

JOINT STRATEGIC NEEDS ASSESSMENT
CHILDREN AND YOUNG PEOPLE
(STARTING WELL AND DEVELOPING WELL)

CHAPTER: Key Groups

TOPIC: Pregnant Teenagers & Teenage Parents

Why is this important?

Teenage Pregnancy is a significant public health issue that is both a cause and consequence of education and health inequality for young parents and their children. Teenagers have the highest rate of unplanned pregnancy and young parents face a range of poorer health and socioeconomic outcomes in comparison with older mothers and their children.

Providing young people with the means to avoid early pregnancy and tackling the underlying circumstances that motivate young people to want to, or lead them to, become pregnant at a young age remains a challenge both nationally and locally.

Policy Context

The Social Exclusion Unit Report on teenage pregnancy was published in 1999. The report analysed the situation as it was at the time, set out why action was required and the Government's action plan to;

- Reduce the under 18 conception rate
- Reduce the risk of long term social exclusion for teenage parents and their children by increasing sustained participation by teenage parents in education, employment and training.

The National Teenage Pregnancy Strategy ran from 1999-2010. A large amount of guidance and research specifically for teenage pregnancy prevention and support was published prior to 2010 and much of this remains relevant.

The success of the long-term evidence based Teenage Pregnancy Strategy has resulted in a significant reduction in the under 18 conception rate in England and in Manchester, which in turn has seen a reduction in the number of births to teenage parents. For those young people who become pregnant and choose early parenthood however, outcomes remain disproportionately poor. Higher rates of infant mortality, poor mental health, safeguarding concerns and child poverty place teenage mothers, young fathers and their children at risk of becoming some of the most vulnerable citizens of the future, requiring high levels of health and social care support.

<http://dera.ioe.ac.uk/15086/1/teenage-pregnancy.pdf>

Disproportionately poor outcomes for young parents and their children

Children in Poverty: 63% higher risk for children born to women under 20

Rates of adolescents not in education, employment or training (NEET): nationally 21% of the estimated number of 16-18 year old female NEETs are teenage mothers.

Adult Poverty: by age 30, women who were teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over. Compared with older fathers, young fathers are twice as likely to be unemployed, even after taking account for deprivation.

Infant Mortality Rate: 41% higher risk for babies born to women under 20.

Neonatal mortality and stillbirth: 30% higher rate of still births to babies born to women under 20.

Incidence of **low birth weight** of term babies: 15% higher risk for babies born to women under 20.

Maternal Smoking prevalence (including during pregnancy): mothers under 20 are twice as likely to smoke before and during pregnancy and three times more likely to smoke throughout pregnancy.

Breastfeeding initiation and prevalence at 6-8 weeks: mothers under 20 are a third less likely to initiate breastfeeding and half as likely to be breastfeeding at 6-8 weeks.

Emotional health and wellbeing: mothers under 20 experience higher rates of poor mental health for up to 3 years after the birth.

http://www.beds.ac.uk/_data/assets/pdf_file/0011/471359/Supportingteenagemothersandyoungfathers-Capitaconference.pdf

<http://www.beds.ac.uk/knowledgeexchange/policy>

Risk Factors for Early Parenthood

Research evidence published in Teenage Pregnancy Next Steps (Department for Education (DfE) 2006) identified the key risk factors which were likely to increase the likelihood of teenage pregnancy. These are broadly grouped into:

- Risky behaviours
- Education-related factors
- Family and social circumstances

Being the daughter of a teenage mother was found to be one of the strongest predictors for teenage motherhood; other key factors were low educational attainment, disengagement from school, early onset of sexual activity and being a Looked After Child or Young Person. Where young people experience multiple risk factors, the likelihood of early parenthood was shown to increase significantly.

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationdetail/page1/DFES-00253-2006>

A key report in 2013 (Institute for Fiscal Studies) matched maternity and abortion data with education records of girls in England and highlighted a number of individual, school and area level factors associated with higher teenage conception rates. This found that the strongest associated risk factors for pregnancy before 18 were:

- Free school meals eligibility
- Persistent school absence by Year 9 (age 14)
- Slower than expected progress between Key Stages 2 and 3 (ages 11-14)

<http://www.ifs.org.uk/caytpubs/caytreport06.pdf>

Improving Outcomes

Evidence shows that poor outcomes are not inevitable for teenage parents and their children. Pregnancy and parenthood are often triggers for change; young parents want to provide a better life for their child and this can lead to increased aspirations.

Getting early and sustained specialist support in place for teenage parents-to-be, teenage mothers and young fathers will contribute to achieving a number of the Public Health Outcomes Framework and NHS Outcomes Framework indicators – including infant mortality, low birth weight, smoking during pregnancy and rates of breastfeeding - and is integral to the Early Help agenda. It is key to giving every child the best start in life; to breaking intergenerational inequalities; and to reducing long term demand on health and social services.

Increasing the skills of, and employment opportunities for, teenage mothers will contribute to improving education and social outcomes for them and their child(ren) and will contribute to the wider ambition to reduce social exclusion, health inequalities and family and child poverty.

Maternity Services

Pregnant teenagers and young fathers are less likely to access maternity care early in pregnancy and are less likely to attend ante-natal appointments than older people. Late booking with maternity services may be because young women do not always realise that they are pregnant; some may take time to come to terms with the pregnancy or may try to conceal it; others may prioritise other issues such as housing and income over health care.

Education and / or Training

For most young women, teenage pregnancy and parenthood are disruptive to secondary education which in turn can lead to poor educational attainment. A post-secondary education is generally regarded as necessary for finding good quality work and decent wages to achieve a good standard of living in later life and if teenage parents are not supported to achieve this, then they will have a lower likelihood of competing successfully in the labour market.

Other Issues

For some young people a chaotic lifestyle and the lack of permanent accommodation may make attending appointments and maintaining contact with services problematic.

Money and welfare can be complex for teenage mothers and young fathers due to age and residency criteria.

The availability of appropriate childcare and the limitations of Care to Learn to support the payment of childcare costs can be a barrier to accessing education and/or training.

Transport may be unaffordable and difficult, especially if travel is between home and childcare provision and education and / or training which are not co-located.

Another important factor that may hinder take up of services is young parents' fears, and actual experience, of negative attitudes among other professionals and older service users.

The Manchester Picture

There is a strong relationship between teenage conceptions and deprivation. Manchester is ranked 6th in the Index of Multiple Deprivation 2019. In addition there is a high level of child poverty with 27.1% of children aged under 16 living in poverty in 2016 – compared to 18% in the North West and 17% in England.

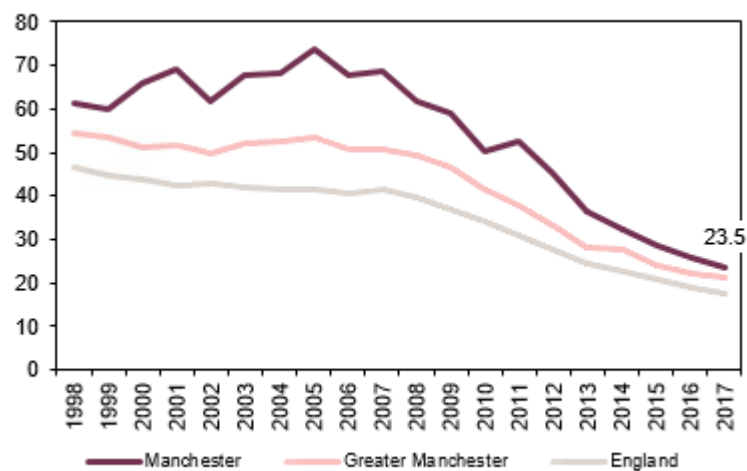
Historically, Manchester has had a high teenage pregnancy rate and in addition, young women aged 15-19 make up a higher percentage of the Manchester population than they do nationally. As of 2018, Manchester had an estimated population of 17,345 girls aged 15-19 years, which is 6.4% of the female population. Nationally, 5.3% of the female population falls into this age range.

Manchester's under 18 conception rate is on a downward trend and as the rate has fallen so has the number of resulting births and, therefore, there has been a reduction in the number of teenage mothers.

The under 18 conception rate peaked in 2005 at 71.9 (per 1,000 of the 15-17 year old female population). The actual number was 591, of which 355 (60%) resulted in a live birth.

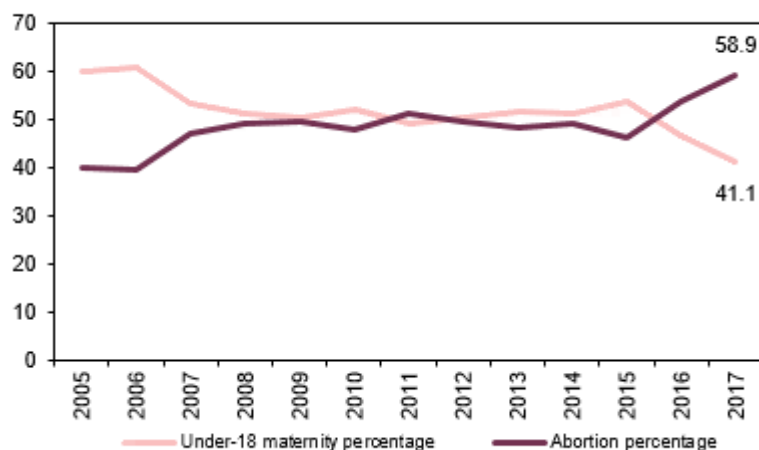
The most recent data is for 2017. The rate is 23.5 per 1,000. There was a total of 185 under 18 conceptions of which 76 (41.1%) resulted in a live birth and 109 (58.9%) in abortion. At 23.5, Manchester's rate per 1,000 remains high compared to Greater Manchester at 21.4 and England at 17.8.

Under 18 conception rate per 1,000 population



Source: ONS © Crown Copyright 2019

Percentage of maternities and abortions, Manchester



Source: ONS © Crown Copyright 2019

Data for 2018 will be published in spring 2020.

(Office for National Statistics (ONS))

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000036/pat/6/par/E12000002/ati/102/are/E08000003>

The most reliable data source for the number of teenage mothers in the city is the Client Caseload Information System (CCIS), the database from which the number of young people who are Not in Education, Employment or Training (NEET) is calculated. From this we can identify those of academic age 16-19 who are 'Caring for own Child'. The Department for Education have also revised the NEET measure to focus on a combined NEET and unknown measure. 'Unknown' refers to the fact that the activity of the young person is not known by the Local Authority.

	March 2018	March 2019
Number of 16-19 year olds 'caring for own child'	209	169
NEET	67.5%	65.10%
NEET + Unknown	83.30%	76.30%

Source: Manchester City Council May 2019

A comparison of the data for 2018 and 2019 shows a reduction in the number of young people and in both reported figures (the %).

The numbers will fluctuate throughout the year and it should be noted that this data is always only ever a snapshot.

There is no database of young fathers or fathers of children born to teenage mothers either nationally or locally.

What would we like to achieve?

'Our Manchester, Our Children: Manchester's Children and Young People's Plan, 2016-2020' sets out how a wide range of organisations and partners from across the

city will deliver a shared vision for children and young people. The plan identifies priorities under four outcome themes; safe, happy, healthy and successful. These were chosen to encapsulate the broad range of things we want to achieve as a city and all four apply to pregnant teenagers, teenage mothers, young fathers and their children.

The Children and Young People's Plan is one of a number of key integrated strategies that set out the city's ambitions and promote the wellbeing and resilience of children, young people and their families. These include the Early Help Strategy, the Early Years New Delivery Model and the Family Poverty Strategy.

http://www.manchester.gov.uk/downloads/download/6610/our_manchester_our_children

https://search3.openobjects.com/mediamanager/manchester/fsd/files/the_early_help_strategy_october_2015_3.pdf

Our aspiration for young mothers and young fathers is to support them to be confident, loving and capable parents who can support their child(ren) to achieve the best start in life.

Key objectives include:

- Reduce the number of under 18 conceptions
- Reduce the number of second and subsequent conceptions to under 18s
- Improve the outcomes for teenage mothers, young fathers and their children in relation to health and education and future economic wellbeing
- Increase the proportion of pregnant teenagers and teenage parents (caring for own child) who are in Employment, Education and Training (EET)
- Provide dedicated co-ordinated support for pregnant teenagers, teenage parents and young fathers
- Ensure a multi-agency approach to teenage pregnancy and teenage parents and parents-to-be, with every agency understanding their role within it
- Ensure a clear referral pathway between maternity services and ongoing support services
- Provide youth friendly services in environments in which young parents / parents-to-be feel comfortable and not judged

What do we need to do to achieve this?

The Framework for Supporting Teenage Mothers and Young Fathers published by Public Health England (PHE) and the Local Government Association (LGA) (updated 2019) sets out an overview of evidence, the current situation and key actions.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796582/PHE_Young_Parents_Support_Framework_April2019.pdf

Addressing the disproportionately poor outcomes for teenage mothers, young fathers and their children starts with prevention of unplanned pregnancy and key to this is the delivery of high quality relationships and sex education (RSE) in schools and other youth settings, at home and in the community, combined with easy access

to effective contraception provision in youth friendly services.

Young women who become pregnant need access to early pregnancy testing combined with unbiased advice on pregnancy options and, depending on their decision, swift referral to abortion or antenatal care.

For those who continue their pregnancies, evidence suggests that if early, co-ordinated and sustainable support is put in place, poor outcomes are not inevitable and the solution rests partly with services working together. Pregnancy and parenthood are often triggers for change and can lead to increased aspirations for teenage mothers and young fathers. Young parents want to provide a better life for their child, and generally respond positively to timely appropriate interventions.

The lessons of what works in providing holistic support are drawn from two targeted programmes, the Sure Start pilot (DCSF, 2007) and the Family Nurse Partnership (FNP). Findings and recommendations from the Office for Standards in Education, Children's Services and Skills (Ofsted) Serious Case Reviews Report 'Ages of Concern' (2011), further reinforce the need for focused support for teenage mothers and young fathers.

Key Actions:

- Early pregnancy confirmation and access to unbiased advice re pregnancy options
- Swift referral to ante-natal booking and information to support healthy early pregnancy – folic acid and Healthy Start
- Referral to the Family Nurse Partnership
- Pre-birth assessment in maternity services to identify and provide early help for health, relationships or social problems
- Ante-natal care and preparation for parenthood for teenage mothers and young fathers in a trusted and young people friendly setting
- Help with choosing postnatal contraception – with the method chosen before leaving maternity care
- Clear referral pathway between maternity services and ongoing support services, health visitors, teenage parents support services, children's centres
- Dedicated adviser to co-ordinate support on health education, housing, benefits, finance, parenting and attachment
- More intensive support for the most vulnerable and inclusive of young fathers.
- Promotion of care to learn childcare funding and support with the application
- Personal development plans for both parents tailored to individual learning history and linked to the Raising the Participation Age (RPA) programme, local workforce development and employment and regeneration plans
- Ongoing support to increase uptake and use of contraception and condoms to reduce the incidence of second and subsequent conceptions
- Information about all relevant support services to young parents and all practitioners working with them – and supported transfer from specialist support to mainstream services

Maternity Services

High quality maternity services that meet the needs of teenagers can improve early access to antenatal care and regular attendance at appointment. Maternity care that is planned around the needs of young women and young men should also support young people to stop smoking; encourage a healthy diet and breastfeeding; provide timely contraception and sexual health advice; identify depression and other mental health issues; and provide a safe environment for the disclosure of domestic abuse. (Department for Children, Schools and Families (DCSF), 2008)

<http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/standard/Childrenandfamilies/Page11/DCSF-00414-2008>

Education

As stated previously supporting teenage parents to remain in or re-enter education or training can help to improve their outcomes and longer term employment prospects. The main barriers to education for this group of young people are childcare, housing, finance, previous poor experiences of school and transport. Services need to account for these as well as the importance of young parents both having the opportunity and being encouraged to spend time with their child to ensure attachment, bonding and to develop effective parenting.

There is clear guidance for Schools, including Academies, on the education of school age parents which makes it clear that pregnancy is not a reason for exclusion from school and that the aim is to keep the student on school roll and in learning. This is further supported by the Equality Act (2010) which was extended to pupils who are pregnant or a parent. Enabling and supporting these students to remain in mainstream schooling helps to reduce their risk of social exclusion and of becoming NEET (Not in Education, Employment or Training).

<http://webarchive.nationalarchives.gov.uk/20070402202820/http://www.dfes.gov.uk/schoolageparents/>

<https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools>

Providers of post 16 education need to ensure that courses are flexible, as pregnancy and birth do not fit neatly with the academic year.

What are we currently doing?

The Teenage Parents Support Partnership Group

Ensuring that good support is in place for teenage mothers and young fathers is best achieved by effective multi-agency working. The Teenage Parents Support Partnership Group is a multi-agency group with representation from a wide range of organisations and projects, all of whom offer support to pregnant teenagers, teenage mothers and young fathers. The group acts as a forum to encourage and develop co-operative working to ensure a 'no wrong door' approach for young people, once a young person accesses one organisation all others will be made known to them.

Midwifery

Each maternity hospital has a dedicated young women's midwife to offer specialist

support for pregnant teenagers and their partners. The midwives can connect young women and their partners to other relevant services, as described below.

Health Visiting

The local enhanced Health Visiting offer has been developed to meet the needs of vulnerable families, including young mothers aged under 20. The offer includes additional support in the ante-natal period.

Teenage Parent Support Coordinator

This role is the key contact for all young women who become pregnant before reaching the age of 18 and for teenage parents. Schools and other education organisations should make an early referral to ensure that support can be offered with the aim of ensuring that pregnant teenagers and teenage parents stay in mainstream education or post 16 education or training. Other professionals and organisations such as midwives and youth providers can also refer young women to ensure that they are receiving the best support available.

Children's Centres

Young parents are a priority group for Children's Centres Outreach workers who identify young parents in the local area and encourage their participation in a wide range of activities to develop parenting skills, child development, and support their return into training. Some Children's Centres offer young parents' groups, dependent on local need and demand.

Housing Support

Supported housing and support services are commissioned to work with pregnant teenagers, teenage mothers and young fathers, aged 16-25 to support them towards independent living.

Young Fathers

M13 Youth Project have developed a project to identify the needs of young fathers and offer a range of support.

A wide range of other organisations provide support and opportunities for this group of young people, these include The Manchester College and Gingerbread.

(Teenage Pregnancy Prevention is covered in the paper on Teenage Pregnancy and Under 18 Conceptions)

Community and Stakeholder Views

Individual services and organisations undertake consultation and collect feedback to inform and improve their own provision and service delivery.

The Connexions Service undertook a survey of teenage parents in 2014 in relation to their educational needs and aspirations. The survey confirmed that the majority of teenage parents caring for their own child were keen to improve their skills and qualifications. It showed that they saw appropriate childcare, the inflexibility of course dates, transport difficulties and finance as barriers to accessing education and training opportunities. The results also highlighted that a number of them might benefit from Home Study as an alternative to attending an educational

establishment.

All mothers are encouraged to feedback on experiences through each of the maternity services providers' friends and family test and across all areas of health through social media.

References and Links

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