



Multi-agency working to support pregnant teenagers:



A midwifery guide to
partnership working
with Connexions and
other agencies

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Introduction

This Guide has been written with the aim of improving outcomes for pregnant teenagers and new teenage parents, particularly those under 18. In the context of the National Service Framework (NSF) for Children, Young People and Maternity Services, it highlights the importance of midwifery services adopting a partnership model of working with other agencies to meet the often complex needs of pregnant teenagers and new teenage mothers. This importance is reflected in the fact that, like the publication “Teenage Parents: who cares?” about commissioning and delivering services for young parents, it is being jointly published by the Teenage Pregnancy Unit in the Department for Education and Skills, the Department of Health and the Royal College of Midwives.

The Guide explains the very high level of disadvantage experienced by pregnant teenagers and teenage mothers in terms of their physical and

mental health and life outcomes. It explains why routine information sharing with other agencies (with the mother’s consent) is critically important to meet their needs and to help them achieve better outcomes for themselves, their partners and their children. It makes recommendations to support multi-agency working around the needs of pregnant teenagers and suggests some straightforward mechanisms for the sharing of information between maternity services and other agencies, for example Connexions. It also provides examples of care pathways specifically for pregnant teenagers.

We hope it answers concerns that midwives may have about confidentiality and sharing information about individual teenage mothers with other agencies, and that it provides a strong rationale for multi-agency working to address teenagers’ needs in terms of their health, learning and life outcomes.

About this guide

This guide is for Heads of Midwifery Services and midwives who work with pregnant teenagers.

It highlights the importance of working with other agencies to meet the often complex socio-economic needs of pregnant teenagers and new teenage parents. It contains practical recommendations on sharing information and referring young women and their partners effectively, with their consent.

A partnership approach

Teenagers who become pregnant are disproportionately likely to have a history of disadvantage: they are more likely to come from a deprived background, to have been in care, to have educational problems (including low achievement, truancy and exclusion), to have a mother who was herself a teenage mother, to have been sexually abused, to have mental health problems or to have been involved in crime.¹

For many midwives, who work with teenagers, it is already a natural part of practice to work in partnership with other agencies to meet the young women's additional needs and those of the young fathers if appropriate. Partnership work can take a variety of forms, from routine sharing of the contact details of pregnant teenagers (with consent), to regular multi-agency referral meetings, or dedicated antenatal clinic sessions for teenagers with relevant agencies attending to make their services available.

However, not all maternity services provide sufficient support to pregnant teenagers in terms of referrals

to other agencies. In some cases the development of a joined-up approach is hindered by concerns about confidentiality. This guidance proposes some straightforward mechanisms for the sharing of information between maternity services and other agencies, with the emphasis on always obtaining the young person's consent for referrals (except in child protection cases requiring special consideration). General cross-government guidance about the principles of information sharing is available from the Every Child Matters website:

<http://www.everychildmatters.gov.uk>.

Teenage mothers and their children are at risk of poor outcomes

Teenage pregnancy and early motherhood are widely recognised to be associated with poor outcomes in terms of both health and social exclusion:

- Babies born to mothers under 18 are at increased risk of prematurity², are 25% more likely than average to be born at a low birthweight and have an infant mortality rate 60% higher than the babies of older mothers.³
- Babies of teenagers are at increased risk of hospitalisation for accidental injuries, diarrhoea and vomiting, developmental delays and poor nutrition.⁴
- Teenage mothers are more than twice as likely to smoke and half as likely to breastfeed as older mothers.⁵
- Teenage mothers are at increased risk of experiencing isolation⁶, postnatal depression⁷, and

the breakdown of their relationship with the baby's father.⁸

- By the time they reach their thirties, teenage mothers and their children are at increased risk of living in poverty and poor housing, of having experienced partnership breakdown and of having a partner who is unskilled and unemployed.⁹

For resources on working with teenagers and to share ideas with other midwives, see the National Teenage Pregnancy Midwifery Network webpage at www.rcm.org.uk/professional/pages/practice.php?id=6



Benefits of multi-agency working

Benefits for young women

The poor outcomes listed above are not inevitable. Many of the health risks associated with teenage pregnancy can be reduced by good and timely maternity care. Likewise, the risk of long term social exclusion can be reduced by timely support to ensure that every young woman has the opportunity to maximise her potential – including in relation to learning and eventual employment – and break the intergenerational cycle of disadvantage. In addition, many young women need assistance in resolving crisis issues such as housing and financial support.

Benefits for maternity services

Building effective partnerships with other agencies can also benefit the maternity services:

Saving midwifery time: Where midwives have a good understanding of the scope and availability of local services for pregnant teenagers and how to refer clients to them, there will be a saving of midwifery time that might otherwise be spent trying to resolve social issues faced by the young women.

Outreach: Partnership working creates the opportunity to raise other agencies' awareness of the importance of pregnant teenagers making early contact with maternity services. This is particularly important for reaching pregnant teenagers with chaotic lifestyles, who are less likely to seek maternity care at an early stage, but who may well be in touch with other local agencies that could make a specific referral to the maternity services.

Reducing 'DNA's ('do not attend' appointments): Young women with chaotic lifestyles, and especially those without a permanent address, are particularly unlikely to keep appointments. Assisting a pregnant teenager to stabilise other aspects of her life, including resolving housing issues, is likely to reduce such DNAs.

The Common Assessment Framework (CAF)

The Every Child Matters: Change for Children programme introduced processes that will benefit pregnant teenagers. This includes the introduction, by 2008, of the Common Assessment Framework (CAF). The CAF is a standardised, positive approach to conducting an assessment of a young person's additional needs and forms the basis for a co-ordinated multi-agency response to those needs. Where more than one agency is to be involved with the young person, one person will be appointed as the 'lead professional' to act as the primary point of contact.

A CAF assessment will be appropriate for most pregnant teenagers, and sometimes their unborn babies (and also their teenage partners). The CAF is designed to be used whenever there is concern about a child's or young person's progress towards the five Every Child Matters outcomes or where their needs may not be met by a single service. There is a brief pre-assessment checklist of five questions that enables any practitioner to make a quick assessment of need, including whether a full assessment is necessary (it could be carried out by a midwife or by another professional, or may already have been carried out by an agency working with the teenager). Practitioners should undertake training either for awareness of CAF or to be able to do a CAF assessment, depending on their role.

The midwife may have a variety of roles within this process, depending on local procedures:

1. Carrying out a pre-assessment on every pregnant teenager.
2. Undertaking a CAF assessment.
3. Contributing to a CAF assessment being carried out by another professional or attending a multi-agency meeting after a CAF assessment.
4. Co-ordinating the services being provided to meet the teenager's needs, in the role of lead professional (this may be a particularly appropriate role for a specialist midwife working intensively with the young woman).
5. Working with a lead professional from another agency.

The Common Assessment Framework for children and young people: practitioners' guide and *The lead professional: Practitioners' guide* are available from the Every Child Matters website www.everychildmatters.gov.uk, as are the CAF assessment form and pre-assessment checklist.

Identifying other agencies

The most efficient ways to identify local agencies for social and other support for pregnant teenagers vary according to local circumstances. The most likely routes are:

1. The Local Authority's electronic 'service directory' covering all service providers in the area (National Service Framework for Children, Young People and Maternity Services ("the NSF"), Standard 3 p93).

2. Your local Teenage Pregnancy Co-ordinator may be able to put you in touch with relevant local agencies (although their role is primarily strategic). Where young women frequently move address, it may be necessary to make contact with the Teenage Pregnancy Co-ordinators of neighbouring areas.

Some suggestions for partner agencies for a multi-agency approach are given in Appendix A.



Working with Connexions

Connexions is designed to help all young people aged 13–19 (or up to their 25th birthday if they have learning difficulties and/or disabilities), with a particular focus on those who need help most and those at risk of being socially excluded, including teenage mothers and teenage fathers. The service is usually offered through a single point of contact, a Personal Advisor, who provides ongoing support until the young person's 20th birthday. It can include advice or assistance to overcome barriers to learning and brokering of access to support services including housing, benefits and sexual health and to relevant grants and allowances such as the Education Maintenance Allowance (EMA) and Care to Learn (C2L) funding for childcare. The service may also be able to signpost young parents to specialist local provision such as parent and baby/toddler groups.

In most areas, responsibility for providing Connexions services rests (as of January 2007) with Connexions partnerships. However, funding and the responsibility for securing delivery of services is passing progressively to local authorities under children's trusts arrangements and this process of transition is due to be completed by April 2008. Information on contacting Connexions Partnerships or organisations providing Connexions services is at Appendix B.

Midwives' concerns about working with Connexions

Some maternity services have been reluctant to share information or make referrals because of concerns that Connexions might inappropriately try

to 'force' a young mother into education, training or employment before she is ready to leave her baby with a relative or childcarer, to the possible detriment of mother-infant bonding.

Offering young women opportunity and choice

However, the role of a Connexions Personal Advisor is to facilitate the young woman's decision making, not to pressurise her towards a particular outcome before she is ready. All young mothers are entitled to be supported to make an informed choice about their options, including the possibility of future education, training and employment (backed by information about the support available for childcare), whether or not they decide to pursue those options in the short term. This is in line with the NSF, which requires that "*young parents have maximum opportunity for educational attainment and a productive adult life*" (Standard 2 p82).

Choices available to young mothers

There is no doubt that some young mothers need or want time to adapt to motherhood, to build a strong relationship with their babies and to resolve crisis issues (for example in relation to their housing situation), before re-engaging with learning or employment. Having a period as a 'full time mother' when the child is young has been shown to enhance the well-being of some young women¹⁰. In addition, many young mothers are concerned about being judged a 'good enough' mother and are

apprehensive about leaving their babies with child carers who are not known to them personally.

On the other hand, there are three key reasons why young mothers may benefit in both the short and longer term from timely re-engagement with learning or employment:

1. Future economic well-being

Employment is a protective factor for long term outcomes for teenage mothers who feel they have chosen to work and who like their job¹¹. However, nearly 40% of young mothers leave school without any qualifications, and many missed large parts of their secondary schooling. They thus face a high risk of deprivation and social exclusion in their adult life. There is specific funding for childcare for young parents under 20 (the Care to Learn scheme), making the teenage years the optimum time for taking up education and training that will improve future job prospects. Care to Learn is highly flexible, enabling young parents to have taster sessions with child care providers (and also with learning providers) so that they try out learning and childcare and build up their confidence to use them.

2. Self-esteem and identity

Part-time or full-time studying or working can also be a positive choice for young mothers in terms of their self-esteem and well-being, even when their babies are quite young. Education or work can help a young woman to maintain social contact with peers and other adults, and to retain an identity apart from “motherhood” that contributes to their self-esteem and feelings of independence.

3. Access to benefits

For pregnant young women or young mothers aged 16 and 17 who need to claim Income Support or other means tested benefits, a ‘learning focused interview’ with a Connexions Personal Advisor is a precondition of receiving the benefit. Not all young mothers who are eligible for Income Support or other benefits actually claim the benefits, so midwives have an important role in referring these young women to Connexions to ensure that they receive the financial support they need.

Whatever decision a young woman may ultimately make, she will benefit from a referral (with consent) from midwives to Connexions to be supported in the process of making an informed choice. Where a pregnant teenager does not feel that she is ready to engage with an agency such as Connexions in the short term, she may prefer to allow her contact details to be passed to them with the proviso that they will not contact her until her baby has reached a certain age, say at six months or one year old. This will ensure that Connexions can be pro-active in contacting her at a later time. The teenage partners of young mothers may also welcome additional support from Connexions on learning and employment options and should be offered a referral.

Two case studies from a multi-agency teenage pregnancy (TP) team in Buckinghamshire

Case Study 1 – Connexions referral to midwifery

Martha was 15 and met the Specialist Connexions PA at a sexual health drop in. Pregnancy was confirmed at 6 weeks gestation and the PA provided intense support through the decision making process, including telling her family and seeing her GP. Martha chose to continue with the pregnancy and was introduced to the Teenage Pregnancy Midwife who then provided antenatal care.

Martha's family were known to Social Care, she had stopped attending school and she was on probation.

- The multi-agency TP team worked closely with Martha and Social Care to ensure she was assessed on her own merit.
- Initially Social Care had been considering taking Martha's baby into care at birth. The TP team's input meant that after much advocacy it was agreed that Social Care would provide a joint foster placement for mum and baby. The practitioners involved believe strongly that this would not have been the outcome if they had not been working together.
- Multi-agency meetings were also arranged for Martha with Education and the Youth Offending Service. The TP team ensured Martha became proactive in planning her and her baby's future.
- The Specialist Connexions PA liaised with the school to ensure Martha received some education during pregnancy (this was a complicated process which those involved felt a midwife alone could not have done).

Outcome:

Martha and her baby remain together in foster care. All professionals involved comment what a good mother Martha is. Martha is also attending college and her baby receives childcare in the college nursery when she is there. The childcare is paid for with Care to Learn support for childcare costs.

Case Study 2 – Midwifery referral to Connexions

Mary was 18 when the Teenage Pregnancy Midwife began providing antenatal care. Mary was employed but off work due to bullying in the workplace. The TP Midwife liaised with Mary's GP and employer regarding her sick leave. Sadly the employer was unhelpful and did the minimum legally required to help. During this period, Mary split up with her boyfriend and decided she could not face returning to her job. This caused immediate financial problems.

- The Teenage Pregnancy Midwife referred Mary to the Specialist Connexions PA for extra support and to see what benefits she might be entitled to.
- Mary visited the multi-agency TP Team drop-in where her antenatal care was provided and she was able to access relationship advice. Staff at the drop-in wrote letters and made phone calls on her behalf to chase her benefits, and eventually Mary was in receipt of the appropriate benefits.
- Through visits to the drop-in, Mary's self esteem was raised and she started considering what she wanted to do in the future.

Outcome:

Mary and her baby are doing well. Though not a couple, Mary and the baby's father are on friendly terms and he is being supportive to mother and baby. Mary plans to start college next year, on a part time basis from January and then full time from September. She will be accessing Care to Learn support for childcare costs.

The names in both case studies have been changed to protect the identity of those involved although the young mothers have given their permission to share their stories.

Recommendations to support multi-agency working around the needs of pregnant teenagers

To ensure that all young pregnant women and new mothers have access to optimal support, we make three key recommendations.

1. Maternity services participate in agreeing local data and information sharing protocols

The NSF Standard 11 requires that maternity care providers:

“have inter-agency agreements, including protocols for information sharing and a lead professional, to ensure that women from disadvantaged groups have:

- a) Adequate support from other agencies which forms part of the package of care needed to promote the health and well-being of the mother and baby;*
- b) The benefit of the best health promotion at every opportunity; and*
- c) The benefit of other agencies (e.g. housing) referring women, with consent, quickly and easily to local maternity services.” (Standard 11, p14)*

Advice on creating protocols is on the Every Child Matters website:

<http://www.everychildmatters.gov.uk/deliveringservices/informationsharing/framework/>

2. Maternity services create a care pathway specifically for pregnant teenagers

The NSF requires that care pathways and Managed Maternity Networks are created, through a multi-disciplinary and multi-agency approach (Standard 11, p10). These are intended to cover social care and support services and groups, as well as a range of health services (Standard 11, p44). Teenagers will particularly benefit from the development of a

specific care pathway, because the services available to them differ considerably from those available to older pregnant women. Standard 2 of the NSF requires that “teenage mothers receive multi-agency assessment and targeted support services”. (Standard 2, p82)

A CAF pre-assessment or full assessment could be built into the care pathway to ensure consistency of approach.

The actual mechanism for making referrals will be decided locally. It could be as simple as a tear off slip or page in the booking notes that records the young woman’s name, contact details and her consent to have her details passed to relevant specified agencies so that they can contact her at an appropriate time. It is important to make the referral as soon as possible during the pregnancy.

In the event of pregnancy loss it would, of course, be essential for the midwife to notify all those agencies to which the midwife had previously made referrals.

Examples of care pathways from East Lancashire and Gloucestershire are at Appendix C.

Examples of consent forms from Berkshire and East Lancashire are at Appendix D.

3. Maternity services deliver some services for teenagers at local children’s centres

“All children’s centres should link to maternity services, and those in disadvantaged areas should be collaborating with them on a consistent and planned

basis to provide services to identified families. Children's centres will be a focal point for the delivery of maternity services as part of a continuum of integrated services, helping vulnerable families in line with the NSF." (Sure Start Children's Centres: Practice Guidance. DfES 2006 p53)

Sure Start children's centres use a multi-disciplinary approach to service delivery. They pull together everything families and children need from conception to age five: midwives, health visitors, integrated daycare and early learning, parenting support, skills training and employment help (although not all centres will be able to provide the full range of services including parenting classes). They also provide outreach services to those in the community who may be most isolated, such as teenage parents.

The Practice Guidance suggests that midwives linked to children's centres have a significant contribution to make by working with professionals from other

agencies to influence the delivery of these services for teenage parents. It recommends co-location of maternity staff in the children's centre or other shared buildings. It also lists appropriate services for teenage parents in children's centres:

"antenatal and post-natal groups specifically for pregnant teenagers, young mothers and young fathers; teenage breastfeeding peer support; services delivered in conjunction with mainstream specialist services for teenage sexual health; outreach work in local schools; day care and support provided on school premises for mothers to complete examinations or courses." (Sure Start Children's Centres: Practice Guidance. DfES 2006 p54).

Providing some maternity services for teenagers at a multi-disciplinary venue such as a children's centre makes the maternity service visible and accessible to young people, and can improve take-up of antenatal services and the level of referrals to and from other support services.



Appendix A – List of potential partner agencies for multi-agency working

Potential partner agencies for multi-agency working with pregnant teenagers

Every Child Matters outcome	Agency	Purpose of referral
Be healthy	Smoking cessation service	Support with giving up smoking. Teenagers are much more likely to smoke during pregnancy than older women.
	Alcohol/drug service (Drugs (and Alcohol) Action Teams - D(A)ATs)	Support with managing alcohol/substance abuse.
	Contraception and sexual health service e.g. Brook	Postnatal contraception. An estimated 20% of births conceived to under 18s are second pregnancies. Protection against STIs in pregnancy.
	PCTs and Child and Adolescent Mental Health Service (CAMHS)	Support around mental health and postnatal depression. 40% of teenage mothers are affected by postnatal depression.
Stay safe	Social care	Where there are safeguarding concerns particularly for very young parents under 16.
	Domestic abuse support	Support around choices where there is family or partner abuse, including possible rehousing (e.g. refuge). Teenagers who become pregnant are disproportionately likely to experience abuse both in childhood and in their current relationships.
	Local housing authority	Where a young mother has become homeless, she will need supported housing in either a residential unit or in her own tenancy with floating support.

Every Child Matters outcome	Agency	Purpose of referral
Enjoy and achieve	Re-integration officer or Education Welfare Officer (if of compulsory school age)	Supports pregnant pupils and young mothers of compulsory school age (i.e. up to 16), to attend school or receive appropriate provision (in specialist units FE or home tuition) to enable them to complete their education and in particular to sit their GCSEs.
	'Young Mums To Be' and similar courses	Helps to prepare pregnant teenagers for parenthood, including basic skills.
	Youth service	Activities promoting personal and social development.
	Childcare Information service	Helps young mothers to identify local childcare that meets their needs.
Make a positive contribution	Young people's pregnancy and postnatal groups	Antenatal or child health information, social support and in some cases basic life skills (e.g. cooking/budgeting) and personal development.
	Sure Start Children's Centres	Multi-agency support for parents including teenage parents initially in disadvantaged areas but spreading to the whole of England.
	Homestart	Volunteer support for parenting.
	Youth Offending Teams (YOTs)	Where the young woman or her partner have been involved in crime.
Achieve economic well-being	Connexions	Supports young people to access education, training and employment opportunities; also referrals to other support e.g. housing.
	Jobcentre Plus	Income Support and other benefits are available for young mothers in some situations.
	Social care	Where the young woman is a Looked After Child or care leaver, or an Unaccompanied Asylum Seeking Child, social services are responsible for supporting her and her child.

Appendix B – Connexions Partnerships and organisations delivering Connexions services

NOTE: Connexions is currently in a process of transition. Following the publication of Every Child Matters and Youth Matters, children's trusts are being established in each local authority area and the funding that formerly went directly to each of the 47 Connexions partnerships in England will go directly to each of the 150 local authority areas by April 2008.

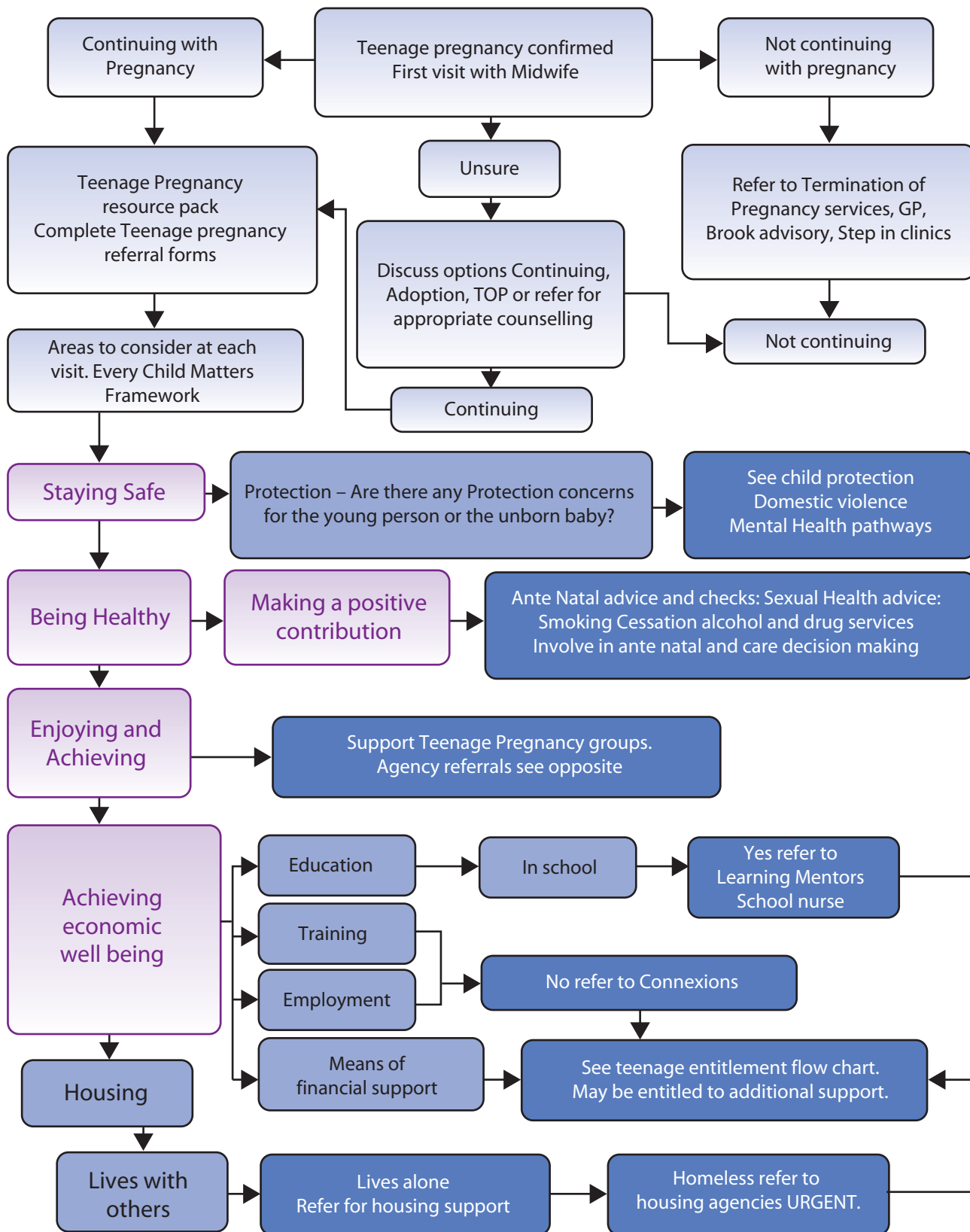
To find an individual Connexions service, please refer to the National Association of Connexions Partners (NACP) website for addresses of local Connexions partnerships or organisations delivering Connexions services. The address is www.nacp.co.uk/members.html



Appendix C – Teenage pregnancy midwifery referral pathways

i) East Lancashire NHS Trust

Format developed by Karen Thompson, Lesley Fearn and Karen Cheema, Teenage Pregnancy Development Midwives, East Lancashire NHS Trust



Appendix D – Examples of consent forms

i) Connexions Berkshire

I would like Connexions Berkshire to advise me of courses, training programmes, and work opportunities which I could participate in.

They will only write to me when these opportunities have child care options built in. To enable me to receive information from Connexions, I am happy for Connexions to record my details on their database.

Name.....

Address

Postcode

I agree to Connexions Berkshire adding my details to their database.

Signed.....

Berkshire Connexions confirm they store data in accordance with the Data Protection Act 1998.

ii) Teenage Pregnancy Data Collection Form and referral slip – East Lancashire NHS Trust

General Details		Circle appropriate answer			
First Name		GP			
Surname		Team			
Address		Midwife			
		Date of first contact			
		Gestation	4 > 12	13 > 20	
Post code			20+	Unbooked	
Telephone		Attends School	No	Yes	
Date of Birth		Name of school			
Age at conception	13 14 15 16 17 18	School aware	No	Yes	
Ethnicity		Learning Mentor informed	No	Yes	
		Employment	No	Yes	
Pregnancy details					
E.D.C.					
Gravida		Parity	0	1	2 3
Contraception used	No Yes				
Type –					
Lifestyle					
Smoking	No Yes	Amount	<2 <5 <10 <15 15+		
		Smoking cessation	Yes	No	
Alcohol	No Yes	Units week	<2 <5 <10 <15 15+		
		Alcohol services	Yes	No	
Drugs	No Yes	Type			
		Drug Liaison	Yes	No	
Housing lives with	Alone Homeless	Parents	Partner	Others	
Social Issues		Partner			
In Care	No Yes	Partners Name			
Care leaver	No Yes	Age			
Mental health issues	No Yes	Ethnicity			
Learning difficulties	No Yes	Employment			
Other issues Specify:-					
Other Agencies involved please tick as appropriate					
Connexions	Sure Start	Youth and Community	Other:-		
<i>Tear or Cut</i>					
Name _____					
Address _____					

Contact Telephone number _____					
I agree / do not agree to my name, address and contact number being shared with agencies that may offer me help during my pregnancy.					
Agree to Sure Start _____ Connexions _____ Homestart _____ Youth and Community _____					
Health Visitor _____ Other agency: Specify _____					
Signature _____					

ii) Teenage Pregnancy Data Collection Form – East Lancashire NHS Trust (continued)

Delivery Data Completed by Teenage Pregnancy Midwife	
Change Of Address	
Post Code	
Contact Number	
Local ward	

Date of delivery		Mode of Delivery		
Gestation		Birth weight		
Feeding at delivery		Feeding on discharge		
Ante natal contacts and visits		Number of Post natal visits		
		Local Ward		
Attend Support group		Yes	No	
Which Group				
Supported by Teenage Pregnancy Midwife		Yes	No	
Support Category	1	2		3

Format developed by Karen Thompson, Lesley Fearn and Karen Cheema, Teenage Pregnancy Development Midwives, East Lancashire NHS Trust.

Useful resources

Department of Health, Department for Education and Skills (2004). National Service Framework for Children, Young People and Maternity Services. London: TSO.

Department for Education and Skills (2006). Sure Start Children's Centres: Practice Guidance.
www.surestart.gov.uk/publications/?Document=1854

Sawtell M et al (2005). Reaching out to pregnant teenagers and teenage parents: Innovative practice from Sure Start Plus pilot projects. London: Social Science Research Unit, Institute of Education. *For a free copy contact Prolog on 0845 60 222 60 or email dfes@prolog.uk.com, quoting product reference 0-9550487-1-0.*

Teenage Pregnancy Unit, Royal College of Midwives, Department of Health (2004). Teenage parents: who cares? A guide to commissioning and delivering maternity services for young parents. *For a free copy contact Prolog on 0845 60 222 60 or email dfes@prolog.uk.com quoting product reference 34415 Teenage parents: who cares?*

The Common Assessment Framework for children and young people: practitioners' guide.
<http://www.everychildmatters.gov.uk/resources-and-practice/IG00063/>

The lead professional: practitioners' guide.
www.everychildmatters.gov.uk/deliveringservices/leadprofessional/

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- ¹¹ Wiggins M, Oakley A, Sawtell M, Austerberry H, Clemens F, Elbourne D (2004) , op cit.

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