Teenage Parenting Reference Manual

A report prepared for Community Care Inform by Judy Corlyon and Laura Stock, the Tavistock Institute of Human Relations
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1. Introduction

The UK has the highest rate of teenage pregnancy in Western Europe (Unicef 2007), which has given rise to intense public and political interest in the topic (Kelly 2000; Holgate and Evans 2006). However attention has predominately focused on the prevention of teenage pregnancy, whereas research and policy surrounding teenagers who do become parents remains a somewhat neglected subject. Hence, the predominant focus of this reference manual is to explore what support is available and ‘what works’ to improve the outcomes of teenage parents and their children. It will also draw attention to examples of good practice in supporting teenage parents, with a specific focus on vulnerable groups such as looked after children and teenage fathers.

1.1. Background Context

While the UK has one of the highest rates of teenage pregnancy in the developed world the overall trend in incidence is steadily downwards: the latest (provisional) figures show that in 2010, the under-18 conception rate for England and Wales was at its lowest since 1969, at 35.5 conceptions per 1,000 women in that age group (ONS 2012). But despite this general picture, there are areas in England and Wales which are failing to reduce the number of teenage pregnancies locally (Stanley 2005).

This is concerning given that teenage pregnancy is widely associated with poor outcomes for both young parents and their children (Swan et al 2003). Without a complete education or training, teenage mothers are more likely to be unemployed, to live in poverty and to depend on state benefits (Wiggins et al 2005a). Tensions between being a parent and being a teenager cause pressure on their mental well-being, with the result that they are much more likely than older mothers to develop post-natal depression, which impacts on their parenting ability (Ermisch 2003; Liao 2003; Berthoud et al 2004). Teenage mothers are also likely to experience conflict in their relationships with partners and with families (Vary 2001). Their babies are more likely to be born prematurely and to suffer from ill-health (DfES 2006; DoH 2007). In later years children born to teenage parents are more likely to have reduced educational attainment, emotional and behavioural problems, to be at risk of maltreatment or harm, to be economically inactive and to become teenage parents themselves (Moffit et al 2002).

However, there is debate as to whether these adverse outcomes are related to the young age of teenage parents per se, or rather arise from their disadvantaged socio-economic position (Lawlor and Shaw 2002; Berthoud et al 2004). There is now growing recognition that social exclusion is both a cause and consequence of teenage pregnancy and parenthood (Kiernan 1995; SEU 1999; Swan et al 2003; Harden et al 2006). For example, education has been found to have the largest single impact on teenage conception rates: young people who leave school later, with qualifications, are significantly less likely to become teenage parents (Wellings 2001; Bonnell et al 2003, 2005; Wiggins et al 2005a; Arai 2009).

Given the poverty and lack of opportunities experienced by some young women, several authors have argued for greater recognition that ‘teenage motherhood can be a positive, and even rational event in some circumstances’ (Arai 2009, page 139; see also Alexander 2010). For some young people, teenage parenthood can be a positive experience by giving meaning to their lives and acting as a catalyst for changing direction (Aggleton et al 1998;
Clemmens 2003; Wiggins et al 2005a). Similarly in some cases, the experience of early parenthood can encourage teenagers to defy negative expectations and return to education with a greater level of commitment (Burnett 2003; Hosie and Dawson 2005; Wiggins et al 2005a).

Policy

The drive to alleviate social exclusion and improve outcomes for young parents and their children, led to the launch of the ten-year national teenage pregnancy strategy (SEU 1999). This initiative had two primary goals:

- To halve the rate of conceptions among those under 18 years old by 2010 and set a firmly established downward trend in the conception rates for under-16s by 2010
- To achieve a reduction in the risk of long-term social exclusion for teenage parents and their children.

The aims of the strategy included improving ‘joined-up’ working between professionals; developing a national media campaign on teenage pregnancy; improving the quality of teaching sexual and relationship education (SRE) and the availability of contraception services; and improving support to young parents with a view to increasing their participation in education, training and employment. All local authorities were obliged to have a teenage pregnancy coordinator to give advice on effective interventions, alongside having their own ten-year strategies and local targets to reduce under-18 conceptions.

While there was a reduction in teenage conception rates over this ten-year period, the strategy fell considerably short of the intended targets. Some local areas were very successful in reducing their under-18 conception rates, but other areas failed to make any substantive impact (TPIAG 2010). Commentators argued as early as 2002 that the strategy had limited chance of success, because the timescales were unrealistic, and by focusing on sex education and the availability of contraception, this ignored cultural and social factors (FET 2002). There was also a need to address poverty and underlying structural inequalities, with even greater focus on interventions that target young people from disadvantaged backgrounds. Additionally, critics have highlighted that the government missed opportunities by not making SRE part of the national curriculum and not expanding Contraceptive and Sexual Health (CASH) services (Wellings 2005; TPIAG 2010).

Prior to the General Election in May 2010, a new strategy Teenage Pregnancy: Beyond 2010 was published, outlining the next steps and guidance for reducing teenage pregnancy rates and supporting teenage parents. To date, however, the new Coalition Government has not issued a policy on their approach to teenage pregnancy. On 22 February 2011, in response to the latest figures on teenage conceptions, the Children’s Minister, Sarah Teather stated that:

‘Teenage pregnancy is an issue of continuing concern and the Government will recognise the need to continue supporting local good practice in the Department for Education’s youth policy statement and the Department of Health’s Sexual Health Strategy, which are both due to be published later this year.’

In the meantime, the new Government has focused on revising policy around child poverty and on increasing the life chances of all poorer children in order to break the cycle of disadvantage which leads to under-achievement (and thus, indirectly, to choices about
early parenting). Two major reviews, by Frank Field (2010) and Graham Allen (2011) concluded that reducing poverty by fiscal means has not been the solution to determining whether children’s potential could be realised in adult life. Rather, factors such as family background, ‘good’ parenting (not defined) and opportunities for learning and development are more important than money in preventing poor children from becoming poor parents. Especially in a child’s earliest years, the ‘right kind of parenting’ is a bigger influence on their future than wealth, class, education or any other common social factor. A further strand in this argument is an increased emphasis on the role of the relationship between adult couples, seen as a key factor in determining the outcomes for their children. Under this model, a poor relationship between parents, whether living together or apart, is seen as not only detrimental to themselves, but is also likely to produce negative outcomes for their children (Robles and Kiecolt-Glaser 2003; Coleman and Glen 2009; Field 2010; Allen 2011).

For teenage parents and their children the implication of this policy shift is that attention is turning away from trying to ameliorate their well-documented difficult financial circumstances and poor outcomes, and instead focusing on preventative aspects, including parenting and relationship support.

The immediate challenges in the current difficult economic environment are around reductions in the welfare budget, with an immediate effect on low-income families, alongside cuts to public services, where councils are pursuing efficiency savings through reductions in public spending. Governmental policy has shifted towards localism and decentralisation, and moving power away from central government to local areas. Hence, centrally directed grants, including those for teenage pregnancy, have now been replaced by a new Early Intervention Grant: the intention is to free local areas to prioritise funding for themselves around essential frontline services. While some local areas may continue to focus strategically on teenage pregnancy reduction, for other areas this may not remain a core priority. With the closure of the regional Government Offices, there are no longer any Regional Teenage Pregnancy Coordinators and a number of local authorities have decided to reduce or abolish local coordinator posts.

Similarly, the current reorganisation of the NHS, alongside the termination of the Teenage Pregnancy Independent Advisory Group (TPIAG) which monitored the progress of the teenage pregnancy strategy, present further challenges. There are also significant changes taking place in youth services, such as the closure of Connexions centres, which have been replaced by a new employability service, concentrating on supporting ‘work-ready’ young people. Additionally, a substantive overhaul of the welfare benefits system is set out in the Welfare Reform Bill 2011 which is currently making its way through the Houses of Parliament. This includes the creation of a single streamlined benefit (the Universal Credit), reforms to housing benefit, the employment and support allowance, alongside changes to child support payments.
2. Supporting Teenage Parents: What Works

As outlined above, policy and practical support for teenage parents and their children is currently in a state of significant flux. Also, policy to date has concentrated predominantly on preventing teenage conceptions with considerably less attention paid to strategies to support teenagers who do become pregnant. Research evidence on teenage parents is likewise limited: research has primarily concentrated on identifying negative outcomes which can be experienced by young parents and their children, with very little evidence available on how best to improve outcomes for this group (Swan et al 2003). Consequently, it is difficult to map currently available provision and support for this group within this reference manual. Nevertheless the following sections report on any existing evidence around what works in improving outcomes for teenage parents in terms of their health and well-being, education and employment, financial circumstances, housing, family relationships and parenting.

2.1. Health and Well-being

Pregnant teenagers are often late entries into antenatal care, owing to lack of information or fear of discovery. Together with the fact that young women are more likely to smoke during pregnancy, this may contribute to an increased risk of poor health outcomes (Kokotailo et al 1992; Konje et al 1992). Yet there is some strong evidence that timely access to good antenatal care and specialist maternal care programmes for teenage mothers can improve their outcomes. (Swan et al 2003).

The National Teenage Pregnancy Midwives Network was founded in 2001 by two midwives working with young people. Its aim is to improve maternity services for teenage parents and their children by: collecting evidence on what works to improve outcomes; enabling midwives (and others) to share good practice and innovative work ideas; and increasing support for midwives working specifically with young parents. The network has over 400 members and membership is free (http://www.bestbeginnings.org.uk/ntpmn).

Subsequently many antenatal services have employed specialist ‘teenage pregnancy midwives’ who provide ongoing care and are responsible for developing and co-ordinating links with other agencies. Provision might include offering home visits and antenatal care at alternative venues in the community, smoking cessation advice, parent education, a text messaging advice line and young parent support groups. A further service is the provision of advice on contraception as repeat pregnancies are not uncommon among teenage mothers: about 20 per cent of babies conceived by under-18s are to young mothers who are already teenage mothers DCSF 2008).

Examples of local innovative services can be found at the following websites. However, because of reductions in funding to both statutory and voluntary sector services in 2011 some of these might not be currently in operation.

http://nhslocal.nhs.uk/story/midwives-helping-tackle-teenage-pregnancy-birmingham

http://www.doh.gov.uk/children/nsfccasestudies.nsf/0ffae828d1e48e8e80256f5c0041d510/f5ffe90b9533480f80257141003789f3?OpenDocument
In 2008 the government published guidance on appropriate provision for pregnant teenagers and young fathers to ensure the best outcomes. This was updated in the following year. [https://www.education.gov.uk/publications/eOrderingDownload/DCSF-00673-2009.pdf](https://www.education.gov.uk/publications/eOrderingDownload/DCSF-00673-2009.pdf)

Home visiting programmes for teenagers, both during and after pregnancy, were found to decrease the number of children having incomplete immunisations, severe nappy rash, and hospitalisation in the first year of life (Fullerton et al 1997). In a US initiative – the Nurse Family Partnership (NFP) – nurses visited young first-time mothers before and after they gave birth to provide information about their child’s health and development, to enlist family and friends in providing support for the new mother and to link the family to other health and social care services (Card 1999; Bruton and Thomas 2001). The programme has been subjected to a number of robust evaluations, which have shown significant benefits for vulnerable young families, including: improved language development; school readiness and academic achievement; improvements in antenatal health; reductions in children's injuries, neglect and abuse; and improved parenting practices (Olds 2006). The programme is currently being piloted in the UK as the Family Nurse Partnership (FNP) with specially trained nurses (family nurses) offering intensive and structured home visits to first-time young mothers from early pregnancy until the child is aged two years. The UK programme completed a formative evaluation early in 2011, and is currently undergoing a randomised control trial to test the impact on families until 2013 (Barnes et al 2011). Early findings point to the potential of the programme to make a real difference to the life chances of some of the most disadvantaged families. Notably, there is considerable reported success in engaging fathers.

In terms of improving teenage parents’ emotional well-being, there have been very few studies to evaluate the effectiveness of different approaches. In a systematic review of teenage parenting interventions, Harden et al (2006) found only four studies focusing on emotional well-being and from these there was not sufficient evidence to determine any statistically significant improvements in the teenage parents involved. However, the evaluation of the Sure Start Plus programme for teenage parents (Wiggins et al 2005a), did identify improvements in young mothers’ well-being. The programme focused on tailored, one-to-one, and intensive support to teenage parents by Sure Start advisors including: befriending and confidence building, help in negotiating family relationships, and practical advice, such as advocacy with local government departments, help to obtain benefits and housing, and help in accessing educational opportunities and organising childcare. The evaluation found that young women valued the holistic approach of the advisors and considered that this improved their overall well-being (ibid). They appreciated having an individual relationship with the worker and confidential support with personal issues alongside practical help and advice. This evidence suggests that pregnant teenagers have additional unique needs and require more extensive support during and after pregnancy than older mothers. However, despite the evaluation finding that young mothers’ relationship with their Sure Start Plus advisor promoted their overall well-being, there was no significant improvement found in relation to better self-esteem or mental health. Given the mothers came from disadvantaged backgrounds, the evaluation concluded that much more intensive work was needed to improve deep-seated issues such as low self-esteem and poor mental health (Wiggins et al 2005a).
2.1.1. Education and Employment

Teenage mothers tend to have poor experiences of education before becoming pregnant, which can present an ongoing barrier to their return to education after the birth of their children (Wellings et al 2001; Aria 2009). The proportion of teenage mothers who are not in education, employment or training is very high, at around 70 per cent (DWP 2006). A study carried out by the Audit Commission estimated that in their fieldwork areas 52 per cent of young people who were pregnant or parents spent six months or more out of education, work or training, five times more than their peers (Audit Commission 2010). The report contains some examples of local innovative approaches to engaging young parents.

Young parents are reportedly deterred by the reluctance of many mainstream schools to reintegrate them, the impact of peer pressure and also a lack of child-care options (Dawson 1997; 2006). Though many report an intention to resume their education when the child is older, they often do not achieve the necessary qualifications for further education and frequently struggle in the increasingly highly skilled labour market (Corlyon and McGuire 1999; DCSF and DH, 2007). However, under new legislation (the Education and Skills Act 2008), all 16 and 17 year-olds, including teenage mothers, are now required to stay in education or training until they reach 18 years. At the same time the Educational Maintenance Allowance scheme for which teenage mothers were eligible closed in January 2011 and has been replaced by the more discretionary Bursary Fund for those between 16 and 19 years who might struggle with the costs for full-time education or training. (http://www.direct.gov.uk/en/EducationAndLearning/14To19/MoneyToLearn/16to19bursary/index.htm)

The provision of affordable and accessible childcare has been identified as a crucial factor in enabling young mothers to return to education. Although some teenage mothers may want to stay at home with their children until they reach school age, others who wish to return to work or education often find that provision of accessible childcare is limited (Evans 2010; Wiggins et al 2005a). Evidence suggests that daycare provision enables mothers to participate more fully in the labour force and over the long term increases the chances of young parents remaining in education (Zoritch et al 1998; Toroyan et al 2003). The Government scheme, Care to Learn, offers financial support to young parents who are in education or training. Parents beginning a course with public funding while under the age of 20 are eligible for up to £160 a week towards the cost of childcare and travel until the end of their course. However, take-up is low in some areas of the country.

Teenage mothers also find different types of learning environments more suitable, depending on their individual circumstances and preferences. They are more likely to return to their previous school if they have good friendships with other students and positive relationships with teachers who made them feel ‘normal’ (Hosie and Dawson 2005). However, young women who feel stigmatised and are uncertain if they can cope with negative reactions of pupils and teachers, tend to prefer the option of specialist units (ibid; Chase et al 2003). Specialist schooling is especially popular with women who had been poor attendees, or had been excluded before their pregnancy (Corlyon and McGuire 1999; Chase et al 2003; Harden et al 2006). An evaluation of the funding of re-integration officers through the Standards Fund Grant indicated that the appointment in local education authorities of someone with the central task of maximising the continuation in education of mothers of school-age was worthwhile but the ultimate success of such a strategy depended on the availability of a range of alternatives to a return to mainstream education. The availability of a specialist referral unit or a college of education as a point of re-entry,
for example, often offered a genuine opportunity for young mothers to rethink their engagement with education (Hosie 2002).

In a systematic review of teenage parenting interventions and social exclusion, Harden et al (2006) found that programmes that used welfare sanctions and bonuses, including punitive sanctions for non-attendance, were less successful in encouraging young people back into education or employment. In the long-term, it was more effective to allow young mothers the flexibility and scope to find something they enjoy and value. Given the different circumstances of individual mothers, offering a choice of learning environments, alongside flexibility in the timing of when they return to education and employment, was more effective. Similarly, education programmes that offered tailored one-to-one support and advice to teenage parents, individualised plans, professional advocates to approach services and education providers on their behalf, professional training and work experience, were more effective in increasing participation (Harden et al 2006).

2.1.2. Financial Support

Socio-economic deprivation, intergenerational poverty and social exclusion have been most consistently and widely associated with teenage pregnancy and parenthood (SEU 1999; Mayhew and Bradshaw 2005; DCSF and DH 2007; Uren et al 2007). Research widely reports that teenage parents experience financial hardship and that they struggle with money (Burnett 2003; Chase et al 2003; Wiggins 2005a). In one study, everyday items were considered to be personal treats (Hall et al 2003). It is apparent that young women often relied heavily on their families when they were short of money, even when their families were themselves seriously ‘stretched’. For example, it was not unusual for women to borrow cash in emergencies or to rely on free meals, baby equipment or nappies from their families (Allen et al 1998; Hughes et al 1999; Wiggins et al 2005a). Despite negative public and media perceptions of teenage mothers, several studies have found that young parents are ill-informed about the financial benefits they are entitled to during and after pregnancy (Allen et al 1998; Evans 2003). Similarly, many experienced barriers in accessing appropriate benefits, finding the system confusing and difficult to negotiate (Speak 1995; Hall et al 2003).

However, despite this picture of poverty and deprivation, there are very few studies available that specifically evaluate the effectiveness of different approaches to increase the financial circumstances of teenage parents. The Sure Start Plus evaluation is one of the exceptions (Wiggins et al 2005b), which found that teenage mothers particularly valued the proactive support given by their advisors, in order to help them better access any benefits they were entitled to. They found it particularly useful having someone to liaise with services on their behalf and advise them on different options available (ibid). In the Teenage Parent Supported Housing Pilot (Quilgars et al 2011), one of a suite of nine Child Poverty Pilots funded by the Government until March 2011, support with budgeting and debt management was particularly well received by teenage parents. This included formal courses, more informal one-to-one support and also the knowledge that they had someone on call if they had concerns about their finances. Young people in the pilot, consistently reported feeling better able to manage their finances as a result of this help, and fewer young people were behind with their rent when leaving the pilot, compared with at the start (ibid).
Yet while there are indications that these interventions may have improved young parents’ financial circumstances, it was beyond the scope of these evaluations to test the extent to which teenage parents were lifted out of poverty. It was not a primary aim of either Sure Start Plus or the Supported Housing Pilot to improve young parents’ financial circumstances. While there is growing awareness of the links between poverty and teenage pregnancy, there is a real lack of evidence of what is effective in the longer term (Wiggins et al 2005a; TPIAG 2010).

2.1.3. Housing

Teenage parents and their children are significantly more likely to live in poorer neighbourhoods, in low-quality, insecure and cramped accommodation and to be dissatisfied with their local area (Wellings et al 2001; Berrington et al 2007; Evans 2010). Due to their low incomes, teenage mothers are also unlikely to become home-owners in later life (Ermisch 2003). Their housing situations are often varied, ranging from living with family or relatives, in supported accommodation units, living independently in rented accommodation, in temporary housing (such as hostels or bed and breakfasts), or being homeless (Harden et al 2006). A study by Barnados found that a number of teenage mothers were made homeless by their parents and were living with their babies in unsuitable hostels (Evans 2010).

If young mothers did have supportive families, living with them could often provide a short-term practical solution until they were able to get independent housing. They often felt more secure living in their family homes, where childcare and support in looking after their babies was more easily available (Allen et al 1998). However, overcrowding could often be a difficulty, alongside tensions with family members, and perceptions among teenage parents that they were causing stress to their families (Evans 2003; Wiggins et al 2005a). Young parents without family support or in care, who were living in supported accommodation, found it helpful when there were proactive staff members on hand to give practical help: for example, giving them parenting advice, teaching them new cooking skills or how to manage their money (Corlyon and McGuire 1999; Chase et al 2003). However, this type of housing could sometimes have a cold atmosphere, with restrictive rules and regulations, or be cramped with insufficient space (ibid). A number of studies have also reported negative experiences among teenage parents living independently, either in local authority housing or private lets. This housing is frequently located in deprived areas, with high levels of crime, drug use and vandalism which could make teenage parents and their children feel unsafe. They could also experience isolation and loneliness if housed away from family and friends. Additionally teenage parents also found the process of securing independent housing uncertain and unsettling (Speak 1995; Burnett 2003; Hall et al 2003).

One of the requirements of the Teenage Pregnancy Strategy (SEU 1999) was that by 2003 all under-18 teenage lone parents unable to live with family or a partner should be placed in supervised semi-independent housing with support, not in an independent tenancy. In 2002 the Teenage Pregnancy Unit and the Office of the Deputy Prime Minister commissioned research into supported housing for young mothers to assist providers develop new and existing schemes for teenage mothers which offered good quality accommodation and support. (ODPM 2002). Key findings were that:
• No single model of provision meets all needs: diversity of provision is needed
• Schemes housing 6-10 young mothers were viewed as ideal
• Support is best provided through a key-working system with structured support and action plans in an atmosphere that is respectful, empowering and offers confidentiality
• Schemes needed to explore how best to support the family more holistically by working more positively and proactively with men
• Partnership working should be prioritised in order to provide a more comprehensive and effective service to residents.
• Resettlement services needed further development.

One example of such provision is the Ekaya Housing Association which provides 10 supported housing schemes primarily for black and ethnic minority young women, in south London boroughs with the UK’s highest teenage pregnancy rates. Around 124 young mothers a year are helped to develop skills for independent living through a holistic approach. Ekaya also provides a floating support service to 100 other young mothers living independently (http://www.ekaya.co.uk/our_services/supported_housing/)

An evaluation by Livesley and colleagues at the University of Salford of the Action for Children housing scheme and floating support for teenagers who are pregnant or parents in Rochdale concluded that the services provided impacted positively and in a lasting manner on their recipients. They were also valued by external partners and referring agencies, and they were cost-effective when compared with valid alternative scenarios (Livesley et al 2011).

Support with housing issues was found to be one of the key benefits of the Sure Start Plus programme (Wiggins et al 2005b). Young women in Sure Start Plus areas were significantly more likely to receive help in relation to housing issues than those who did not use the programme. In particular, areas that adopted the model of intensive, longer-term, one-one support with teenage parents, were more likely to improve their housing situations. These advisors were able to successfully represent teenage parents when liaising with services and help them navigate different housing providers more effectively.

The Teenage Parent Supported Housing Pilot, delivered from 2009 to March 2011, focused on providing seven schemes of ‘enhanced support packages’ to parents aged 16 and 17, who were not living with their families. Within the accommodation provided, there was also access to intensive on-site staff support, offering a range of services such as help in finding permanent accommodation, courses on finances and independent living, relationship and family counselling, peer mentoring, and e-learning. Multi-agency working was also key to the pilot, with the aim of better coordinating provision across housing, health and social care sectors. The evaluation (Quilgars et al 2011) found that having on-site staff who could offer holistic support on all areas of their lives (e.g. not only ‘housing related support’) was particularly effective for teenage parents. The courses to prepare young people for independent living and also support with budgeting and debt management were also found to be particularly helpful. Two thirds of young people were living independently (67%) at the end of the pilot, compared to two in five (41%) at referral, indicating positive outcomes in these areas. However, the pilot was less successful in helping young people move into employment education or training.
2.1.4. Relationships and Parenting

Evidence suggests that teenage mothers are likely to experience tension and conflict in relationships with their parents and families (The Princes Trust 2001; Vary 2001). They are also very unlikely to be living with a partner by the time they reach their 30s and 40s (Ermisch 2003). Domestic violence is also increasingly being identified as a key concern for young mothers (Wiggins et al 2005b; Pannack 2010). Having a supportive family and also positive partner relationships has been found to be an important factor that characterised the lives of those teenage mothers who went on to have good outcomes (Wiggins et al 2005b). There is also growing evidence which suggests that in separated families, a good relationship and regular contact with non-resident fathers is associated with better social, cognitive and behavioural outcomes for children (Corlyon et al 2009; Mooney et al 2009).

In general, there is very little research on ‘what works’ to specifically improve relationships between teenage couples and their families. Findings from the Sure Start Plus evaluation (Wiggins et al 2005b), suggest that the programme had a positive impact on improving the quality of relationships between young women and their families. Support around negotiating relationships with families was a core part of the advisors’ work. The evaluation found that young women involved in the programme were significantly more likely to feel their family was currently being helpful to them and that they had received support from their partner than those not using the services. However, young women in Sure Start Plus areas were no more likely to have remained together with the father of their child (ibid).

In terms of parenting, several studies have found that both individual and group-based parenting programmes, especially those that are specifically targeted at teenage parents, produce positive results for both mothers and their children. This includes areas such as mother-infant interaction, language development, parental attitudes and knowledge, communication, and maternal self-confidence (Koniak-Griffin et al 1999; Coren and Barlow 2004). This encompasses interventions for teenage parents based in various settings, such as health, maternity and family support centres. However, in general, rigorous research evaluating the effectiveness of parenting programmes targeted at teenage parents is lacking (Coren and Barlow 2004).
3. Looked After Teenage Parents

Young people who are in or are leaving the care of a local authority (looked after children), have been identified as being particularly at risk of becoming teenage parents (Biehal 1995; NICE 2007). They are two and a half times more likely than other teenagers to become pregnant, and it is estimated that one in four young women leaving care are either pregnant or already mothers. Almost half of all female care leavers become mothers between the ages of eighteen and twenty-four (ibid; SCIE 2004).

This is concerning because looked after children are more likely to have educational, health, social and economic difficulties. They are more likely to be unemployed, have more mental health problems, be expected to be independent, and to have little social or financial support (SEU 1999; Haydon 2003). There are significant differences between looked after children and other young people, resulting from the complexity of their pre-care experiences and the realities of being in care. However, it is important to note that pregnancy can be a positive experience for many young people in care: having a baby may provide them with stability, a sense of purpose, someone to love and may one constant element in a disrupted life (ibid).

Looked after children are known to have low levels of school attendance, which means they have less access to good quality, consistent sources of sex and relationship education (SRE) than many other children and young people (Corlyon and McGuire 1997;1999). Given this context, care leavers may require additional support to access specialist advice on contraception. Social workers and foster carers have a duty to provide effective ‘personal, social and health education, complementing that which is provided by schools’ (DoH 2009). They should be trained in SRE to give them the confidence and competence to have supportive discussions about sex and relationships with young people in care.

Many young people in or leaving care who do become pregnant, do not receive neutral, unbiased advice about all the possible options (SEU 1999; Haydon 2003). Good practice indicates that they should be offered non-judgmental information and, where necessary, more in-depth counseling on their options of keeping the baby, abortion or adoption. Social workers should ensure that they have information to make an informed choice about their pregnancy, and offer support in whatever choice the young person makes (DoH 2009). Due to their past experiences, looked after children are more likely than others to be against abortion and many would not consider giving their baby up for adoption (Corlyon and McGuire 1999). Teenage parents leaving care experience similar difficulties to those faced by other young parents (finding a place to live, concerns around parenting, child care, money, housing, accessing education or work). However, they are less likely to have consistent, positive adult support and are more likely to have to move (Haydon 2003).

Where there are safeguarding concerns about the child, a mother may be required to undertake a residential placement to support her. This might include an assessment of risk and of the mother’s ability to parent and meet her child’s needs. St Michael’s Fellowship (http://www.stmichaelsfellowship.org.uk) which also carries out community assessments and a range of outreach work with young mothers, has four residential centres and is experienced in working with young mothers, including those under the age of 16.
4. Teenage Fathers

Teenage fathers remain a somewhat ‘invisible’ group in policy, practice and research (Thornberry et al 1997). Public and media debates on teenage pregnancy and parenthood, are invariably focused on the young mother rather than the young father. Their details are not always included on the birth registration and the collection of statistics on this group is very limited. In 2010 there were 10,093 births registered to parents both aged under 20 (ONS 2011). However, according to data from the Teenage Pregnancy Unit, only a quarter of fathers of babies born to teenage mothers in 2005 were aged under 20 (DCSF and DH 2007). Most teenage pregnancies involve eighteen or nineteen year-old women, and most fathers of these pregnancies are in their early twenties (Dudley 2007): in 2010 there were 16,376 births registered to a mother under 20 and a father aged 20 to 24 (ONS 2011b).

What information we do have about teenage fathers, suggests that their characteristics are similar to teenage mothers: young fathers are more likely to live in deprived areas, to be unemployed and not in education or training (Bunting and McAudley 2004; Berrington et al 2007). When interviewing a small sample of teenage fathers, Wiggins et al (2005a) found that these young men were characterised by unhappy childhoods, a dislike of school, and not using contraception or experiencing contraception failure.

The relationships between young fathers and mothers are also likely to be fragile at the outset, which can limit the chances of the relationship enduring in the long-term (ibid). Yet according to a recent research review by the Fatherhood Institute (2010), many young fathers do indeed wish to maintain contact with their children, but they are often overlooked by service providers and find it difficult accessing appropriate support. Wiggins et al (2005a) identified that relationships between young fathers and their children were most likely to flourish where there was strong commitment on behalf of the father, where the mother and her parents supported the relationship, and if the father’s parents played an active role. This is supported by Bunting and McAudley (2004) in a research review on teenage fathers, which indicated that the support and role expectations of paternal grandmothers may influence how involved young fathers are in the lives of their children.

The Teenage Pregnancy report (SEU 1999) identified young men as ‘half of the problem and the solution’ (p 97) but confined its accompanying strategy to the provision of sex education for young men and ensuring that they provided financial support for any children they had. Subsequently the need to engage more positively with young fathers was recognised in Government policy of the previous (Labour) administration which gave increased emphasis to the need to develop services for them and to respond to their needs as well as to those of young mothers.

It is well documented that fathers in general remain one of the groups who have difficulty in accessing services (Ghate, Shaw and Hazel 2000). Fathers who live apart or are separated from the mothers of their children have become classified as one of the ‘hard to reach’ groups of potential service users (Quinton 2004). Barriers to service use by fathers may involve a lack of awareness of what support exists, practical problems such as transport or opening hours, attitudinal problems stemming from the assumption that parenting is the domain of women, and structural problems involving staff gender and female-orientated methods of working (Corlyon et al 2009). Yet teenage fathers and young men in general are under-represented or absent from much of the research literature. There are indications that young fathers receive little professional support in the transition to fatherhood and feel excluded from the birth process, and that health professionals lack the
skills to engage them (Quinton 2002). However, in general there is a pressing need to understand this ‘hidden’ group, and to have evidence on which types of interventions are most effective in supporting them and improving their outcomes (Harden et al 2006).

The evaluation of the Sure Start Plus programme initially identified that very few services were accessing and working with teenage fathers, and therefore there was limited or no impact from the programme in improving fathers’ outcomes (Wiggins et al 2005b). Any work that did take place with them generally took the form of practical advice rather than in-depth emotional support, and usually occurred as a result of opportunistic encounters rather than a systematic targeting of young fathers. Staff capacity and funding was cited as the main reason, however some programmes saw themselves as a women-only service and felt that working with fathers could lead to a conflict of interest.

However, in the final year of the programme many services shifted their priorities and began working with young fathers. Effective strategies employed to access young men, included funding specialist young men workers to deliver services, having a mixed gender team, developing specific fatherhood programmes and training, changing ways of working to help better access fathers, working with organisations which specialised in working with teenage fathers, encouraging cross-referrals between services (such as youth projects, social services and probation) and carrying out research into the needs of young fathers to inform future practice (Wiggins et al 2005b). Other learning around working with teenage fathers includes: involving mothers in attempting to access young fathers, marketing services in a way that appeals to young men, attracting fathers through practical services such as housing and benefits support, being flexible in delivery to accommodate young men who work, and taking time to establish relationships with young men through a one-one service before inviting them on to training or a fatherhood programme (Sawtell et al 2005).

A recent study by Barnados highlighted that support services, including health workers, nurses and social workers, needed to acknowledge the involvement of young fathers in teenage pregnancy and parenthood. Wherever appropriate, services should treat young parents as family unit – even if separated – and at all stages, encourage the father’s continued involvement in his child’s upbringing (Evans 2010).

A study funded by the Teenage Pregnancy Unit and carried out by the Trust for the Study of Adolescence reported on research which explored interesting and innovative work with young fathers in England (Sherriff 2007). The report was developed to address the lack of information about promising practice in working with young fathers, particularly in terms of those working with teenage and school-age fathers. A persistent theme emerging from the study was the lack of sustained funding for work with young fathers but nevertheless the report cites numerous examples of good practice in respect of a variety of provision from the schemes which include the following: Brighton and Hove Young Fathers Project; Base25 in Wolverhampton; the Mancroft Advice Project (MAP) in Norwich; T-BAG in Halifax, B2b+ in Sunderland; Barrow Dads’ Group in Barrow-in-Furness; the Health Initiatives Team at Education Leeds; Ladz 2 Dadz in Northamptonshire, Fathers First in the Isle of Wight; ante-natal group work from Sure Start in Berwick-upon-Tweed; the Teenage Pregnancy Support service (TPSS) in Hull, Lewisham Young Fathers Project; and Fathers Plus in Newcastle. Section 3 of the report provides the contact details of all the projects, services, and agencies/organisations which were included as part of the case-study evidence for study, most of which have been the subject of some kind of evaluation.
A Young Fathers Network microsite was developed by the national charity Young People in Focus (YPF, formerly the Trust for the Study of Adolescence). The organisation closed in August 2011 and the site is no longer being updated but it contains useful and relevant information for people working with young fathers including advice on how to reach young fathers and examples of work with them (http://www.youngfathers.net).
5. Links to Research, Publications & Reports

5.1. Key Research


This study sought to examine the social, economic and health outcomes of young parenthood for mothers, fathers and their children. It involved statistical analysis from two large-scale longitudinal surveys.


This report presents the findings from a systematic review of the research evidence relating to teenage pregnancy, parenting and social exclusion.


This study focused on identifying the critical factors that distinguished between teenage mothers with positive and negative outcomes. The research followed up mothers who had previously been teenage parents to give the project a longitudinal perspective.


This research sought to explore the experiences of pregnant young women and young mothers at school, and also what factors and forms of provision can increase educational attainment and promote young mothers to return back to education.

This evidence briefing is a review of reviews about the prevention of teenage pregnancy, and the effectiveness of interventions to improve outcomes for teenage parents. The review highlights that evidence related to the later is very limited, hence this briefing predominately focuses on the teenage pregnancy.

5.2. Key Publications and Reports


The Teenage Parent Supported Housing Pilot (TPSH) pilot involved seven local authorities to provide ‘enhanced support packages’ for teenage parents, with a particular emphasis on those aged 16 or 17 years and not living with parents/carers. The pilots were operational from early 2009 to March 2011. The evaluation sought to assess the effectiveness of enhanced support packages in terms of improving outcomes for teenage parents and their children.


The report comes from the independent group of experts that advised the government on reducing teenage pregnancy over the ten-year strategy. While it acknowledges that significant progress has been made in reducing teenage pregnancy and improving support for teenage parents, it also outlines a number of missed opportunities, namely in not sufficiently promoting the provision and take-up of contraception and sexual health services designed for young people and in failing to make SRE teaching in schools compulsory.


Policy document from the previous government just before the 2010 general election. It outlines the progress made in the ten-year strategy between 1998 and 2008 in reducing England’s teenage pregnancy rate. This also includes examples of effective practice taking place across local areas.

This guide is aimed at practitioners working in mainstream services or areas where the prevalence of teenage pregnancy is relatively low and where there are no dedicated services for pregnant teenagers. It offers practical guidance on working with pregnant teenagers and young fathers.


A revised edition of the 2004 guide, targeted at PCTs and local authorities, in order to outline the minimum standards for a high quality maternity service for teenagers. The guide includes examples of best practice, and innovative approaches that are being taken by different maternity services to support pregnant teenagers.


This document outlines policy guidance on how to improve the outcomes for teenage parents. It includes details on the characteristics of teenage parents, the poor outcomes that can be experienced and also the views of teenagers on the types of support they need.


The Sure start Plus programme, was launched in 2001 as part of the Teenage Pregnancy Strategy, to improve poor health and social outcomes for teenage parents and their children. The programme provided targeted support to young people in 35 local authorities with high rates of teenage pregnancy. The evaluation aimed to find out what could be learnt from Sure Start Plus programmes to inform other relevant services.


The aim of this guide is to offer information to practitioners working to develop successful services for teenagers who are pregnant or parents. It contains examples of practice considered to be effective by providers and/or service users.

This guide was commissioned by the Teenage Pregnancy Unit (TPU) to provide material for Teenage Pregnancy Co-ordinators, highlighting examples of innovative practice for looked after children/ care leavers. It also provides recommendations for policy and practice around the provision of services for pregnant teenagers and young parents that are in or have left care.
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March 2011

Teenage Parenting Reference Manual

A report prepared for Community Care Inform by Judy Corlyon and Laura Stock, the Tavistock Institute of Human Relations
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1. Introduction

The UK has the highest rate of teenage pregnancy in Western Europe (Unicef 2007), which has given rise to intense public and political interest in the topic (Kelly 2000; Holgate and Evans 2006). However attention has predominately focused on the prevention of teenage pregnancy, whereas research and policy surrounding teenagers who do become parents remains a somewhat neglected subject. Hence, the predominant focus of this reference manual is to explore what support is available and ‘what works’ to improve the outcomes of teenage parents and their children. It will also draw attention to examples of good practice in supporting teenage parents, with a specific focus on vulnerable groups such as looked after children and teenage fathers.

1.1. Background Context

While the UK has one of the highest rates of teenage pregnancy in the developed world the overall trend in incidence is steadily downwards: the latest (provisional) figures show that in 2010, the under-18 conception rate for England and Wales was at its lowest since 1969, at 35.5 conceptions per 1,000 women in that age group (ONS 2012). But despite this general picture, there are areas in England and Wales which are failing to reduce the number of teenage pregnancies locally (Stanley 2005). This is concerning given that teenage pregnancy is widely associated with poor outcomes for both young parents and their children (Swan et al 2003). Without a complete education or training, teenage mothers are more likely to be unemployed, to live in poverty and to depend on state benefits (Wiggins et al 2005a). Tensions between being a parent and being a teenage cause pressure on their mental well-being, with the result that they are much more likely than older mothers to develop post-natal depression, which impacts on their parenting ability (Ermisch 2003; Liao 2003; Berthoud et al 2004). Teenage mothers are also likely to experience conflict in their relationships with partners and with families (Vary 2001). Their babies are more likely to be born prematurely and to suffer from ill-health DfES 2006; DoH 2007). In later years children born to teenage parents are more likely to have reduced educational attainment, emotional and behavioural problems, to be at risk of maltreatment or harm, to be economically inactive and to become teenage parents themselves (Moffit et al 2002).

However, there is debate as to whether these adverse outcomes are related to the young age of teenage parents per se, or rather arise from their disadvantaged socio-economic position (Lawlor and Shaw 2002; Berthoud et al 2004). There is now growing recognition that social exclusion is both a cause and consequence of teenage pregnancy and parenthood (Kiernan 1995; SEU 1999; Swan et al 2003; Harden et al 2006). For example, education has been found to have the largest single impact on teenage conception rates: young people who leave school later, with qualifications, are significantly less likely to become teenage parents (Wellings 2001; Bonnell et al 2003, 2005; Wiggins et al 2005a; Arai 2009).

Given the poverty and lack of opportunities experienced by some young women, several authors have argued for greater recognition that ‘teenage motherhood can be a positive, and even rational event in some circumstances’ (Arai 2009, page 139; see also Alexander 2010). For some young people, teenage parenthood can be a positive experience by giving meaning to their lives and acting as a catalyst for changing direction (Aggleton et al 1998;
Clemmens 2003; Wiggins et al 2005a). Similarly in some cases, the experience of early parenthood can encourage teenagers to defy negative expectations and return to education with a greater level of commitment (Burnett 2003; Hosie and Dawson 2005; Wiggins et al 2005a).

**Policy**

The drive to alleviate social exclusion and improve outcomes for young parents and their children, led to the launch of the ten-year national teenage pregnancy strategy (SEU 1999). This initiative had two primary goals:

- To halve the rate of conceptions among those under 18 years old by 2010 and set a firmly established downward trend in the conception rates for under-16s by 2010

- To achieve a reduction in the risk of long-term social exclusion for teenage parents and their children.

The aims of the strategy included improving ‘joined-up’ working between professionals; developing a national media campaign on teenage pregnancy; improving the quality of teaching sexual and relationship education (SRE) and the availability of contraception services; and improving support to young parents with a view to increasing their participation in education, training and employment. All local authorities were obliged to have a teenage pregnancy coordinator to give advice on effective interventions, alongside having their own ten-year strategies and local targets to reduce under-18 conceptions.

While there was a reduction in teenage conception rates over this ten-year period, the strategy fell considerably short of the intended targets. Some local areas were very successful in reducing their under-18 conception rates, but other areas failed to make any substantive impact (TPIAG 2010). Commentators argued as early as 2002 that the strategy had limited chance of success, because the timescales were unrealistic, and by focusing on sex education and the availability of contraception, this ignored cultural and social factors (FET 2002). There was also a need to address poverty and underlying structural inequalities, with even greater focus on interventions that target young people from disadvantaged backgrounds. Additionally, critics have highlighted that the government missed opportunities by not making SRE part of the national curriculum and not expanding Contraceptive and Sexual Health (CASH) services (Wellings 2005; TPIAG 2010).

Prior to the General Election in May 2010, a new strategy *Teenage Pregnancy: Beyond 2010* was published, outlining the next steps and guidance for reducing teenage pregnancy rates and supporting teenage parents. To date, however, the new Coalition Government has not issued a policy on their approach to teenage pregnancy. On 22 February 2011, in response to the latest figures on teenage conceptions, the Children’s Minister, Sarah Teather stated that:

‘Teenage pregnancy is an issue of continuing concern and the Government will recognise the need to continue supporting local good practice in the Department for Education’s youth policy statement and the Department of Health’s Sexual Health Strategy, which are both due to be published later this year.’

In the meantime, the new Government has focused on revising policy around child poverty and on increasing the life chances of all poorer children in order to break the cycle of disadvantage which leads to under-achievement (and thus, indirectly, to choices about
early parenting). Two major reviews, by Frank Field (2010) and Graham Allen (2011) concluded that reducing poverty by fiscal means has not been the solution to determining whether children's potential could be realised in adult life. Rather, factors such as family background, 'good' parenting (not defined) and opportunities for learning and development are more important than money in preventing poor children from becoming poor parents. Especially in a child's earliest years, the 'right kind of parenting' is a bigger influence on their future than wealth, class, education or any other common social factor. A further strand in this argument is an increased emphasis on the role of the relationship between adult couples, seen as a key factor in determining the outcomes for their children. Under this model, a poor relationship between parents, whether living together or apart, is seen as not only detrimental to themselves, but is also likely to produce negative outcomes for their children (Robles and Kiecolt-Glaser 2003; Coleman and Glen 2009; Field 2010; Allen 2011).

For teenage parents and their children the implication of this policy shift is that attention is turning away from trying to ameliorate their well-documented difficult financial circumstances and poor outcomes, and instead focusing on preventative aspects, including parenting and relationship support.

The immediate challenges in the current difficult economic environment are around reductions in the welfare budget, with an immediate effect on low-income families, alongside cuts to public services, where councils are pursuing efficiency savings through reductions in public spending. Governmental policy has shifted towards localism and decentralisation, and moving power away from central government to local areas. Hence, centrally directed grants, including those for teenage pregnancy, have now been replaced by a new Early Intervention Grant: the intention is to free local areas to prioritise funding for themselves around essential frontline services. While some local areas may continue to focus strategically on teenage pregnancy reduction, for other areas this may not remain a core priority. With the closure of the regional Government Offices, there are no longer any Regional Teenage Pregnancy Coordinators and a number of local authorities have decided to reduce or abolish local coordinator posts.

Similarly, the current reorganisation of the NHS, alongside the termination of the Teenage Pregnancy Independent Advisory Group (TPIAG) which monitored the progress of the teenage pregnancy strategy, present further challenges. There are also significant changes taking place in youth services, such as the closure of Connexions centres, which have been replaced by a new employability service, concentrating on supporting 'work-ready' young people. Additionally, a substantive overhaul of the welfare benefits system is set out in the Welfare Reform Bill 2011 which is currently making its way through the Houses of Parliament. This includes the creation of a single streamlined benefit (the Universal Credit), reforms to housing benefit, the employment and support allowance, alongside changes to child support payments.
2. Supporting Teenage Parents: What Works

As outlined above, policy and practical support for teenage parents and their children is currently in a state of significant flux. Also, policy to date has concentrated predominantly on preventing teenage conceptions with considerably less attention paid to strategies to support teenagers who do become pregnant. Research evidence on teenage parents is likewise limited: research has primarily concentrated on identifying negative outcomes which can be experienced by young parents and their children, with very little evidence available on how best to improve outcomes for this group (Swan et al 2003). Consequently, it is difficult to map currently available provision and support for this group within this reference manual. Nevertheless the following sections report on any existing evidence around what works in improving outcomes for teenage parents in terms of their health and well-being, education and employment, financial circumstances, housing, family relationships and parenting.

2.1. Health and Well-being

Pregnant teenagers are often late entries into antenatal care, owing to lack of information or fear of discovery. Together with the fact that young women are more likely to smoke during pregnancy, this may contribute to an increased risk of poor health outcomes (Kokotailo et al 1992; Konje et al 1992). Yet there is some strong evidence that timely access to good antenatal care and specialist maternal care programmes for teenage mothers can improve their outcomes. (Swan et al 2003).

The National Teenage Pregnancy Midwives Network was founded in 2001 by two midwives working with young people. Its aim is to improve maternity services for teenage parents and their children by: collecting evidence on what works to improve outcomes; enabling midwives (and others) to share good practice and innovative work ideas; and increasing support for midwives working specifically with young parents. The network has over 400 members and membership is free (http://www.bestbeginnings.org.uk/ntpmn).

Subsequently many antenatal services have employed specialist ‘teenage pregnancy midwives’ who provide ongoing care and are responsible for developing and co-ordinating links with other agencies. Provision might include offering home visits and antenatal care at alternative venues in the community, smoking cessation advice, parent education, a text messaging advice line and young parent support groups. A further service is the provision of advice on contraception as repeat pregnancies are not uncommon among teenage mothers: about 20 per cent of babies conceived by under-18s are to young mothers who are already teenage mothers DCSF 2008).

Examples of local innovative services can be found at the following websites. However, because of reductions in funding to both statutory and voluntary sector services in 2011 some of these might not be currently in operation.

http://nhslocal.nhs.uk/story/midwives-helping-tackle-teenage-pregnancy-birmingham

In 2008 the government published guidance on appropriate provision for pregnant teenagers and young fathers to ensure the best outcomes. This was updated in the following year. https://www.education.gov.uk/publications/eOrderingDownload/DCSF-00673-2009.pdf

Home visiting programmes for teenagers, both during and after pregnancy, were found to decrease the number of children having incomplete immunisations, severe nappy rash, and hospitalisation in the first year of life (Fullerton et al 1997). In a US initiative – the Nurse Family Partnership (NFP) – nurses visited young first-time mothers before and after they gave birth to provide information about their child's health and development, to enlist family and friends in providing support for the new mother and to link the family to other health and social care services (Card 1999; Bruton and Thomas 2001). The programme has been subjected to a number of robust evaluations, which have shown significant benefits for vulnerable young families, including: improved language development; school readiness and academic achievement; improvements in antenatal health; reductions in children's injuries, neglect and abuse; and improved parenting practices (Olds 2006). The programme is currently being piloted in the UK as the Family Nurse Partnership (FNP) with specially trained nurses (family nurses) offering intensive and structured home visits to first-time young mothers from early pregnancy until the child is aged two years. The UK programme completed a formative evaluation early in 2011, and is currently undergoing a randomised control trial to test the impact on families until 2013 (Barnes et al 2011). Early findings point to the potential of the programme to make a real difference to the life chances of some of the most disadvantaged families. Notably, there is considerable reported success in engaging fathers.

In terms of improving teenage parents' emotional well-being, there have been very few studies to evaluate the effectiveness of different approaches. In a systematic review of teenage parenting interventions, Harden et al (2006) found only four studies focusing on emotional well-being and from these there was not sufficient evidence to determine any statistically significant improvements in the teenage parents involved. However, the evaluation of the Sure Start Plus programme for teenage parents (Wiggins et al 2005a), did identify improvements in young mothers' well-being. The programme focused on tailored, one-to-one, and intensive support to teenage parents by Sure Start advisors including: befriending and confidence building, help in negotiating family relationships, and practical advice, such as advocacy with local government departments, help to obtain benefits and housing, and help in accessing educational opportunities and organising childcare. The evaluation found that young women valued the holistic approach of the advisors and considered that this improved their overall well-being (ibid). They appreciated having an individual relationship with the worker and confidential support with personal issues alongside practical help and advice. This evidence suggests that pregnant teenagers have additional unique needs and require more extensive support during and after pregnancy than older mothers. However, despite the evaluation finding that young mothers’ relationship with their Sure Start Plus advisor promoted their overall well-being, there was no significant improvement found in relation to better self-esteem or mental health. Given the mothers came from disadvantaged backgrounds, the evaluation concluded that much more intensive work was needed to improve deep-seated issues such as low self-esteem and poor mental health (Wiggins et al 2005a).
2.1.1. Education and Employment

Teenage mothers tend to have poor experiences of education before becoming pregnant, which can present an ongoing barrier to their return to education after the birth of their children (Wellings et al. 2001; Aria 2009). The proportion of teenage mothers who are not in education, employment or training is very high, at around 70 per cent (DWP 2006). A study carried out by the Audit Commission estimated that in their fieldwork areas 52 per cent of young people who were pregnant or parents spent six months or more out of education, work or training, five times more than their peers (Audit Commission 2010). The report contains some examples of local innovative approaches to engaging young parents.

Young parents are reportedly deterred by the reluctance of many mainstream schools to reintegrate them, the impact of peer pressure and also a lack of child-care options (Dawson 1997; 2006). Though many report an intention to resume their education when the child is older, they often do not achieve the necessary qualifications for further education and frequently struggle in the increasingly highly skilled labour market (Corlyon and McGuire 1999; DCSF and DH, 2007). However, under new legislation (the Education and Skills Act 2008), all 16 and 17 year-olds, including teenage mothers, are now required to stay in education or training until they reach 18 years. At the same time the Educational Maintenance Allowance scheme for which teenage mothers were eligible closed in January 2011 and has been replaced by the more discretionary Bursary Fund for those between 16 and 19 years who might struggle with the costs for full-time education or training. (http://www.direct.gov.uk/en/EducationAndLearning/14To19/MoneyToLearn/16to19bursary/index.htm)

The provision of affordable and accessible childcare has been identified as a crucial factor in enabling young mothers to return to education. Although some teenage mothers may want to stay at home with their children until they reach school age, others who wish to return to work or education often find that provision of accessible childcare is limited (Evans 2010; Wiggins et al 2005a). Evidence suggests that daycare provision enables mothers to participate more fully in the labour force and over the long term increases the chances of young parents remaining in education (Zoritch et al 1998; Toroyan et al 2003). The Government scheme, Care to Learn, offers financial support to young parents who are in education or training. Parents beginning a course with public funding while under the age of 20 are eligible for up to £160 a week towards the cost of childcare and travel until the end of their course. However, take-up is low in some areas of the country.

Teenage mothers also find different types of learning environments more suitable, depending on their individual circumstances and preferences. They are more likely to return to their previous school if they have good friendships with other students and positive relationships with teachers who made them feel ‘normal’ (Hosie and Dawson 2005). However, young women who feel stigmatised and are uncertain if they can cope with negative reactions of pupils and teachers, tend to prefer the option of specialist units (ibid; Chase et al 2003). Specialist schooling is especially popular with women who had been poor attendees, or had been excluded before their pregnancy (Corlyon and McGuire 1999; Chase et al 2003; Harden et al 2006). An evaluation of the funding of re-integration officers through the Standards Fund Grant indicated that the appointment in local education authorities of someone with the central task of maximising the continuation in education of mothers of school-age was worthwhile but the ultimate success of such a strategy depended on the availability of a range of alternatives to a return to mainstream education. The availability of a specialist referral unit or a college of education as a point of re-entry,
for example, often offered a genuine opportunity for young mothers to rethink their engagement with education (Hosie 2002).

In a systematic review of teenage parenting interventions and social exclusion, Harden et al (2006) found that programmes that used welfare sanctions and bonuses, including punitive sanctions for non-attendance, were less successful in encouraging young people back into education or employment. In the long-term, it was more effective to allow young mothers the flexibility and scope to find something they enjoy and value. Given the different circumstances of individual mothers, offering a choice of learning environments, alongside flexibility in the timing of when they return to education and employment, was more effective. Similarly, education programmes that offered tailored one-to-one support and advice to teenage parents, individualised plans, professional advocates to approach services and education providers on their behalf, professional training and/or work experience, were more effective in increasing participation (Harden et al 2006).

2.1.2. Financial Support

Socio-economic deprivation, intergenerational poverty and social exclusion have been most consistently and widely associated with teenage pregnancy and parenthood (SEU 1999; Mayhew and Bradshaw 2005; DCSF and DH 2007; Uren et al 2007). Research widely reports that teenage parents experience financial hardship and that they struggle with money (Burnett 2003; Chase et al 2003; Wiggins 2005a). In one study, everyday items were considered to be personal treats (Hall et al 2003). It is apparent that young women often relied heavily on their families when they were short of money, even when their families were themselves seriously ‘stretched’. For example, it was not unusual for women to borrow cash in emergencies or to rely on free meals, baby equipment or nappies from their families (Allen et al 1998; Hughes et al 1999; Wiggins et al 2005a). Despite negative public and media perceptions of teenage mothers, several studies have found that young parents are ill-informed about the financial benefits they are entitled to during and after pregnancy (Allen et al 1998; Evans 2003). Similarly, many experienced barriers in accessing appropriate benefits, finding the system confusing and difficult to negotiate (Speak 1995; Hall et al 2003;).

However, despite this picture of poverty and deprivation, there are very few studies available that specifically evaluate the effectiveness of different approaches to increase the financial circumstances of teenage parents. The Sure Start Plus evaluation is one of the exceptions (Wiggins et al 2005b), which found that teenage mothers particularly valued the proactive support given by their advisors, in order to help them better access any benefits they were entitled to. They found it particularly useful having someone to liaise with services on their behalf and advise them on different options available (ibid). In the Teenage Parent Supported Housing Pilot (Quilgars et al 2011), one of a suite of nine Child Poverty Pilots funded by the Government until March 2011, support with budgeting and debt management was particularly well received by teenage parents. This included formal courses, more informal one-to-one support and also the knowledge that they had someone on call if they had concerns about their finances. Young people in the pilot, consistently reported feeling better able to manage their finances as a result of this help, and fewer young people were behind with their rent when leaving the pilot, compared with at the start (ibid).
Yet while there are indications that these interventions may have improved young parents’ financial circumstances, it was beyond the scope of these evaluations to test the extent to which teenage parents were lifted out of poverty. It was not a primary aim of either Sure Start Plus or the Supported Housing Pilot to improve young parents’ financial circumstances. While there is growing awareness of the links between poverty and teenage pregnancy, there is a real lack of evidence of what is effective in the longer term (Wiggins et al 2005a; TPIAG 2010)

2.1.3. Housing

Teenage parents and their children are significantly more likely to live in poorer neighbourhoods, in low-quality, insecure and cramped accommodation and to be dissatisfied with their local area (Wellings et al 2001; Berrington et al 2007; Evans 2010). Due to their low incomes, teenage mothers are also unlikely to become home-owners in later life (Ermisch 2003). Their housing situations are often varied, ranging from living with family or relatives, in supported accommodation units, living independently in rented accommodation, in temporary housing (such as hostels or bed and breakfasts), or being homeless (Harden et al 2006). A study by Barnados found that a number of teenage mothers were made homeless by their parents and were living with their babies in unsuitable hostels (Evans 2010).

If young mothers did have supportive families, living with them could often provide a short-term practical solution until they were able to get independent housing. They often felt more secure living in their family homes, where childcare and support in looking after their babies was more easily available (Allen et al 1998). However, overcrowding could often be a difficulty, alongside tensions with family members, and perceptions among teenage parents that they were causing stress to their families (Evans 2003; Wiggins et al 2005a). Young parents without family support or in care, who were living in supported accommodation, found it helpful when there were proactive staff members on hand to give practical help: for example, giving them parenting advice, teaching them new cooking skills or how to manage their money (Corlyon and McGuire 1999; Chase et al 2003). However, this type of housing could sometimes have a cold atmosphere, with restrictive rules and regulations, or be cramped with insufficient space (ibid). A number of studies have also reported negative experiences among teenage parents living independently, either in local authority housing or private lets. This housing is frequently located in deprived areas, with high levels of crime, drug use and vandalism which could make teenage parents and their children feel unsafe. They could also experience isolation and loneliness if housed away from family and friends. Additionally teenage parents also found the process of securing independent housing uncertain and unsettling (Speak 1995; Burnett 2003; Hall et al 2003).

One of the requirements of the Teenage Pregnancy Strategy (SEU 1999) was that by 2003 all under-18 teenage lone parents unable to live with family or a partner should be placed in supervised semi-independent housing with support, not in an independent tenancy. In 2002 the Teenage Pregnancy Unit and the Office of the Deputy Prime Minister commissioned research into supported housing for young mothers to assist providers develop new and existing schemes for teenage mothers which offered good quality accommodation and support. (ODPM 2002). Key findings were that:
• No single model of provision meets all needs: diversity of provision is needed
• Schemes housing 6-10 young mothers were viewed as ideal
• Support is best provided through a key-working system with structured support and action plans in an atmosphere that is respectful, empowering and offers confidentiality
• Schemes needed to explore how best to support the family more holistically by working more positively and proactively with men
• Partnership working should be prioritised in order to provide a more comprehensive and effective service to residents.
• Resettlement services needed further development.

One example of such provision is the Ekaya Housing Association which provides 10 supported housing schemes primarily for black and ethnic minority young women, in south London boroughs with the UK’s highest teenage pregnancy rates. Around 124 young mothers a year are helped to develop skills for independent living through a holistic approach. Ekaya also provides a floating support service to 100 other young mothers living independently (http://www.ekaya.co.uk/our_services/supported_housing/)

An evaluation by Livesley and colleagues at the University of Salford of the Action for Children housing scheme and floating support for teenagers who are pregnant or parents in Rochdale concluded that the services provided impacted positively and in a lasting manner on their recipients. They were also valued by external partners and referring agencies, and they were cost-effective when compared with valid alternative scenarios (Livesley et al 2011).

Support with housing issues was found to be one of the key benefits of the Sure Start Plus programme (Wiggins et al 2005b). Young women in Sure Start Plus areas were significantly more likely to receive help in relation to housing issues than those who did not use the programme. In particular, areas that adopted the model of intensive, longer-term, one-one support with teenage parents, were more likely to improve their housing situations. These advisors were able to successfully represent teenage parents when liaising with services and help them navigate different housing providers more effectively.

The Teenage Parent Supported Housing Pilot, delivered from 2009 to March 2011, focused on providing seven schemes of ‘enhanced support packages’ to parents aged 16 and 17, who were not living with their families. Within the accommodation provided, there was also access to intensive on-site staff support, offering a range of services such as help in finding permanent accommodation, courses on finances and independent living, relationship and family counselling, peer mentoring, and e-learning. Multi-agency working was also key to the pilot, with the aim of better coordinating provision across housing, health and social care sectors. The evaluation (Quilgars et al 2011) found that having on-site staff who could offer holistic support on all areas of their lives (e.g. not only ‘housing related support’) was particularly effective for teenage parents. The courses to prepare young people for independent living and also support with budgeting and debt management were also found to be particularly helpful. Two thirds of young people were living independently (67%) at the end of the pilot, compared to two in five (41%) at referral, indicating positive outcomes in these areas. However, the pilot was less successful in helping young people move into employment education or training.
2.1.4. Relationships and Parenting

Evidence suggests that teenage mothers are likely to experience tension and conflict in relationships with their parents and families (The Princes Trust 2001; Vary 2001). They are also very unlikely to be living with a partner by the time they reach their 30s and 40s (Ermisch 2003). Domestic violence is also increasingly being identified as a key concern for young mothers (Wiggins et al 2005b; Pannack 2010). Having a supportive family and also positive partner relationships has been found to be an important factor that characterised the lives of those teenage mothers who went on to have good outcomes (Wiggins et al 2005b). There is also growing evidence which suggests that in separated families, a good relationship and regular contact with non-resident fathers is associated with better social, cognitive and behavioural outcomes for children (Corlyon et al 2009; Mooney et al 2009).

In general, there is very little research on ‘what works’ to specifically improve relationships between teenage couples and their families. Findings from the Sure Start Plus evaluation (Wiggins et al 2005b), suggest that the programme had a positive impact on improving the quality of relationships between young women and their families. Support around negotiating relationships with families was a core part of the advisors’ work. The evaluation found that young women involved in the programme were significantly more likely to feel their family was currently being helpful to them and that they had received support from their partner than those not using the services. However, young women in Sure Start Plus areas were no more likely to have remained together with the father of their child (ibid).

In terms of parenting, several studies have found that both individual and group-based parenting programmes, especially those that are specifically targeted at teenage parents, produce positive results for both mothers and their children. This includes areas such as mother-infant interaction, language development, parental attitudes and knowledge, communication, and maternal self-confidence (Koniak-Griffin et al 1999; Coren and Barlow 2004). This encompasses interventions for teenage parents based in various settings, such as health, maternity and family support centres. However, in general, rigorous research evaluating the effectiveness of parenting programmes targeted at teenage parents is lacking (Coren and Barlow 2004).
3. Looked After Teenage Parents

Young people who are in or are leaving the care of a local authority (looked after children), have been identified as being particularly at risk of becoming teenage parents (Biehal 1995; NICE 2007). They are two and a half times more likely than other teenagers to become pregnant, and it is estimated that one in four young women leaving care are either pregnant or already mothers. Almost half of all female care leavers become mothers between the ages of eighteen and twenty-four (ibid; SCIE 2004).

This is concerning because looked after children are more likely to have educational, health, social and economic difficulties. They are more likely to be unemployed, have more mental health problems, be expected to be independent, and to have little social or financial support (SEU 1999; Haydon 2003). There are significant differences between looked after children and other young people, resulting from the complexity of their pre-care experiences and the realities of being in care. However, it is important to note that pregnancy can be a positive experience for many young people in care: having a baby may provide them with stability, a sense of purpose, someone to love and may one constant element in a disrupted life (ibid).

Looked after children are known to have low levels of school attendance, which means they have less access to good quality, consistent sources of sex and relationship education (SRE) than many other children and young people (Corlyon and McGuire 1997;1999). Given this context, care leavers may require additional support to access specialist advice on contraception. Social workers and foster carers have a duty to provide effective ‘personal, social and health education, complementing that which is provided by schools’ (DoH 2009). They should be trained in SRE to give them the confidence and competence to have supportive discussions about sex and relationships with young people in care.

Many young people in or leaving care who do become pregnant, do not receive neutral, unbiased advice about all the possible options (SEU 1999; Haydon 2003). Good practice indicates that they should be offered non-judgmental information and, where necessary, more in-depth counseling on their options of keeping the baby, abortion or adoption. Social workers should ensure that they have information to make an informed choice about their pregnancy, and offer support in whatever choice the young person makes (DoH 2009). Due to their past experiences, looked after children are more likely than others to be against abortion and many would not consider giving their baby up for adoption (Corlyon and McGuire 1999). Teenage parents leaving care experience similar difficulties to those faced by other young parents (finding a place to live, concerns around parenting, child care, money, housing, accessing education or work). However, they are less likely to have consistent, positive adult support and are more likely to have to move (Haydon 2003).

Where there are safeguarding concerns about the child, a mother may be required to undertake a residential placement to support her. This might include an assessment of risk and of the mother’s ability to parent and meet her child’s needs. St Michael’s Fellowship (http://www.stmichaelsfellowship.org.uk) which also carries out community assessments and a range of outreach work with young mothers, has four residential centres and is experienced in working with young mothers, including those under the age of 16.
4. Teenage Fathers

Teenage fathers remain a somewhat ‘invisible’ group in policy, practice and research (Thornberry et al 1997). Public and media debates on teenage pregnancy and parenthood, are invariably focused on the young mother rather than the young father. Their details are not always included on the birth registration and the collection of statistics on this group is very limited. In 2010 there were 10,093 births registered to parents both aged under 20 (ONS 2011). However, according to data from the Teenage Pregnancy Unit, only a quarter of fathers of babies born to teenage mothers in 2005 were aged under 20 (DCSF and DH 2007). Most teenage pregnancies involve eighteen or nineteen year-old women, and most fathers of these pregnancies are in their early twenties (Dudley 2007): in 2010 there were 16,376 births registered to a mother under 20 and a father aged 20 to 24 (ONS 2011b).

What information we do have about teenage fathers, suggests that their characteristics are similar to teenage mothers: young fathers are more likely to live in deprived areas, to be unemployed and not in education or training (Bunting and McAudley 2004; Berrington et al 2007). When interviewing a small sample of teenage fathers, Wiggins et al (2005a) found that these young men were characterised by unhappy childhoods, a dislike of school, and not using contraception or experiencing contraception failure.

The relationships between young fathers and mothers are also likely to be fragile at the outset, which can limit the chances of the relationship enduring in the long-term (ibid). Yet according to a recent research review by the Fatherhood Institute (2010), many young fathers do indeed wish to maintain contact with their children, but they are often overlooked by service providers and find it difficult accessing appropriate support. Wiggins et al (2005a) identified that relationships between young fathers and their children were most likely to flourish where there was strong commitment on behalf of the father, where the mother and her parents supported the relationship, and if the father’s parents played an active role. This is supported by Bunting and McAudley (2004) in a research review on teenage fathers, which indicated that the support and role expectations of paternal grandmothers may influence how involved young fathers are in the lives of their children.

The Teenage Pregnancy report (SEU 1999) identified young men as ‘half of the problem and the solution’ (p 97) but confined its accompanying strategy to the provision of sex education for young men and ensuring that they provided financial support for any children they had. Subsequently the need to engage more positively with young fathers was recognised in Government policy of the previous (Labour) administration which gave increased emphasis to the need to develop services for them and to respond to their needs as well as to those of young mothers.

It is well documented that fathers in general remain one of the groups who have difficulty in accessing services (Ghate, Shaw and Hazel 2000). Fathers who live apart or are separated from the mothers of their children have become classified as one of the ‘hard to reach’ groups of potential service users (Quinton 2004). Barriers to service use by fathers may involve a lack of awareness of what support exists, practical problems such as transport or opening hours, attitudinal problems stemming from the assumption that parenting is the domain of women, and structural problems involving staff gender and female-orientated methods of working (Corlyon et al 2009). Yet teenage fathers and young men in general are under-represented or absent from much of the research literature. There are indications that young fathers receive little professional support in the transition to fatherhood and feel excluded from the birth process, and that health professionals lack the
skills to engage them (Quinton 2002). However, in general there is a pressing need to understand this ‘hidden’ group, and to have evidence on which types of interventions are most effective in supporting them and improving their outcomes (Harden et al. 2006).

The evaluation of the Sure Start Plus programme initially identified that very few services were accessing and working with teenage fathers, and therefore there was limited or no impact from the programme in improving fathers’ outcomes (Wiggins et al. 2005b). Any work that did take place with them generally took the form of practical advice rather than in-depth emotional support, and usually occurred as a result of opportunistic encounters rather than a systematic targeting of young fathers. Staff capacity and funding was cited as the main reason, however some programmes saw themselves as a women-only service and felt that working with fathers could lead to a conflict of interest.

However, in the final year of the programme many services shifted their priorities and began working with young fathers. Effective strategies employed to access young men, included funding specialist young men workers to deliver services, having a mixed gender team, developing specific fatherhood programmes and training, changing ways of working to help better access fathers, working with organisations which specialised in working with teenage fathers, encouraging cross-referrals between services (such as youth projects, social services and probation) and carrying out research into the needs of young fathers to inform future practice (Wiggins et al. 2005b). Other learning around working with teenage fathers includes: involving mothers in attempting to access young fathers, marketing services in a way that appeals to young men, attracting fathers through practical services such as housing and benefits support, being flexible in delivery to accommodate young men who work, and taking time to establish relationships with young men through a one-one service before inviting them on to training or a fatherhood programme (Sawtell et al. 2005).

A recent study by Barnados highlighted that support services, including health workers, nurses and social workers, needed to acknowledge the involvement of young fathers in teenage pregnancy and parenthood. Wherever appropriate, services should treat young parents as family unit – even if separated – and at all stages, encourage the father’s continued involvement in his child’s upbringing (Evans 2010).

A study funded by the Teenage Pregnancy Unit and carried out by the Trust for the Study of Adolescence reported on research which explored interesting and innovative work with young fathers in England (Sherriff 2007). The report was developed to address the lack of information about promising practice in working with young fathers, particularly in terms of those working with teenage and school-age fathers. A persistent theme emerging from the study was the lack of sustained funding for work with young fathers but nevertheless the report cites numerous examples of good practice in respect of a variety of provision from the schemes which include the following: Brighton and Hove Young Fathers Project; Base25 in Wolverhampton; the Mancroft Advice Project (MAP) in Norwich; T-BAG in Halifax, B2b+ in Sunderland; Barrow Dads’ Group in Barrow-in-Furness; the Health Initiatives Team at Education Leeds; Ladz 2 Dadz in Northamptonshire, Fathers First in the Isle of Wight; ante-natal group work from Sure Start in Berwick-upon-Tweed; the Teenage Pregnancy Support service (TPSS) in Hull, Lewisham Young Fathers Project; and Fathers Plus in Newcastle. Section 3 of the report provides the contact details of all the projects, services, and agencies/organisations which were included as part of the case-study evidence for study, most of which have been the subject of some kind of evaluation.
A Young Fathers Network microsite was developed by the national charity Young People in Focus (YPF, formerly the Trust for the Study of Adolescence). The organisation closed in August 2011 and the site is no longer being updated but it contains useful and relevant information for people working with young fathers including advice on how to reach young fathers and examples of work with them (http://www.youngfathers.net).
5. Links to Research, Publications & Reports

5.1. Key Research


This study sought to examine the social, economic and health outcomes of young parenthood for mothers, fathers and their children. It involved statistical analysis from two large-scale longitudinal surveys.


This report presents the findings from a systematic review of the research evidence relating to teenage pregnancy, parenting and social exclusion.


This study focused on identifying the critical factors that distinguished between teenage mothers with positive and negative outcomes. The research followed up mothers who had previously been teenage parents to give the project a longitudinal perspective.


This research sought to explore the experiences of pregnant young women and young mothers at school, and also what factors and forms of provision can increase educational attainment and promote young mothers to return back to education.

This evidence briefing is a review of reviews about the prevention of teenage pregnancy, and the effectiveness of interventions to improve outcomes for teenage parents. The review highlights that evidence related to the later is very limited, hence this briefing predominately focuses on the teenage pregnancy.

5.2. Key Publications and Reports


The Teenage Parent Supported Housing Pilot (TPSH) pilot involved seven local authorities to provide ‘enhanced support packages’ for teenage parents, with a particular emphasis on those aged 16 or 17 years and not living with parents/carers. The pilots were operational from early 2009 to March 2011. The evaluation sought to assess the effectiveness of enhanced support packages in terms of improving outcomes for teenage parents and their children.


The report comes from the independent group of experts that advised the government on reducing teenage pregnancy over the ten-year strategy. While it acknowledges that significant progress has been made in reducing teenage pregnancy and improving support for teenage parents, it also outlines a number of missed opportunities, namely in not sufficiently promoting the provision and take-up of contraception and sexual health services designed for young people and in failing to make SRE teaching in schools compulsory.


Policy document from the previous government just before the 2010 general election. It outlines the progress made in the ten-year strategy between 1998 and 2008 in reducing England’s teenage pregnancy rate. This also includes examples of effective practice taking place across local areas.

This guide is aimed at practitioners working in mainstream services or areas where the prevalence of teenage pregnancy is relatively low and where there are no dedicated services for pregnant teenagers. It offers practical guidance on working with pregnant teenagers and young fathers.


A revised edition of the 2004 guide, targeted at PCTs and local authorities, in order to outline the minimum standards for a high quality maternity service for teenagers. The guide includes examples of best practice, and innovative approaches that are being taken by different maternity services to support pregnant teenagers.


This document outlines policy guidance on how to improve the outcomes for teenage parents. It includes details on the characteristics of teenage parents, the poor outcomes that can be experienced and also the views of teenagers on the types of support they need.


The Sure Start Plus programme, was launched in 2001 as part of the Teenage Pregnancy Strategy, to improve poor health and social outcomes for teenage parents and their children. The programme provided targeted support to young people in 35 local authorities with high rates of teenage pregnancy. The evaluation aimed to find out what could be learnt from Sure Start Plus programmes to inform other relevant services.


The aim of this guide is to offer information to practitioners working to develop successful services for teenagers who are pregnant or parents. It contains examples of practice considered to be effective by providers and/or service users.

This guide was commissioned by the Teenage Pregnancy Unit (TPU) to provide material for Teenage Pregnancy Co-ordinators, highlighting examples of innovative practice for looked after children/ care leavers. It also provides recommendations for policy and practice around the provision of services for pregnant teenagers and young parents that are in or have left care.
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