### Assessment of the parent(s) and the potential risk to the child:

### Risk in Teenage Pregnancy

Particular care should be taken when assessing risks where the prospective parents are themselves children i.e., under the age of 18 years and in particular if they are themselves Children Looked After. Attention should be given to evaluating the quality and quantity of support that will be available within the extended family, the needs of the parent(s) and how these will be met, the context and circumstances in which the baby was conceived, and the wishes and feelings of the child (or children) who are to become parents.

If the perspective parent is a Child Looked After, then attention should be paid to their long-term plan and how assessing for independence should incorporate the thinking of ‘independence with responsibility for a child’.

Pregnancy may present physical risks as teenagers are still growing and developing, and pregnancy places additional demand on the body. It may also present psychological risks to their mental health and wellbeing. The responsibility of care and parenthood may pose a heavy burden of unwanted responsibility and young women may be unable to cope. In addition to health risks, there are a variety of circumstantial and environmental risks to both mother and baby that may affect the opportunities and future outcomes available to both mother and child. Financial concerns and a potential drop-off in further education may reduce the economic opportunities of young women facing parenthood, thus increasing the risk of poverty.

What risks are associated with teenage pregnancy?

* + Negative short, medium, and long-term health and mental health outcomes for young mothers
  + Young mothers being less likely to complete their education, pursue positive post-school destinations (in employment or education), or to have qualifications in adulthood
  + Teenage mothers being more likely to be in receipt of income-based benefits or in low paid work; so, poverty is strongly associated with teenage parenthood
  + Teenage mothers being more likely to be lone parents, and are more likely to experience family conflict

Teenage mothers living in deprivation tend to remain in poverty. Both mothers and fathers in this group are less likely to continue in education beyond age 16, to have any qualifications or to be in employment aged 33. Birth weight is lower and infant mortality 60% higher among babies born to teenage mothers than those born to older mothers. However, a Scottish study closely linked higher rates of infant mortality and low birth weight to higher rates of smoking during pregnancy among teenage mothers.

Teenage mothers experience poorer mental health in the first three years after giving birth than do older mothers, are less likely to breastfeed, and the children themselves are more likely to become teenage parents.

The negative outcomes which babies and children born to teenage mothers, could face include

* + Babies tend to have lower than average birth weight
  + Infant mortality rates are higher than for babies of older women
  + Lower rates of breastfeeding, which means babies are less likely to benefit from the associated positive health outcomes
  + Greater risk of living in a lone parent household, with greater risk of poverty, poorer quality housing and poorer nutrition

Identifying those at risk

It's important to link with other professionals who may know more about the family and their circumstances, e.g. carers, GPs, social workers, the police, and voluntary sector agencies.

The following factors place teenage women at increased likelihood of becoming pregnant:

* + being the child of a teenage mother
  + young people in or leaving care
  + homeless young people
  + school excludes, truants and young people underperforming at school
  + young people living in deprived neighbourhoods
  + Young people suffering abuse.

Disliking school and violence in school and the home are also identified as factors linked to teenage pregnancy.

Another major predictor is being in or recently having left care. What vulnerabilities does the young person present with?

* + live in unstable families that are unlikely to be able to offer support
  + may have become pregnant as a result of child sexual exploitation
  + are under the age of 13
  + are concealing the pregnancy from their family and/or are concerned

about their parent’s reaction to the pregnancy

* + have specific issues that make them more vulnerable, for example mental health difficulties.

Protective factors

Teenage mothers who do better are aided by:

* + support from family
  + having a positive partner relationship
  + developing a career or having employment they liked