

## **Teenage parent support**

In 2015 Hampshire had a conception rate of 16.6 per 1000 15-17 year olds. In number terms this was 383 conceptions, of these 52.2% end in abortion. There were approximately 183 continuing pregnancies to under 18 year olds. In 2014/15 there were 419 births to under 20s. The ONS live birth data confirms for 2015 there were 412 births to under 20s and of these 106 births were to under 18 year olds.

Nationally it is estimated that about 20% of live births to mothers under 18 are repeat conceptions. Ongoing discussions throughout pregnancy regarding contraception and support to make a contraceptive choice before delivery, with access to specialist sexual health nurse for contraception by day 21 post delivery will reduce the number of unplanned subsequent pregnancies.

Teenage pregnancy is level 3 on the Safeguarding Children Board and Children's Trust [Thresholds chart](#) which is classed as targeted early help. Young parents therefore are identified as a priority group requiring targeted support.

[Early help guidance, checklist and assessment](#) needs to be considered for each young person and with the most appropriate professional taking on the role of 'Early Help Coordinator'. In the case of pregnant young women this may initially be the Midwife but more likely the health visitor as they will have a longer term relationship with the family.

Young parents that are not level 3 on the Children's Trust threshold chart or do not consent to an assessment can still access targeted support through Early Help at Level 2. Support offered is needs led and therefore may differ in each district area. Examples of support are a young parent group or an evidence based parenting programme. Practitioners will need to complete a Request for Support (R4S) form for Level 2 support. R4S forms are available by contacting your local Early Help Hub.

There are a number of risk factors for teenage parents and their babies and these include;

- Children born to teenage mothers have a 61% higher risk of infant mortality
- Children born to teenage mothers have a 63% higher risk of living in poverty
- Mothers under 20 have a 30% higher risk of mental illness two years after giving birth. This affects their wellbeing and their ability to form a secure attachment with their baby, recognised as a key foundation stone for positive child outcomes.
- 21% of the estimated number of young women aged 16-18 who are not in education, employment or training, are teenage mothers and by the age of 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over
- Young fathers are twice as likely to be unemployed aged 30, even after taking account of deprivation

Ensuring young parents have early access to support services will help improve the outcomes for both themselves and their children. The care pathway has been developed to ensure that all young parents receive an equitable service from agencies working with them.

Practitioners working with young people should be aware of their own agencies safeguarding policies and have undertaken safeguarding training.

Young people are at risk of [Child Sexual Exploitation](#) (CSE) and practitioners should have attended training to be able to spot the signs and know how to report concerns. Either a full [SERAF](#) assessment ([guidance](#)) or the shortened assessment [CSERQ4](#) for practitioners that have time limited contact with a young person, see [usage matrix](#).

When assessing a young woman, consideration should also be given to the needs and vulnerabilities of babies father and/or mothers partner/s.

Consent to be gained from pregnant teenagers and their partners for information to be shared. This would allow discussion at Early Help Hub to establish if there are any safeguarding concerns and access to other support services including supporting troubled families.

Some areas will have differing provision in regards to specialist young people antenatal classes and young parent support through groups, 1:1 support and community/voluntary provision. These services should all be on the '[Supporting families early help directory](#)' (Family Information and Services Hub).

The teenage pregnancy care pathway states all pregnant teenagers and pregnant care leavers when notification received into the health visiting team would be universal plus until a full assessment and care plan had been completed. This would allow for an early antenatal contact (from 16 weeks) and then a subsequent contact later in pregnancy with on-going contacts when the baby is born. This would allow the therapeutic relationship that is so fundamental to the FNP programme to be built and enable behaviour change. This additional visit will also enable the health visitor to start discussions much earlier regarding contraception following birth and make the referral to sexual health outreach.

Pregnant care leavers can also access support through the care leaver team (up to 21<sup>st</sup> birthday or up to 25<sup>th</sup> birthday if in education or training). With the young person's consent professionals working with the young parent to be should contact the Children's Reception Team 0300 555 1384 to discuss a support plan.

Young parents including fathers can be referred to district Education, Participation and Training (EPT) lead or Progression Coach through Hampshire Futures for information and advice on education, employment and training. Hampshire futures can also work with young fathers in employment to look at career progression.

Appendix 1 – Care pathway flowchart

Appendix 2 – Teenage pregnancy care pathway

Appendix 3 – Hampshire futures services

Appendix 4 – R4S Level 2 Service