

Inquiry into teenage pregnancy

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Until recently I was Head of the Teenage Pregnancy Unit in the Department of Education, having worked on the Teenage Pregnancy Strategy for England since 2000. Previously I was Director of Policy for Brook, the UK's leading young people's sexual health charity. I am now working at the University of Bedfordshire, as Director of a new Teenage Pregnancy Knowledge Exchange.

This second submission addresses improving support for young parents. It briefly sets out: the rationale for the Teenage Pregnancy Strategy focusing on teenage parent support in addition to meeting the target of halving the under 18 conception rate; the evidence of what works to improve outcomes; the guidance provided to local areas and recommended care pathway for young parents; and some national initiatives developed to improve support.

It does not specifically address the situation in Scotland but the learning may be helpful to the inquiry in considering their recommendations to improve support for young parents. The submission provides a summary of these points and is intended as background to the oral evidence session on 26 February when further detail can be discussed.

The rationale for improving support to young parents

The Teenage Pregnancy Strategy (1) was the first Government Strategy for England to include a focus on improving support for young parents. The aim was threefold: to improve the short term health and wellbeing for young parents and their children; to support young parents avoid repeat conceptions – an estimated 20% of births conceived to under 18s; and to contribute to the long term prevention of teenage pregnancy by raising aspirations of young parents and reducing risk factors for early parenthood in their children.

Like all parents, every young parent has their own unique situation and story. Many manage extremely well but overall, as set out below, the outcomes for teenage parents on child health, emotional health and wellbeing and economic wellbeing, are disproportionately poor. (2)

Poor health outcomes. Babies of teenage mothers have 60% higher rates of infant mortality, 25% higher risk of low birth weight and 21% higher risk of preterm birth – a risk which rises to 93% for second pregnancies. These outcomes are strongly influenced by late booking for antenatal care (on average 16 weeks); three times the rate of smoking during pregnancy; a third lower rate of breastfeeding; and poor maternal nutrition of young mothers.

Poor emotional health and wellbeing. Teenage mothers experience three times the rate of postnatal depression of older mothers; higher rates of poor mental health for up to three years after the birth; higher risk of partnership breakdown and isolation; and are more likely to live in poor quality housing. As well as the very negative impact on their own lives and potential, the poor

emotional health of young parents affects the wellbeing of their children, contributing to: higher accident rates and A&E admissions for falls and swallowing substances, and more behavioural problems such as conduct, emotional and hyperactivity problems. Given the critical importance of attachment and positive parenting in the first two years of a child's life, the poor mental health of young parents is particularly worrying.

Poor economic wellbeing. In the most recent data, 11% of young women who are not in education, employment or training (NEETs) are pregnant or teenage mothers; by the age of 30, they are 22% more likely to be living in poverty than mothers giving birth aged 24 or over; and much less likely to be employed or living with a partner. Young fathers are twice as likely to be unemployed at the age of 30 – even after taking account of deprivation. This also affects the economic wellbeing of their children who experience a 63% higher risk of living in poverty and a higher risk of unemployment and low income in later life.

Evidence for improving outcomes

Evidence suggests that these poor outcomes are not inevitable if early and sustained support is put in place. As with effective strategies to reduce teenage pregnancy, the solution to improved outcomes for teenage mothers, young fathers and their children, rests with a range of services working together.

The lessons of what works in providing holistic support for young parents, are drawn from two main programmes, the Sure Start Plus pilot and the Family Nurse Partnership Programme. Important findings and recommendations from Ofsted's 2011 report *Ages of Concern* further reinforce the need for focused support for young parents.

Sure Start Plus

The Sure Start Plus pilot was a specific action point of the Teenage Pregnancy Strategy. Thirty five pilot programmes based in local authorities were funded to provide dedicated support for young parents and their children to help them with housing, health, parenting skills, education and childcare. The cornerstone of Sure Start Plus was the role of the dedicated adviser who provided holistic one to one support for young parents, starting in the antenatal period and drawing in specialist support tailored to the young parent's individual needs. For example, support on smoking cessation, breastfeeding, mental health support, contraception and sexual health, and reintegration to school or college.

The Sure Start Plus programme was characterised by diversity, with a range of models developed in different areas. This posed some challenges for the national evaluation to distil the learning. However, the programme did have success in: 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 over 16 for those aged 16-18. The programme appeared to have less impact on specific health objectives – e.g. reducing smoking and increasing breastfeeding – although some individual initiatives did show improvements. However, the evaluation concluded that limited funding and the relatively short period during which the pilots had operated, meant that the potential wider benefits of the programme may not have had enough time to become apparent.

The essential ingredient of the programme appeared to be the role of the adviser who acted as a ‘critical friend’ to the young parent, building their confidence and aspirations and providing a specific point of contact and coordination for other agencies. Young parents and colleagues from partner agencies, including those in potentially overlapping roles, such as midwives and health visitors, all perceived the adviser role as beneficial.

Further detail of the evaluation can be accessed at:

<http://www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy/a0066273/teenage-pregnancy-research>

Family Nurse Partnership

The Family Nurse Partnership is a preventive programme for young first time mothers. It offers intensive and structured home visiting, delivered by specially trained nurses (family nurses) from early pregnancy (before 28 weeks) until the child is two. Participation is voluntary.

FNP has three aims: to improve pregnancy outcomes, child health and development and parents’ economic self-sufficiency. The methods are based on theories of human ecology, self-efficacy and attachment, with much of the work focused on building strong relationships between the client and family nurse to facilitate behaviour change and tackle the emotional problems that prevent some mothers and fathers caring well for their child

FNP is a licensed programme, developed in the US at the University of Colorado, where it is known as the Nurse Family Partnership (NFP). Over 30 years of rigorous research has shown significant benefits for vulnerable young families in the short, medium and long term across a wide range of outcomes

FNP has been tested in England since April 2007 and there are currently teams in over 50 areas. Government has committed to doubling capacity of FNP to at least 13,000 places at any one time in 2015. As the evidence for FNP is from the US the programme is being evaluated in England with a 3 year formative evaluation and a large scale Randomised Control Trial which is due to report early findings in 2013. The formative evaluation suggests that the programme can be delivered successfully in this country and that potential impacts look encouraging with families valuing the programme, less likely to smoke in pregnancy and more likely to breastfeed. In addition:

- At the end of the programme, mothers were very positive about their parenting capability, reporting high levels of warm parenting, low levels of harsh discipline and levels of parenting stress similar to that in the normal population.
- They also had significantly improved 'mastery', a form of self esteem linked to positive behaviour change, at the end of the programme compared to the start.
- Clients were returning to education and employment, making regular use of effective contraceptive methods and spacing subsequent pregnancies.
- FNP children also appear to be developing in line with the population in general which is very promising as this group usually fare much worse.

Drawing on the principles of FNP, a group based model – *Pregnancy Birth and Beyond* - has been developed for use more widely.

Further information on FNP and Pregnancy Birth and Beyond is available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118530

Ages of Concern: learning lessons from serious case reviews

In the Ofsted report, young parents sadly featured disproportionately in the serious case reviews of babies under one. Findings from the reviews included concerns about teenage parents who had received inadequate support, or young parents who should have been considered as children in need in their own right. In most such cases the lessons learned were not just about the challenges for young parents of bringing up a baby but also about the associated and cumulative risks arising from, for example, a troubled childhood, unsettled parental relationships and a lack of long-term accommodation.

The report made helpful recommendations for both Local Safeguarding Children's Boards and front line services on preventive measures to address safeguarding risks. The full report can be accessed at:

<http://www.ofsted.gov.uk/resources/ages-of-concern-learning-lessons-serious-case-reviews>

Key points from the report included:

- There should be a joined up (multi-agency) approach to teenage pregnancy and teenage parents, with every agency understanding their role within it;
- Both parents need to be supported. The father is as important as the mother and they need support to help them become good parents;

- Young teenage parents need to be supported in an environment in which they feel comfortable and supported. Adult centred services may not achieve this without additional teenage focused services.

The need for young people friendly services reinforced findings from a consultation with young parents, funded by the Teenage Pregnancy Unit, which found that unwelcome services and judgemental staff attitudes were sometimes driving young parents away from the support they needed. (2)

New guidance for local areas

To help local areas improve their support arrangements for young parents, TPU developed *Teenage Parents Next Steps*, joint guidance from the Department for Children Schools and Families (DCSF) and the Department of Health (DH), which set out the actions needed to deliver more responsive services. (2) Rather than expecting local areas to create new programmes of support, the guidance focused on integrating the lessons from Sure Start Plus into mainstream services, with the support from different agencies brokered through a dedicated adviser. The guidance can be accessed at:

<https://www.education.gov.uk/publications/standard/publicationdetail/page1/D/CSF-00597-2007>

As with the prevention programme of the Strategy, TPU also provided local areas with a self assessment toolkit to help identify and address gaps and monitor improvements. Further guidance on supporting young parents was included in *Teenage Pregnancy Strategy: Beyond 2010*. Both pieces of guidance were underpinned by the holistic approach of the Government's Every Child Matters Programme, the National Service Framework for Children, Young People and Maternity and the Children's Centres Practice Guidance.

Care pathway for young parents

The importance of local areas developing a care pathway was highlighted in both pieces of guidance from the Teenage Pregnancy Strategy. The importance of clear transition arrangements between one service and another was highlighted in the Ofsted serious case reviews, which found young parents falling through the cracks between different services and practitioners. In summary the care pathway needs to start as early as possible and include:

- Free pregnancy testing services, well publicised and easily accessible to young people to promote early confirmation of pregnancy, combined with unbiased advice on pregnancy options, and swift referral to antenatal care or NHS funded abortion services;
- Sensitive but robust needs assessment in maternity services, taking into account young parents' family situation and relationship with their partner, to identify concerns early and bring in preventive support from specialist services;

- Tailored antenatal care and preparation for parenthood for both teenage mothers and young fathers, delivered in local settings which are accessible and trusted by young parents and inclusive of contraception and sexual health advice;
- Clear transition and information sharing between midwives and a named adviser for young parents, based in the setting most appropriate to the local area, and coordinating on-going support on health, education, benefits, housing and parenting.

National guidance and initiatives to strengthen local areas support for young parents

Over the course of the Teenage Pregnancy Strategy, there was some additional guidance and a number of national initiatives to help areas improve support for young parents, which might be useful for the inquiry. Some of the guidance is no longer current but the content is still relevant. More information and detail can be found via the links below.

Improving maternity care for young parents

Teenage parents: Who cares? A guide to commissioning and delivering maternity services for young parents, published jointly by DCSF, DH and the Royal College of Midwives.

The guide includes practical advice on how commissioning and delivery of maternity services can reach and sustain the engagement of young parents, and highlights the importance of multi-agency working.

<http://media.education.gov.uk/assets/files/pdf/t/teenage%20parents%20who%20cares.pdf>

Getting maternity services right for pregnant teenagers and young fathers, published jointly by DCSF and DH

The guidance was developed for midwives and maternity support workers in mainstream services, or in areas where there are low numbers of teenage parents and no dedicated service. It sets out the reasons why it is important to improve the maternity service offered to young parents, and offers practical guidance on working well with pregnant teenagers and young fathers.

<https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00673-2009>

Teenage parents' midwifery network

Founded by two teenage pregnancy specialist midwives in 2001, and funded by TPU until 2010, the network aims to improve maternity services for teenage parents and their children. The network collects evidence on what works to improve outcomes; enables midwives (and others) to share good practice and innovative work ideas; and increases support for midwives working specifically with young parents.

The network is now hosted by Best Beginnings, a voluntary sector organisation focused on narrowing child health inequalities. It continues to gather evidence on effective practice, provides a termly e-newsletter and an on-line e-group enabling members to share problems and solutions. The website provides links to additional relevant publications and current good practice examples on healthy eating, smoking cessation, prevention of repeat pregnancies, support for young fathers and local care pathway models.

<http://www.bestbeginnings.org.uk/ntpmn>

Best Beginnings has also developed a new phone app specifically for pregnant teenagers and young parents. The app provides personalised information and advice to increase young parents' confidence and knowledge, improve health choices and access to services and support warm parenting and strong families. The apps are currently being piloted with young parents and health professionals in South London but more pilot areas are welcome. More information on the app can be accessed at:

<http://www.bestbeginnings.org.uk/News/mobile-apps-pilot>

Improving support for young parents to continue their education

Care to Learn childcare funding

Helping young parents with childcare so they could return to education was a specific action in the Teenage Pregnancy Strategy. Following a pilot of subsidised childcare in the Sure Start Plus areas, the national Care to Learn funding stream was launched to support all young parents.

Care to Learn provides financial support to teenage parents who want to continue their education and need help with the cost of childcare and any associated travel. It pays up to £160 a week (£175 in London boroughs) for each child. Childcare payments are made directly to the childcare provider and travel payments are made to the learning provider.

The qualifying criteria for Care to Learn funding are: the young person must: be under 20 on the date they start their course or learning programme; be the main carer for their child(ren); be living and studying in England; and meet the residency criteria. The course or learning programme must have some public funding and the childcare must be registered with Ofsted or the Care Quality Commission.

An independent survey of the scheme found 73 per cent of teenage parents said they could not have gone into any learning without Care to Learn support and 75% gained a full or partial qualification from their course. Overall, only 27% per cent of Care to Learn recipients were NEET at the time of interview, compared with 66% before taking a course. (3) However, practitioners working with teenage parents have highlighted concerns that funding is insufficient to cover the childcare and transport costs, particularly in London and the South East, which can be a barrier to the young parent's progression.

<http://www.education.gov.uk/childrenandyoungpeople/youngpeople/studentsupport/a00203090/care-to-learn>

Reintegration Officers

In addition to providing childcare funding, local areas were encouraged to appoint a Reintegration Officer to support school age mothers to continue their education. Most school age mothers have their babies in Year 11, which is a crucial time for taking GCSE exams. Research commissioned by the TPU showed a positive impact of reintegration officers, particularly for young mothers who had previously been missing school. The research can be accessed at:

http://www.alisonhosie.co.uk/pdf/TPU_and_edu/Policy_briefing_paper_for_TPU.pdf

Foundation learning programmes

Data from the 2001 census found that almost 40% of teenage mothers had no educational qualifications. As many of these young women may have been out of education from their early teenage years, foundation learning programmes are an essential stepping stone back into learning and critical for building confidence and aspirations. A number of programmes have been developed for local areas to use. Most well recognised are *Young Mums to Be* and *Parents with Prospects* which are multi-agency holistic training courses for teenage mothers and young fathers. Both programmes are accredited.

<http://www.ymtb.org/>

National guidance to promote multi-agency partnership work

Sure Start Children's Centres Practice Guidance

The core purpose of Sure Start Children's Centres is to improve outcomes for young children and their families, with a particular focus on the most disadvantaged, so children are equipped for life and ready for school, no matter what their background or family circumstances. To help Children's Centres reach and sustain the engagement of young parents, a specific chapter was included in the practice guidance, raising awareness of the real and perceived barriers to young parents using Children's Centres and encouraging a young person focused approach. The guidance also included advice on how to engage with young fathers.

Multi-agency working to support pregnant teenagers, published jointly by DCSF, DH and the Royal College of Midwives.

The guidance explains why routine information sharing between midwives, Children's Centres and other agencies (with the young parent's consent) is critically important to meet their needs and help them achieve better for themselves, their partners and their children. It suggests some straightforward

ways for sharing information and provides examples of care pathways specifically for pregnant teenagers.

<http://media.education.gov.uk/assets/files/pdf/m/multi%20agency%20working%20to%20support%20pregnant%20teenagers.pdf>

Positive images of young parents

Recognising that young parents often felt services were for 'adults' and unwelcoming, TPU published a range of posters promoting positive images of teenage mothers and young fathers. The posters were freely available to maternity settings, GPs and Children's Centres and were intended to help young parents feel more comfortable in mainstream services and encourage them to use and keep engaged with practitioners. The posters included images of breastfeeding and messages about the risk of repeat unplanned pregnancies. An example of the images - a booklet with photos and quotes from young fathers can be accessed at:

http://www.gbymn.org.uk/gbymnp/babyfathers_booklet_sample.pdf

Improving housing support for young parents

Improving both the quality of housing and support for young parents is critical to improving the health and emotional wellbeing of young parents and their children. As part of the Child Poverty Strategy, a Teenage Parents Supported Housing pilot was tested in seven Local Authorities. Different models of support were piloted, ranging from intensive on-site residential support for young parents with the highest needs, to non-residential 'floating support' for less vulnerable parents. The evaluation of the pilot and details of the different models is available at:

<https://www.education.gov.uk/publications/RSG/Teenagepregnancysexualhealth/Page1/DFE-RR050>

Current policy context for improving outcomes for teenage parents

Although the Coalition Government has decided not to have a further standalone teenage pregnancy strategy, Ministers have made clear they want local areas to continue their efforts to reduce rates and improve outcomes for teenage parents as part of the drive to narrow health and inequalities and reduce child poverty. The importance of further progress is reflected in the Government's new Public Health Outcomes Framework, which local areas will use to assess their performance and focus efforts to reduce inequalities. As well as the under 18 conception rate, one of the three sexual health indicators, the Framework includes around twenty other indicators to which improved support for teenage parents would directly contribute. For example, infant mortality, children in poverty, maternal smoking, low birth weight, breastfeeding, rates of 16-19s not in education, employment or training, and hospital admissions caused by unintentional and deliberate injuries to under 5s.

Because of the vulnerability of many teenage parents and their children, they are expected to be part of targeted work in improvements to maternity

services; implementation of the Families in Foundation Years Programme, including the increased numbers and new role of health visitors and the free early education offer of 15 hours a week for 40% of disadvantaged two year olds by 2013. Pregnant teenagers and young parents will also be the focus for Local Authorities in their new Raising the Participation Age statutory duty. Under RPA, from 2013, LAs should be supporting all 17 year olds to continue in education or training until the end of the academic year, and from 2015 until their 18th birthday. Some of the forty-four local authorities which have been testing approaches in preparation for RPA, have specifically focused on developing approaches to support young parents.

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15 February 2013

References

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