted sex
- CSE is likely to have a similar impact

Female Genital Mutilation (FGM)

- FGM is illegal in the UK
- There is a mandatory duty on teachers, social workers and health care professionals in England and Wales to report to the police known cases of FGM in under 18s
- FGM is child abuse and may have severe physical and psychological consequences
- Young pregnant women may be affected by FGM
- The female child(en) of some young parents may be at risk of FGM



Helpful resources

- Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively. NICE guidelines [PH50] February 2014.
- CSE: how public health can support prevention and intervention. PHE. 2017.
- Spotting the signs: identifying risk of CSE in sexual health services. BASHH & Brook 2014
- FGM Mandatory Reporting: support pack for health professionals. 2015.

Key actions for your area

Domestic abuse

- ✓ **Training** on asking about domestic abuse for all services
- ✓ **Clear referral pathways** for specialist support
- ✓ **Tailored support programmes** for young mothers
- ✓ **Perpetrator programmes** for young fathers
- Co-parenting support** programmes for young parents
- Accessible information** about domestic abuse support

Child sexual abuse and exploitation

Safeguarding guidelines which identify the risk of pregnancy

- ✓ **Identification of CSA/CSE and referral pathways** to specialist support included in commissioning specifications for maternity services, child health services and sexual and reproductive health services
- All practitioners trained** to be aware of CSA/CSE and referral pathways to specialist support

FGM

- ✓ Maternity and child health services commissioned in line with **NICE guideline PH 50** FGM identified in the **Maternity Services Care Pathway**
- ✓ **FGM included** in local safeguarding policy Arrangements for drawing on **good practice from other areas**



Looked after young people and care leavers



Young people who have been looked after are three times more likely to be a parent by 18.

Young people who are looked after may:

- be more likely to experience the risk factors for early pregnancy
- have missed out on protective factors :
 - strong engagement with school
 - relationships and sex education
 - a secure family life
 - a trusted adult
- find parenthood challenging because they have difficult lives and lack positive parenting role models
- be less likely to access support because they mistrust services and are afraid of being judged

Care leavers entitlement to support from a personal adviser to 25 also applies to young parents who have been looked after and meet the conditions to receive leaving care support from their local authority.

Helpful resources

- Our Children Deserve Better: Prevention Pays. Looked-after children and young people. CMO Annual Report. 2012.
- Health Visitor and school nurse programme: supporting implementation of the new service model. DH. 2014.
- Promoting the health and wellbeing of looked after children. DfE, DH. 2015.
- Keep on caring: supporting young people from care to independence. DfE. 2016.

Key actions for your area

- ✓ **Sexual health included in the annual health check** for young women and men
- ✓ **Training for social workers** to provide consistent support for looked after young people on sexual health and pregnancy
- ✓ Quick **access to pregnancy testing** and **unbiased pregnancy options advice**
- ✓ Arrangements for **pre-birth assessment** or **Early Help Assessment**
- ✓ **Tailored antenatal and postnatal support** groups if looked after young parents are reluctant to access mainstream services

Partnership working

- ✓ **A dedicated lead** to ensure early uptake of antenatal care and coordinate postnatal health, social care and education support
- ✓ **Arrangements** with the sexual and reproductive health service **to provide contraception and advice** for young parents who have been looked after
- ✓ **Swift referral pathways** for specialist support



Education of school-age parents (to age 16/Year 11)

Risk factors

Young women are more likely to become pregnant before 18 if they:

- Have been persistently absent from school by age 14
- Have slower than expected academic progress in years 7-9 (ages 11-14)

Preventing school-age pregnancies

Disengaged young people need intensive prevention programmes, including:

- Sex and relationships education
- Access to sexual and reproductive health services
- Building self-esteem and aspiration
- Early referral to targeted youth or family support services

Supporting school-age mothers

Most pregnant school-age teenagers have their babies in Year 11, the year they take GCSEs

Pregnancy can have a negative impact on school attendance and educational achievement

With support, young mothers can re-engage and/or continue their education

Effective support includes:

- Strong practical and emotional support
- Childcare
- Support for breastfeeding prevention of bullying

Key actions for your area

- ✓ **Local guidance on supporting school-age parents** to continue their education, clarifying that the Equality Act prohibits excluding pupils on grounds of pregnancy
- ✓ A **reintegration officer or nominated lead** to identify and address the education needs of school-age parents
- ✓ Arrangements to ensure that **all school-age parents receive the same amount of education** as they would in a maintained school
- ✓ Arrangements to ensure **school-age parents receive independent careers advice** under the statutory responsibilities for schools
- ✓ **Audit of school destination data** to monitor school-age parents' engagement in post-16 learning

Partnership working

- ✓ **Named contact and strong links** between education settings and other services - maternity, FNP, health visiting and school nursing



Helpful resources

- Careers guidance and access for education and training providers: statutory guidance for governing bodies, school leavers and school staff. DfE 2018.
- Alternative Provision: statutory guidance for local authorities. DfE 2013.
- Guidance on the education of school age parents. DfES. 2001.



Post-16 education and training for young parents

An estimated 12% of 16-17 year old women recorded as NEET was a teenage parent (This figure does not include young people who are 'Not Known' so does not include the NEET definition.)

Supporting young parents to be in EET will:

- Ensure they get the skills and qualifications they need
- Improve children's life chances
- Reduce intergenerational poverty
- Reduce inequalities
- Build local social capacity

Raising the Participation Age (RPA)

All young people under 18 have to participate in either:

- Full time study (540 hours guided learning/year) in a school, college or training provider
- Full time work or volunteering (20 hours/week or more) combined with part time education or training.
- An apprenticeship or traineeship
- A re-engagement programme (no hourly requirement) if they have been absent from the education system

Young parents are included in the RPA duty

- There is no legal requirement on the length of maternity leave
- Local authorities should tailor maternity leave to the individual parent considering attachment and breastfeeding

Key actions for your area

- ✓ Arrangements to **identify the post-16 participation needs of teenage mothers and young fathers**, including identifying young fathers in educational settings
- ✓ **Dedicated post-16 advisors** to support teenage mothers and young fathers
- ✓ **Flexible course entry** so young parents can re-engage during the academic year
- ✓ **Promote Care to Learn** Childcare funding
- ✓ **Volunteering and work experience opportunities** for teenage mothers and young fathers
- ✓ **Information about funding provision** for post-16 participation for both young parents and practitioners
- ✓ **Quarterly monitoring of the EET participation of teenage mothers** through the Client Caseload Information System
- ✓ **Arrangements for monitoring** the EET participation of **young fathers**

Partnership working

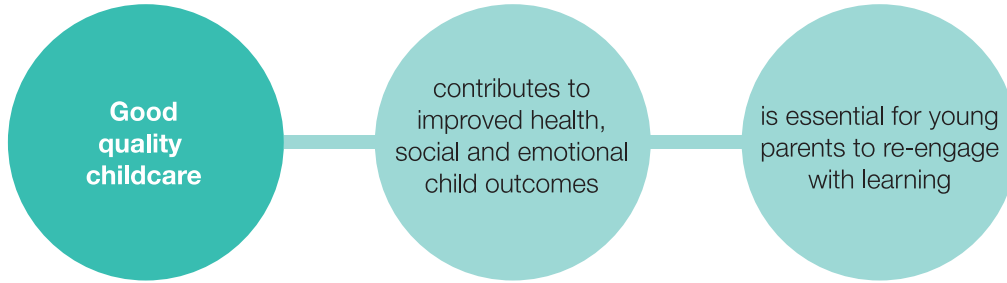
- ✓ **Named contact and strong links** between NEET team and other services supporting young parents - health visiting, FNP and school nursing

Helpful resources

- Participation of young people in education, employment or training: statutory guidance for local authorities. DfE. 2016.
- Reducing the number of young people not in employment, education or training. Public Health England. 2014.
- RPA Policy and Local Authority duties on tracking young people. DfE. 2018.



Childcare support



Young parents may be eligible for:

- Care to Learn childcare funding if they are applying for learning programmes up to age 20
- A Childcare Grant if they are in full time higher education and eligible for student finance
- The free childcare offer for disadvantaged 2-year olds
- The free childcare offer for all 3 and 4 year olds

The impact of Care to Learn



3 in 4 teenage parents could not have gone into any learning without Care to Learn.



3 in 4 teenage parents who received Care to Learn gain a qualification



Only 1 in 4 who received Care to Learn were NEET after their course, compared with 2 in 3 before the course.



Key actions for your area

- ✓ Accessible information about childcare funding and **support in applying for Care to Learn** and other childcare funding
- ✓ **On-site or accessible childcare provision** available to young parents attending college
- ✓ **Monitoring of Care to Learn** and childcare support uptake
- ✓ Include numbers of teenage parents in **childcare sufficiency audits**

Partnership working

- ✓ All **agencies and practitioners promote Care to Learn** and other childcare support to young parents
- ✓ **Named contacts and strong links** with the local authority Raising the Participation Age/NEETs lead



Helpful resources

- Care to Learn: <https://www.gov.uk/care-to-learn/overview>
- The Childcare Grant: <https://www.gov.uk/childcare-grant/overview>
- Help paying for childcare: <https://www.gov.uk/help-with-childcare-costs/free-childcare-and-education-for-2-to-4-year-olds>



Housing for young parents

The need for additional support

Where do young parents live?

Most young parents live with their own parents

Others live in insecure and unsafe temporary housing, or 'sofa surf'

There is no evidence that young women become pregnant to access social housing

Consequences of poor and insecure housing

Poor health, and increased risk of infant death because of co-sleeping in overcrowded housing

Young parents move frequently and lose touch with services

Young parents are less likely to re-engage with learning. Isolation and poor mental health

Homeless pregnant/young mothers' rights to housing support

Under-16: will be 'looked after' by the local authority, in a mother-and-child foster placement, young mothers' unit or residential unit

Aged 16-17: should be looked after 'like an under-16' (Southwark judgement)

Aged 18+: Local arrangements for the joint assessment of housing and support needs of young parents aged 16/17 should be set out in a joint protocol between Children's Services and Housing Authorities (see p47)



Helpful resources

- Homelessness statistics: www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness
- Homelessness Code of Guidance: www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities
- Youth Homelessness guidance: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/712467/Provision_of_accommodation_for_16_and_17_year_olds_who_may_be_homeless.pdf
- Duty to Refer Guidance: www.gov.uk/government/publications/homelessness-duty-to-refer

Key actions for your area

- ✓ The **local arrangements for the joint assessment of the housing and support needs** to young parents aged 16/17 should be **set out in a joint protocol between Children's Services and Housing Authorities**.
- ✓ A **range of models** of provision for different needs: **High need:** supported accommodation with on-site staff; **medium need:** floating support for social and private tenancies; **lower need:** supported lodging.

Balancing relationships and safeguarding

- ✓ **Father-inclusive accommodation** that enables young fathers to maintain a relationship with their child and partner.
- ✓ **Safe, women-only accommodation** for those experiencing **domestic abuse**.
- ✓ **Training for housing providers** on vulnerabilities and safeguarding risks for young parents and their children.

Preparing young parents to progress to own tenancies

- ✓ **Integrated support packages** including: education and training; skills for independent living; and health and wellbeing.

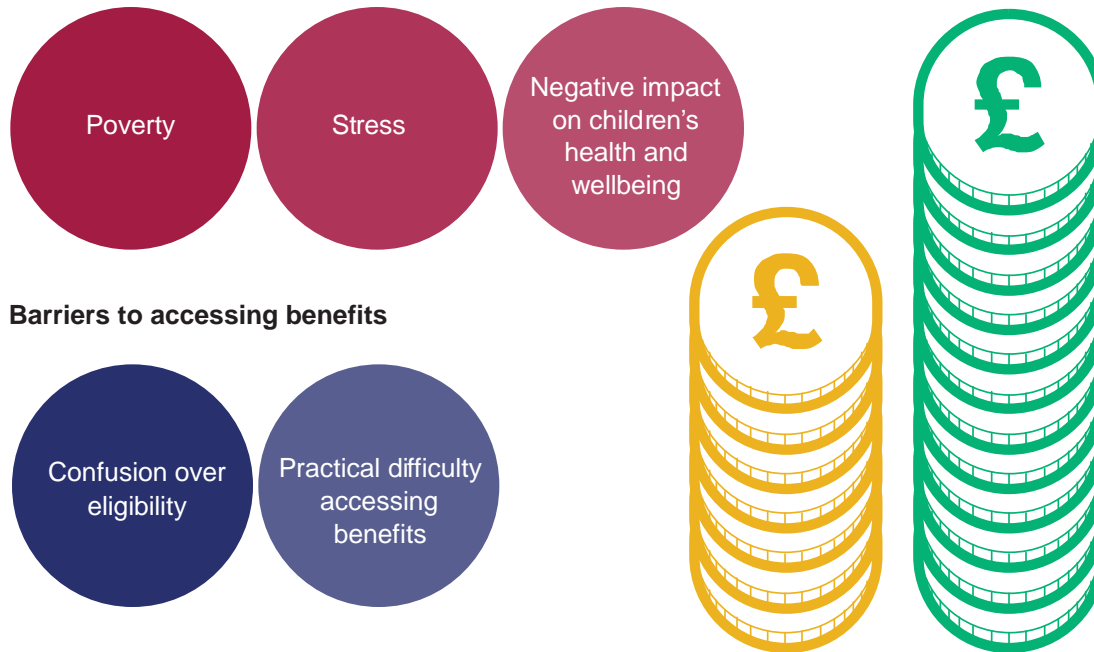
Partnership working

- ✓ **Named contacts and referral pathways** to maternity services, health visitors and other relevant services



The need for benefits support

Although a long-term goal of support for young parents is financial independence through increased confidence and qualifications, in the short term, swift access to benefits is essential to avoid:



Barriers to accessing benefits

Confusion over
eligibility

Practical difficulty
accessing
benefits

Key actions for your area

- ✓ A **Job Centre Plus lead advisor** on benefits for young parents
- ✓ **Accessible benefits information for young parents** in all health and community support services

Partnership working

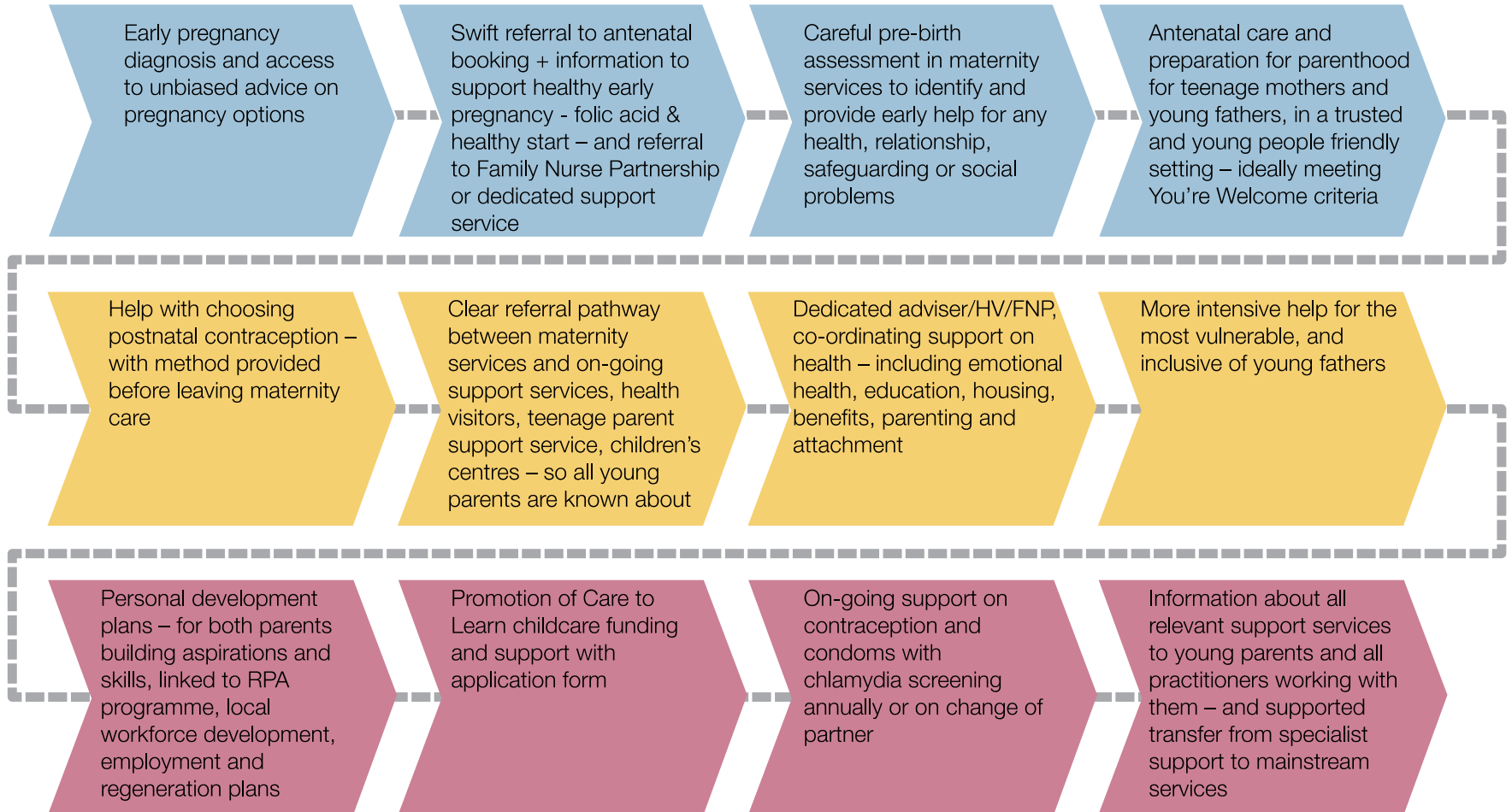
- ✓ **Named contacts and referral pathways** between all services supporting young parents and Job Centre Plus

Helpful resources

- The young woman's guide to pregnancy. Tommy's. 2014.
- Care to Learn: www.gov.uk/care-to-learn/overview
- Benefits Information. Department for Work and Pensions www.gov.uk/browse/benefits
- Teenage Parents' Benefits Finder: Gingerbread www.gingerbread.org.uk/content/681/Teenage-parents-benefits-finder



A joined up care pathway for young parents





Slide 3

Over the last 18 years, the under-18 conception rate has more than halved, to the lowest level since 1969

Conception Statistics, England and Wales, 2017. ONS. 2019

Risk factors for teenage parenthood

Office for National Statistics. *Teenage conception rates highest in the most deprived areas.* Short story published in Conceptions-Deprivation Analysis Toolkit. 2014

Crawford, C. *Teenage Pregnancy in England.* Institute for Fiscal Studies. 2013

The Centre for Social Justice. *Finding their Feet. Equipping care leavers to reach their potential.* London, 2015

Robling et al. *Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial.* Lancet 2016; 387: 146–55

Almost 60% of mothers involved in serious case reviews had their first baby under 21

Department for Education. *New learning from serious case reviews: a two year report for 2009-11.* 2012

Slide 5

The vast majority of fathers of babies born to young women under 20 are young men under 25

Office for National Statistics. *Live births by age of parents and registration type, 2016.* 2017

The importance of identifying and addressing the needs of teenage mothers and young fathers

Ofsted. *Ages of Concern: learning lessons from serious case reviews.* 2012.

The Next Chapter: Young People and Parenthood. 2017. Action for Children.

Slide 6

Teenage Pregnancy Prevention Framework. Public Health England & Local Government Association. 2018



Slide 8

Mothers under 20 are twice as likely to smoke before and during pregnancy and three times more likely to smoke throughout pregnancy, compared with mothers of all ages

Secondary analysis of Infant Feeding Survey 2010 data tables (table 11.11)

Mothers under 20 are one third less likely to breastfeed and half as likely to be breastfeeding at compared with women aged 20+

Secondary analysis of Infant Feeding Survey 2010 data tables (tables 2.4 and 2.14)

Babies of teenage mothers have a 30% higher rate of stillbirth compared with babies of mothers of all ages.

Office for National Statistics. Child Mortality Statistics. 2016, Table 10. ONS. 2018.

Babies of teenage mothers have a 30% higher rate of low birthweight compared with babies of mothers of all ages.

Office for National Statistics. Child Mortality Statistics, 2016, Table 10. ONS, 2018

Babies of teenage mothers have a 60% higher risk of infant death compared with babies of mothers of all ages.

Office for National Statistics. Child Mortality Statistics, 2016, Table 7. ONS, 2018.

Babies of teenage mothers are 1.9 times more likely to die from Sudden Unexplained Death in Infancy.

Office for National Statistics. Child Mortality Statistics, 2016, Table 7. ONS, 2018.

Babies of teenage mothers are twice as likely to be hospitalised for gastro-enteritis or accidental injury

Peckham S. *Preventing unplanned teenage pregnancies*. Public Health 1993, 107: 125-33

At age 5, children of teenage mothers are behind on spatial, verbal and non-verbal ability

Morinis J, Carson C, Quigley MA. *Effect of teenage motherhood on cognitive outcomes in children: a population-based cohort study*. Arch Dis Child. 2013 Dec; 98(12):959-64



Slide 9

Young mothers have higher rates of poor mental health

Lockwood Estrin, E et al. *Young pregnant women and risk of mental disorders: findings from an early pregnancy cohort*. BJPsych Open. Vol. 5. Issue 2

Ermisch J et al. Teenage pregnancy research programme. Briefing 1. 2004

Teenagers are three times more likely to experience postnatal depression

Schoenbach VJ, Garrison CZ, Kaplan BH. *Epidemiology of adolescent depression*. Public Health Rev 1984, 12:159

Two in three teenage mothers experience relationship breakdown in pregnancy or the three years after birth

Analysis of census data in: Department for Children, Schools and Families & Department of Health. *Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts*, 2007

Slide 10

Babies of teenage parents have a 63% higher risk of poverty, compared to babies of mothers in their twenties

Child Poverty Strategy: 2014-17. HM Government. 2014

Twelve percent of 16-17 year old females recorded as NEET was a teenage mother.

National Client Caseload Information System (NCCIS). Department for Education. 2018

Women who were teenage mothers are 22% more likely to be living in poverty at age 30

Longitudinal studies reported in: Department for Children, Schools and Families & Department of Health. *Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts*, 2007

Men who were young fathers are twice as likely to be unemployed at 30

Longitudinal studies reported in: Department for Children, Schools and Families & Department of Health. *Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts*, 2007



Slide 14

Family Nurse Partnership: Randomised Controlled Trial

Robling et al. *Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial*. *Lancet* 2016; 387: 146–55

Slide 15

Sure Start Plus: national evaluation. Final report. Wiggins, M. Social Science Research Unit, Institute of Education, 2005

Slide 16

The Education of Pregnant Young Women and Young Mothers in England. University of Newcastle, 2005

Impact of Care to Learn: tracking the destinations of young parents funded in 2006/07 and 2007/08. Vaid L, Mavra L, Sims L. Centre for Economic and Social Inclusion and Learning and Skills Council, 2009

Slide 19

Teenage mothers are more likely to have a poor diet and limited cooking skills

Food Standards Agency. *National Diet and Nutrition Survey: Young people aged 4–18 years*, London: TSO, 2000

Slide 21

Young parents may lack parenting confidence and skills

S Meadows and N Dawson, *Teenage mothers and their children: factors affecting their health and development*, 1999

Young parents may fear being judged

Wiggins M et al. *Sure Start Plus National Evaluation: Final Report*. Institute of Education, University of London, 2005



Slide 23

12% of births conceived to under 20s are to young women who are already teenage mothers

Teenagers have the highest rate of unplanned pregnancies

Wellings K. *The prevalence of unplanned pregnancy and associated risk factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)*. The Lancet. Vol 382. November 2013

Young people under 25 have some of the highest rates of STIs

Sexually transmitted infections and chlamydia screening in England. 2017. Public Health England. June 2018

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An estimated **one in 12 young women under 20** accessing drug and alcohol services are either pregnant or teenage mothers; **one in eight young men** under 25 are young fathers

National Drug Treatment Monitoring System (NDTMS) data for 2016/17. Public Health England

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Young fathers

Fatherhood Institute. *Research Summary: Young Fathers*. 2013.

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Impact of parenting and poverty

Kiernan KE and Mensah FK. *Poverty, family resources and children's early educational attainment: The mediating role of parenting*. British Educational Research Journal 2011, 37: 317–336



Slide 30

Emotional health and wellbeing

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The impact of smoking in pregnancy

ASH. *Smoking cessation in pregnancy: A call to action*. 2013

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Breastfeeding

UNICEF Baby Friendly Initiative. *Breastfeeding research – an overview*. 2015

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Domestic abuse

McWilliams, M. and McKiernan, J. (1993) *Bringing it out into the open Conception to age 2 – the age of opportunity*. Wave Trust & Department for Education. 2013

Young mothers and fathers are twice as likely to have been sexually abused in childhood

Noll JG, Shenk CE. *Teen birth rates in sexually abused and neglected females*. *Pediatrics*. 2013 Apr;131(4):e1181-7;
Young ME, Deardorff J, Ozer E, Lahiff M. *Sexual abuse in childhood and adolescence and the risk of early pregnancy among women ages 18-22*. *Adolesc Health*. 2011 Sep;49(3):287-93;
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Young people who have been looked after are three times more likely to be a parent by 18.

Public Health England. Births to Looked After Children. Unpublished data.

The Centre for Social Justice. *Finding their Feet. Equipping care leavers to reach their potential.* London, 2015

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Risk factors for pregnancy before 18

Crawford C. *Teenage Pregnancy in England.* Institute for Fiscal Studies. 2013

Slide 39

Housing situation of teenage parents

Social Exclusion Unit. *Teenage Pregnancy.* 1999

Additional information to slide 39:

An eligible pregnant woman or family with a dependent child who is:

- threatened with homelessness within 56 days will be given assistance to prevent their homelessness occurring
- homeless will be offered temporary accommodation if needed as they are in 'priority need'. They will also be given assistance to relieve their homelessness within 56 days though finding suitable accommodation available for 6 months +
- homeless and where 56 days has passed since they were owed the 'relief duty' will be in 'priority need'. If they are not intentionally homeless they will be owed the 'main duty' of provision of temporary accommodation until suitable settled accommodation can be found. This can be an offer of a tenancy in a social housing or a tenancy in the private rented sector for 12 months or more.



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