

Preventing teenagers becoming parents and supporting them when they do

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1. What do we know about the outcomes and risks associated with teenage parents?

Teenage pregnancy is considered to be both a cause and consequence of education and health inequalities for young parents and their children. Teenage Parents and their children are likely to need additional support in relation to health, education, housing and parenting in order to prevent poor outcomes for them and their children.

The impacts of being a teenage parent include:

- Young mothers have higher rates of poor mental health for up to three years after the birth. They are three times more likely to experience postnatal depression.
- Teenage parents are twice as likely to smoke before pregnancy and 3 times more likely to smoke throughout pregnancy
- Teenage parents are a third less likely to start breastfeeding and half as likely to be breastfeeding at 6-8 weeks.
- At age 5, children of teenage mothers are 4 months behind on non-verbal ability and 11 months behind on verbal ability.
- Babies of teenage parents have a 12% higher risk of still birth.
- Babies to teenage mothers are three times more likely to die from Sudden Unexplained Death in Infancy.
- Children of teenage mothers are twice as likely to be hospitalised for gastro enteritis or accidental injury.

Risk factors for teenage pregnancy include:

- being a looked after child
- being a young offender
- being a member of some minority groups
- being a child of a teenage parent, disengagement in education
- living in a deprived area, child poverty and unemployment are the deprivation factors which have the strongest association with teenage pregnancy.
- if they have been persistently absent from school by age 14 have slower than anticipated academic progress in years 7-9 and
- Young fathers are also likely to be vulnerable and less visible to services

2. What works to prevent young people having unplanned pregnancies and support them if they do become parents?

- Ensure that high quality Relationship and Sexuality Education (RSE), which includes consent, is being delivered in schools and youth and community settings and that parents and carers are supported to have conversations about relationships and sex at home.
- Ensure there are high qualities, visible and accessible young people friendly services in place including sexual health services, GP services and access to contraception and termination.
- Ensure that children and young people's workforce in universal services have the skills and competencies to identify young people at risk of poor emotional health and trauma, including those young people with attachment disorder and support them to build their resilience.
- Identify those young people at risk, in particular those young women who are disengaged from education and reengage them, build their protective factors including resilience, ensuring that they have a trusted adult in their life, they are engaged in talents and interests, and they develop a sense of the future and their opportunity to shape it
- Provide and engage parents in evidence based parenting programmes for parents of children and young people at risk.
- If young women become pregnant make sure that they are supported to access midwifery and intensive health visiting services / young parent's pathway and remain in or reintegrate into education. They may be entitled to Care to Learn funding.
- Support young parents to access 'Free for Two early education'.
- Support young parents to access contraception and prevent subsequent unplanned pregnancies.

3. Questions you might need to ask

- Are secondary schools and youth hubs in your district delivering high quality RSE?
- Is there an accessible sexual health service in your district? Is the sexual health offer understood by the children and families workforce and communicated to young people?
- Who and where are the teenage parents in your district? What schools and communities do they come from?
- Who and where are young people at risk of becoming teenage parents in your district? What schools and communities do they come from?

- Who in their community or school has the best relationship with them and their families?
- Does the children and families workforce have knowledge of the young parents pathway?
- Are these young people engaged in education? How can they be reengaged? Could they access Care to Learn?
- Do the children and families workforce have the skills to identify poor emotional health and support young people to build their resilience and access support services if required.
- Does the workforce who is in contact with these young people and their families have the skills knowledge and confidence to build relationships, reduce risks and build protective factors?
- What evidence based parenting programme is operating in the district? How can you overcome barriers to these parents and carers engagement in them?

4. Who to involve?

- Sexual health service providers <http://www.kent.gov.uk/social-care-and-health/health/sexual-health>
- Early Help and Prevention
- Education
- Community and Voluntary Sector
- Health Visiting
- School Public Health Service

Resources/further information

<http://www.kpho.org.uk/joint-strategic-needs-assessment/jsna-children/jsna-teenage-pregnancy>

<http://www.chimat.org.uk/teenconceptions>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524506/PHE_LGA_Framework_for_supporting_teenage_mothers_and_young_fathers.pdf