Supporting teenage mothers and young fathers: Public Health England

Date 10 June 2016
Author Andrew Crompton
LGiU/CSN Associate

Summary
Public Health England published Teenage mothers and young fathers: support framework in May 2016 and the US Department of Health & Human Services revised its Teen Pregnancy Prevention Evidence Review in April 2016. This paper reviews research and policy documents since the LGIU Policy Briefing Teenage Pregnancy Strategy: Beyond 2010, considers the latest evidence on what seems to work, and outlines the key elements in Public Health England’s new framework.

This briefing will be of interest to councillors and officers with a responsibility or interest in public health, children’s services, safeguarding, schools and youth services.

Background
Tony Blair described the high teenage birth rate as Britain’s “shameful record”, and in 1999 the new labour government pledged to halve pregnancies for under-18s by mid-2010, launching a teenage pregnancy strategy to address what it perceived as a critical social and economic problem. The approach focused both on alleviating and responding to social risk factors and on influencing individual behaviour and choices. These two strands re-surface in the literature, sometimes in opposition to each other.

The Teenage Pregnancy Independent Advisory Group set up at that time published its Final Report Teenage pregnancy: past successes - future challenges in May 2010. The report claimed that the government’s strategy over the last 10 years had worked, reducing England’s under-18 pregnancy rate to its lowest level for over 20 years, and suggested that in local authorities (LAs) where their strategy had been implemented effectively reductions were much greater than this. The report also suggested that rates remained high or even increased in LAs that had not implemented their strategy. The authors welcomed the new government's commitment to early intervention, but noted that “it is truly shocking to hear about the current level of disinvestment, the loss of posts and projects and closure of CASH (contraceptive and sexual health) services”, urging local areas not to reduce investment in teenage pregnancy prevention because they could “face much bigger costs within the same financial year”.

Teenage Parenthood: What's the Problem? was covered in a Guardian article Teenage pregnancy more opportunity than catastrophe, says study in February 2010. It argued that governments should focus on tackling the original disadvantage experienced by teenage parents, rather than on attacking their decision to become parents. Its research confirmed that children born to teenage mothers are born into disadvantage but pointed out that this disadvantage predates the pregnancy and is not the result of it. The report concluded that “teenage childbirth does not often result from ignorance or low expectations, it is rarely a catastrophe for young women, and … teenage parenting does not particularly cause poor outcomes for mothers and their children".
CSN POLICY BRIEFING

recommended that policy be focused on improving deprived neighbourhoods and reviving labour markets, rather than on preventing teenage pregnancy.

The LGIU published Teenage Pregnancy Strategy: Beyond 2010, at a time when the coalition government was forming, outlining the previous government strategy and the various policy levers possible. These included improving sex and relationships education, access to and use of contraception services, intervening early with those most at risk in particular through targeted youth support programmes, improving outcomes for teenage parents and their children, and getting service delivery right though robust performance management.

In 2009 the US Department of Health and Human Services (HHS) had set up an ongoing systematic review of teen pregnancy prevention research to identify programs with evidence of effectiveness and in 2010 teen pregnancy prevention programs in the US were legally obliged to be “proven effective through rigorous evaluation”. A link to the Updated findings from the HHS Teen Pregnancy Prevention Evidence Review: July 2014 through August 2015, published in April 2016, can be found in the US Department of Health & Human Services Teen Pregnancy Prevention Evidence Review pages.

In 2012 Professor David Paton, Chair of Industrial Economics at Nottingham University Business School, published Underage conceptions and abortions in England and Wales 1969-2009: the role of public policy in Education & Health. He tracks under 16 conceptions, abortions and presentations at family planning clinics since 1969 and says that “identifying the impact of policy interventions on trends in underage conceptions since 1969 presents something of a challenge” suggesting that the relationship between standard policy interventions and changes in conception rate are weak. Professor Paton recognises that his figures show recent drops in under 16 conceptions (and in presentation to family planning clinics), but suggests that the long term pattern, across different governments with different policies, is clear. He concludes that there should be a shift from “policies aimed at reducing the risks associated with underage sexual activity to those which are aimed more directly at reducing the level of underage sexual activity”. The evidence from the US is that programmes focused on abstinence have a low level of effectiveness.

There is now a thesis that social trends, particularly the development of social media may be reducing sexual activity and teenage conceptions. The Telegraph reported on How teenage pregnancy collapsed after birth of social media in March 2016 pointing out that the rate of pregnancies among girls under 18 in England and Wales has dropped by 45 per cent since 2007 and is now at the lowest level since records began almost 50 years ago, according to the Office for National Statistics. The same trend appears to be happening globally in countries such as the USA and New Zealand, and the theory gains further prominence from evidence that other indicators such as alcohol and drug use also appear to be falling. Taken together these may indicate that teenagers are spending an increasing amount of time in the virtual world from the (supposed) safety of their parent’s home. This is not however an argument that sex and relationship education is not needed, just an indication that, with increases in internet based abusive behaviours, the risks and problems faced by young people are changing.

Even with a downward trend in conception rates, the issue still remains for policy makers. The Centre for Social Justice published Finding Their Feet: Equipping care leavers to reach their potential in January 2015, describing teenage pregnancy as major problems for looked after children, although it also makes clear that this “stems from a lack of stable and supportive
relationships”. The fact that almost 60% of children involved in serious case reviews were born to mothers under 21 also suggests that teenage parenting still carries additional risk factors and vulnerabilities, making the case that additional support for young people in this area is needed.

### Briefing in full

Public Health England (PHE) published [Teenage mothers and young fathers: support framework](https://www.gov.uk/government/publications/teenage-mothers-and-young-fathers-support-framework) in late May 2016 suggesting that evidence from local areas shows 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”. They suggest that a key element is a lead professional with the skills to build a trusted relationship and universal services that are aware of the needs of teenage mothers and young fathers and understand how they can contribute to improving outcomes. PHE suggest that the Framework, based on development work carried out by a group of local authorities in the north west of England, is used by commissioners and service providers as a multi-agency self-assessment tool that can 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”.

The report identifies ten key factors in addressing teenage pregnancy, suggesting these should be elements in a local strategy. These are:

- sex and relationship education in schools
- youth friendly contraceptive/SH services and condom schemes
- targeted prevention for young people at risk
- support for parents to discuss relationships and sexual health
- training in relationships and sexual health for health & non health professionals
- advice and access to contraception in non health youth settings
- consistent messages to young people, parents and practitioners
- early intervention and coordinated support for young parents – including prevention of further unplanned pregnancies
- strong use of data for commissioning and monitoring of progress.

The Framework is accompanied by a new data tool which can be found via PHE’s Teenage Conception Knowledge Hub at [http://www.chimat.org.uk/teenconceptions](http://www.chimat.org.uk/teenconceptions). Local areas are urged to use this tool to look at child health indicators (such as smoking in pregnancy, breastfeeding rates, still births, or hospital admissions), mental health and Emotional well-being indicators (such as postnatal depression, relationship breakdown and mental health rates) and economic well-being indicators (such as NEET, unemployment and poverty statistics).

### Evidence for Improving Outcomes

The programme elements described above are grouped into those that (a) are about preventing unwanted teenage pregnancies, (b) help in making choices that teenage parents need, and (c) provide early, coordinated support to help to prevent poor outcomes.

The Family Nurse Partnership (FNP) is an intensive home-visiting intervention developed in the USA and introduced into practice in England that involves structured home visits from early pregnancy until the child’s second birthday by specially recruited and trained family nurses. The Lancet has recently published a review of this programme in the UK entitled the [Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mother](https://www.thelancet.com/pdfs/journals/lancet/PIIID_0001-6918-2017-01-013.pdf) which used
randomised sampling techniques and concluded that “adding FNP to the usually provided health and social care gave no additional short-term benefit to primary outcomes, saying “programme continuation is not justified on the basis of available evidence, but could be reconsidered should supportive longer-term evidence emerge”.

The equivalent Nurse Family Partnership programme in the USA is however, given a top tier rating for effectiveness by the Coalition for Evidence Based Policy, prompting PHE to focus on the depth of international evidence and the fact that UK research showed “promising early indications of improvement in some of the secondary outcomes such as those relating to child development, safeguarding and mothers’ self-efficacy”. Commissioners and those involved in teenage pregnancy services may wish to consider the respective research findings against the detail of their specific programmes.

The PHE Framework considers the Sure Start Plus programme evaluation which shows success in providing crisis support for pregnant young women and young mothers, including reducing the incidence of domestic violence and improving the housing situations of young parents. Support for emotional issues and improving young women’s relationships was also seen as successful, and when the adviser was based in the education sector, improving participation in education, employment or training for those aged 16 to 18 was also found. Little impact was detected on breastfeeding or smoking in pregnancy rates and in reaching young fathers. PHE England describe the key feature of Sure Start as the role of the personal advisor, which young parents and partner agencies all saw as beneficial, and suggest that applying the principle of a lead adviser could be a key element in co-ordinated support through health visitors, children’s centres or voluntary sector organisations irrespective of Sure Start.

The evaluation found: reintegration officers providing support for school-age parents 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. The report also found that the ‘Care to Learn’ programme had an important role in reducing the proportion of young parents who are NEET with only one in four who received Care to Learn NEET after their course, compared with two in three before. The reduction in NEET was sustained for 40 months after Care to Learn programme.

**Commissioning Services**

The Framework provides helpful one page summaries for a number of services that could be commissioned locally. These one page sheets include key statistics, overall objectives, resources that may be available, and key actions for your area. The latter includes actions for local partnerships which, In general, means having named contacts and referral pathways to sexual and reproductive health services, maternity services, health visitors, children’s centres and safeguarding leads. Young fathers are identified throughout because “they matter to mothers and children” and the Framework suggests identifying young fathers in all services, assessing their support needs and providing father friendly services and information accessible to young fathers. PHE suggest that having a specialist young fathers workers or nominated team member can be helpful.

Family Nurse Partnership (FNP) are seen as a support for young families in (i) engagement with social care, children’s centres and sexual health services, (ii) dealing with homelessness & residential instability, (iii) maternal education and work, (iv) developing caregiving attitudes and behaviours, (v) substance abuse and mental well-being, (vi) developing family and friends networks. Clear notification pathways from maternity services and strong links with health visitors,
sexual and reproductive health services, children’s centres etc. are recommended together with alternative pathways for pregnant teenagers who do not receive FNP support or who drop out.

A comprehensive School Nurse offer that promotes or provides pregnancy testing and access to unbiased pregnancy options advice, health promotion for both young parents, information about the return of fertility after pregnancy and postnatal contraception forms part of the Framework as does well-publicised young people friendly sexual and reproductive health services that provide accessible information, contraception planned during antenatal care & provided before postnatal discharge. Post-natal follow up to deal with any problems also forms the expectation for these services.

Children’s Centres are seen as a way young parents who are vulnerable to risk and who lack parenting confidence and skills can access services. They should have a young people friendly environment and staff skilled in engaging with teenage mothers and young fathers. A named lead for teenage mothers and young fathers is also recommended. Breastfeeding support locally for the implementation of the UNICEF ‘Baby Friendly’ initiative in all health care settings and children’s centres is listed and stop smoking support that ensures there is expertise in how local stop smoking services can meet the needs of pregnant teenagers. Stop smoking training for all professionals working with young parents is also recommended.

The Framework suggests that general practices could have a practice champion for young people’s health who can ensure there is a young people friendly environment, accessible information and health promotion for both young parents. Young people also need clarity about confidentiality displayed in the waiting room and support in choosing an effective method of contraception. There needs to be risk assessments for pregnant young women and young parents accessing alcohol & drug services with healthy relationships and sexual health forming part of the service focus for young people.

The commissioning and delivery of universal or targeted youth support should identify how it can support teenage mothers and young fathers as PHE suggest youth support workers can help pregnant teenagers access early and unbiased pregnancy options advice and encourage and support teenage mothers and young fathers to access antenatal care, children’s centres and other specialist services. The voluntary and community sector can also provide information and support and build young parents confidence to attend mainstream services. In order to be successful VCS programmes may need access to childcare for young people and staff with skills to tailor behavioural change interventions in support of young parents.

To ensure emotional health and wellbeing the commissioning of maternity and child health services should be in line with National Institute for Health and Care Excellence (NICE) guidelines on antenatal & postnatal mental health and on promoting the emotional wellbeing of children & young people. There should be arrangements for identifying and meeting the needs of young parents in the local parenting strategy, and the CAMHS Transformational Plans should consider the mental health needs of young parents. Parenting support will be needed as young parents often face significant challenges such as a lack of positive parenting experience, poor mental health, unstable family background or relationship breakdown. Arrangements are needed to identify the needs of both young parents before a child is born, and could include bespoke parenting programmes tailored for those who may have been out of education, and the promotion in all services of the ‘5 Ways to a Happy Childhood’ programme.
Schools need to both help prevent teenage pregnancies through sex and relationship programmes and provide support for school age mothers. Arrangements are needed to ensure school age parents have the same access to education and careers advice as they would if attending a mainstream school and the Framework suggests a re-integration officer or nominated lead can help to ensure the needs of school age parents are identified and met. The Framework reminds post 16 education and training providers that young parents are included in the raising the participation age requirement for full time study, work, volunteering, apprenticeship or a re-engagement programme. It also suggests their participation needs should be identified, amendments made (such as flexible course entry), and dedicated advisers for young parents be in place. Accessible information about ‘care to Learn’ childcare funding and monitoring of its uptake is also needed.

Local housing services will have a duty to house homeless pregnant mothers, but the Framework suggests that more may be required. Early assessment of young parents housing needs together with models of provision that can cater for a range of needs from safe women only accommodation for those experiencing abuse to father friendly accommodation that encourages young fathers to maintain a relationship with their partner and child. The framework also recommends accessible benefits information in community and health services and a job centre plus adviser who leads on benefits for young parents.

**Safeguarding and Looked After Children and Care Leavers**

The Framework suggests that safeguarding strategy must take account of the potential vulnerability of young parents and the consequent increased risk of unintentional injuries and infant death and sudden unexpected death in infancy. Young parents are twice as likely to have been abused themselves in childhood, and are at an increased risk of domestic abuse.

Actions recommended for local areas include ensuring that accessible information and support are available to increase young parents’ knowledge of child development and to inform them about preventing unintentional injuries. Information about domestic abuse support is also needed. Staff need to be trained to ask about domestic abuse, and support programmes for young mothers, perpetrator programmes for young fathers, and co-parenting programmes need to be in place.

Child sexual abuse (CSA) and child sexual exploitation (CSE) need to be identified with referral pathways to specialist support in commissioning specifications for maternity services, child health services and sexual and reproductive health services. It is recommended that all practitioners are trained to be aware of CSA and CSE, and also Female Genital mutilation (FGM) which needs to be identified in local safeguarding policies.

It is important that local services and support recognise that looked after young people and care leavers are more likely to be exposed to risk factors, less likely to benefit from protective factors associated with a stable upbringing, and are more likely to mistrust public services. The Framework suggests that social workers need training in providing consistent support in sexual health and pregnancy, and looked after young children need rapid access to pregnancy testing and unbiased pregnancy options advice.

**Care Pathways**

The Framework ends with summary flow chart care pathways that many involved in developing or commissioning local services will find helpful as a model. There is an overall flowchart, and
detailed antenatal and postnatal pathway charts that also list alongside them the relevant services with contact details.

Comment

Public concern about teenage pregnancy has diminished since 2010 with data appearing to show an improvement, i.e. a reduction in teen pregnancies. Whilst social trends may be an important factor behind the apparent improvement, this remains an important issue which has links to building resilience and preventative strands in anti-poverty and safeguarding policies. It is interesting to note in reading the research literature that there appears to be a stronger focus in the USA on sex and relationship programmes, many of which are school focused, than is the case in England.

Public Health England’s new Framework comes at a good time, reminding us of the significance of work in this area. It provides a comprehensive list of services that health and safeguarding service leads will find helpful as they review or commission local provision.

External Links

Public Health England: Teenage mothers and young fathers: support framework (May 2016)

US Department of Health & Human Services: Teen Pregnancy Prevention Evidence Review includes a link to the Updated findings from the HHS Teen Pregnancy Prevention Evidence Review: July 2014 through August 2015 (April 2016)

The Telegraph: How teenage pregnancy collapsed after birth of social media (March 2016)

The Lancet: Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mother (January 2016)

Centre for Social Justice: Finding Their Feet: Equipping care leavers to reach their potential (January 2015)


Coalition for Evidence Based Policy: Nurse Family Partnership programme (2015)

Guardian: Teenage pregnancy more opportunity than catastrophe, says study (February 2010)

DfE: Teenage pregnancy: past successes - future challenges (December 2010)

Related Briefings

Youth service: the Delivering Differently for Young People (DDYP) programme (February 2016)

Safeguarding – serious and prolonged child sexual exploitation in Rochdale (January 2014)

Listening to Troubled Families (August 2012)

Teenage Pregnancy Strategy: Beyond 2010 (May 2010)

For further information, please visit www.lgiu.org.uk or email john.fowler@lgiu.org.uk