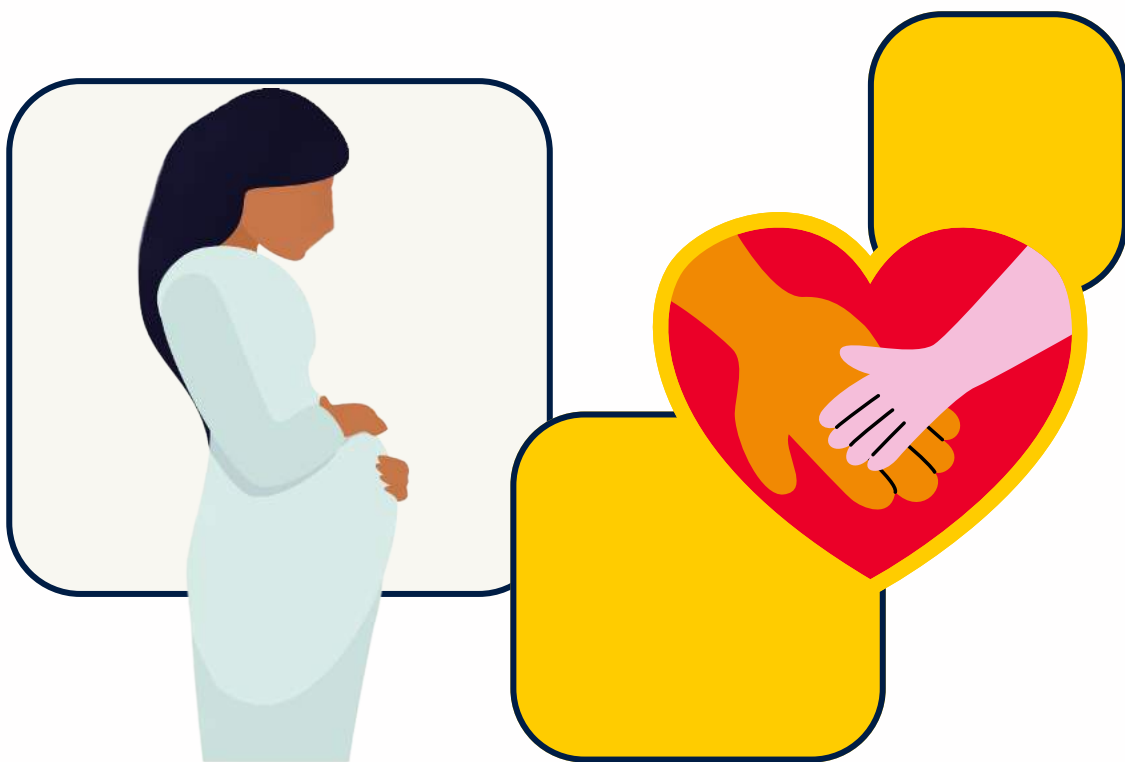


Supporting School-Aged Parents in Education

Perspectives from Educational
Psychology



Beth Anderson

Laura Baugh

Fionnuala Donald

Nicola Gillen

Veronica McKeever

Niamh O'Kane

Hannah Ward

Abbreviation	Full Terminology
CEDAW	United Nations Committee of the Elimination of Discrimination against Women
EA	Education Authority
EOTAS	Education Other Than at School
EP	Educational Psychologist
GB	Great Britain
NI	Northern Ireland
NISRA	Northern Ireland Statistics and Research Agency
PAF	Pregnancy Assistance Fund
PRU	Pupil Referral Unit
RSE	Relationships and Sex Education
SAF	School-Aged Father
SAM	School-Aged Mother
SAP	School-Aged Parents
SEN	Special Educational Needs
SES	Socio-economic status
UK	United Kingdom of Great Britain and Northern Ireland

Contents

01 School-Aged Parents in Northern Ireland

Introduction	4
Contextual Overview	5
Rationale	7

02 Narrative Review of the Existing Literature

Intersectionality	8
Barriers Faced by School-Aged Parents	9
Support Available for School-Aged Parents	15

03 Implications, Recommendations, and the Role for Educational Psychology

Implications	18
Recommendations	20
Is there a role for Educational Psychology?	23
Conclusion	25

04 References

	26
--	----

01 School-Aged Parents in Northern Ireland

Introduction

This briefing will consider the experiences of both school-aged mothers and fathers. The term “school-aged parents” (SAPs) is used as a more inclusive term and is in line with the National Children’s Bureau, referring to parents who are aged 12 to 19 years old. Just over two decades ago, the United Kingdom of Great Britain and Northern Ireland (UK) was reported as having the highest teenage pregnancy rate in Europe (UNICEF, 2001). UNICEF stated that this was exhibited in just over 30 births for every 1,000 girls aged between 15 and 19-years-old (Kmietowicz, 2022).

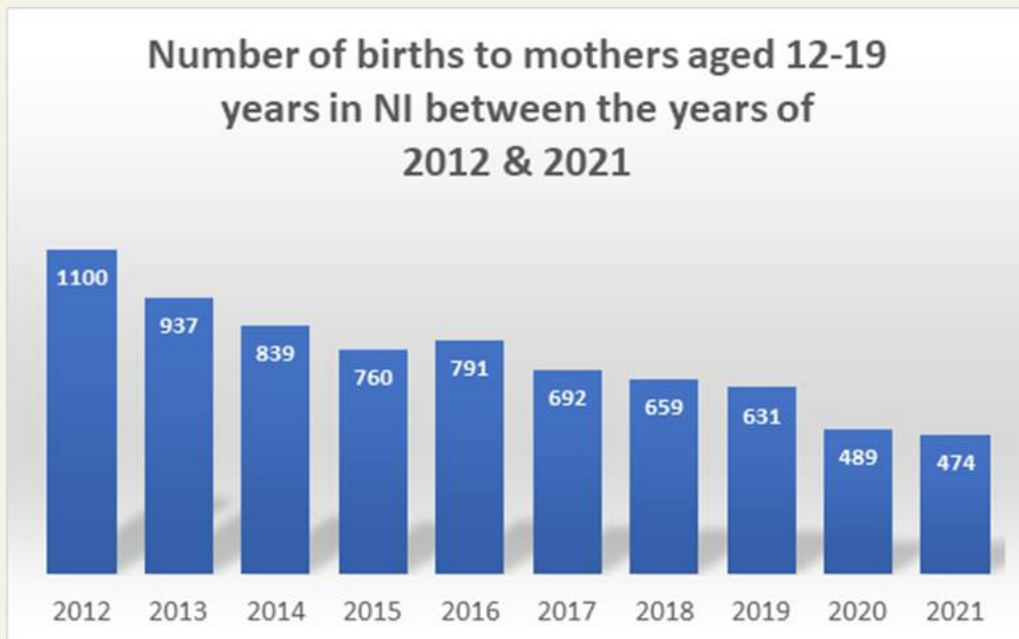
In response to the high rates of teenage pregnancy and the further associated risks to young parents, the UK government launched the Teenage Pregnancy Strategy in England in 1999. This intervention largely prioritised improvements in accessibility of effective contraception, as well as providing better quality Relationships and Sex Education (RSE) in the school curriculum. Between 1998 and 2014, under-18 pregnancies decreased by 51% in England and Wales. Furthermore, between 2007 and 2021, the under-18 conception rate decreased by 68% in England and Wales, from 42 per 1,000 girls to 13 per 1,000 (Nuffield Health Foundation). The Teenage Pregnancy Strategy has, therefore, been regarded as successful with under-18 birth rates having continued to decrease in subsequent years; however, the Teenage Pregnancy Strategy was not implemented in Northern Ireland (NI).

- Current Prevalence in NI

Census data collected in 2021 by NI Statistics and Research Agency (NISRA) highlights the considerable decrease of school-aged pregnancies in NI (See Figure 1).

Figure 1

Births Amongst 12 to 19-year-olds in Northern Ireland 2012-2021



Contextual Overview

- **Religious Context**

The religious backdrop to NI is a sensitive and nuanced topic and one that has garnered some interest when exploring SAPs in context. The religious affiliation of schools in NI can vary, for instance with state controlled schools (largely, and not exclusively, attended by those from Protestant backgrounds), and maintained schools (largely, and not exclusively, attended by those from Catholic backgrounds). For instance, it was initially believed that religious affiliation, and the potential for conservative views held by religious communities, may be influencing factors towards school-aged pregnancy rates and spurred on research for example by Rolston et al., (2005) and Wright et al., (2016). Key findings from Rolston et al. (2005) include how, contrary to belief, there was no difference in teenage motherhood risk between the major religious groups in NI. Wright et al., (2016) found that religious affiliation was associated with reduced teenage motherhood risk.

- Abortion Legislation

It is important to acknowledge the influence of abortion access on the prevalence of school-aged pregnancies. In Great Britain (GB), abortion was made lawful under 'The Abortion Act 1967'. The Act made it lawful for a woman to have an abortion up until 28 weeks of pregnancy on the basis that two registered medical practitioners believed that continuation of the pregnancy would be at risk to the mother's life, physically or mentally, or the health of any of her family members. The Act did not extend, however, to NI. In NI, until 2019, it was illegal to have an abortion unless the doctor acted to save the mother, or if the continuation of the pregnancy would have been at risk to the mother.

Abortion was legalised in NI in 2019 by the UK Parliament during a suspension of the NI Executive, in response to recommendations published by the United Nations Committee on the Elimination of Discrimination against Women (CEDAW) in 2018. The 'Abortion (NI) Regulations 2020' came into effect in March 2020 legalising abortions under circumstances outlined in The Abortion Act in GB, namely, severe foetal impairments or foetal abnormalities, or risk of injury or grave permanent damage to the physical or mental health of the mother.

Despite abortion becoming legal in NI, there are still significant religious and political limitations on abortion access at all stages of pregnancy, resulting in young women continuing to travel to GB to receive abortions. Issues specific to NI such as the stability of local government (e.g. suspension of the NI Executive) have had implications and placed restrictions on the updating of services to reflect legislation.

- Childcare provision

In England, eligible working parents of 3 and 4-year-olds are entitled to up to 30 hours per week of free childcare or early education. Non-working parents are entitled to up to 15 hours per week, and parents of 2-year-olds are entitled to up to 15 hours per week. Similar childcare schemes are in place in Scotland and Wales. However, in NI there is currently no free childcare scheme in place.

The substantial cost of childcare and minimal support offered by the government has placed significant financial burdens on families, creating barriers for mothers to return to education or work post-birth. Numerous news and media reports have documented, at first-hand, parents' struggles with bills and payments, and the consequent adverse effects that this has had on their mental health.

- School-Aged Parents and Education

There is an expectation that all schools be supportive and accommodating of school-aged mothers (SAMs), and it is expected that SAM should, health permitting, return to school until at least the required minimum compulsory school age. In England, pregnancy is not recognised as a statutorily valid reason to be excluded from school (Department of Education and Skills, 2001). A report undertaken by Barnardo's recommends that maternity should not automatically act as an excluding factor to education or training (Evans & Slowley, 2010). Instead, maternity leave should be flexible and in accordance with the needs of the individual. An aim of the Teenage Pregnancy Strategy also argued for the supported return of SAPs to education and to reduce risks of social exclusion.

Rationale

While the Teenage Pregnancy Strategy is evidently a success given the substantial reduction in school-aged pregnancies in England (e.g. Baxter et al., 2021), this does not evade the fact that there is still a significant number of 12 to 19-year-olds who become parents (i.e., n=474 in 2021 in NI). Given the constraints on SAPs to return to education it is clear that greater support is required to provide SAPs with the best outcomes for themselves and their children. This is an area which is pertinent to Educational Psychologists' (EP) practice. This paper will initially review the literature on SAPs and the support available to them, as well as discuss the long-term implications they face. Finally, recommendations will be provided for how SAPs can be better supported for their return to education. Two stakeholders, a SAM Co-ordinator from the Education Authority (EA) and a nurse working for the Family Nurse Partnership within the Health and Social Care Trust were consulted to gain an overview of the current services available within NI for SAPs; cognisance was taken of the information they provided, and their views are incorporated throughout this briefing paper.

02 Narrative review of the existing literature

Existing literature on the experiences of SAPs highlights the complexity of needs this cohort presents with (Action for Children, 2017; Bissel, 2000; Tebbs & Brindis, 2022). To inform how SAPs can be best supported, the broader spectrum of challenges faced by these parents, locally and internationally, is considered in this narrative review. The paucity of literature focused on school-aged fathers (SAF) means the cited research is likely to be over-representative of SAMs.

Intersectionality

“The interconnected nature of social categorisations such as race, class and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.”
(Oxford English Dictionary, 2013)

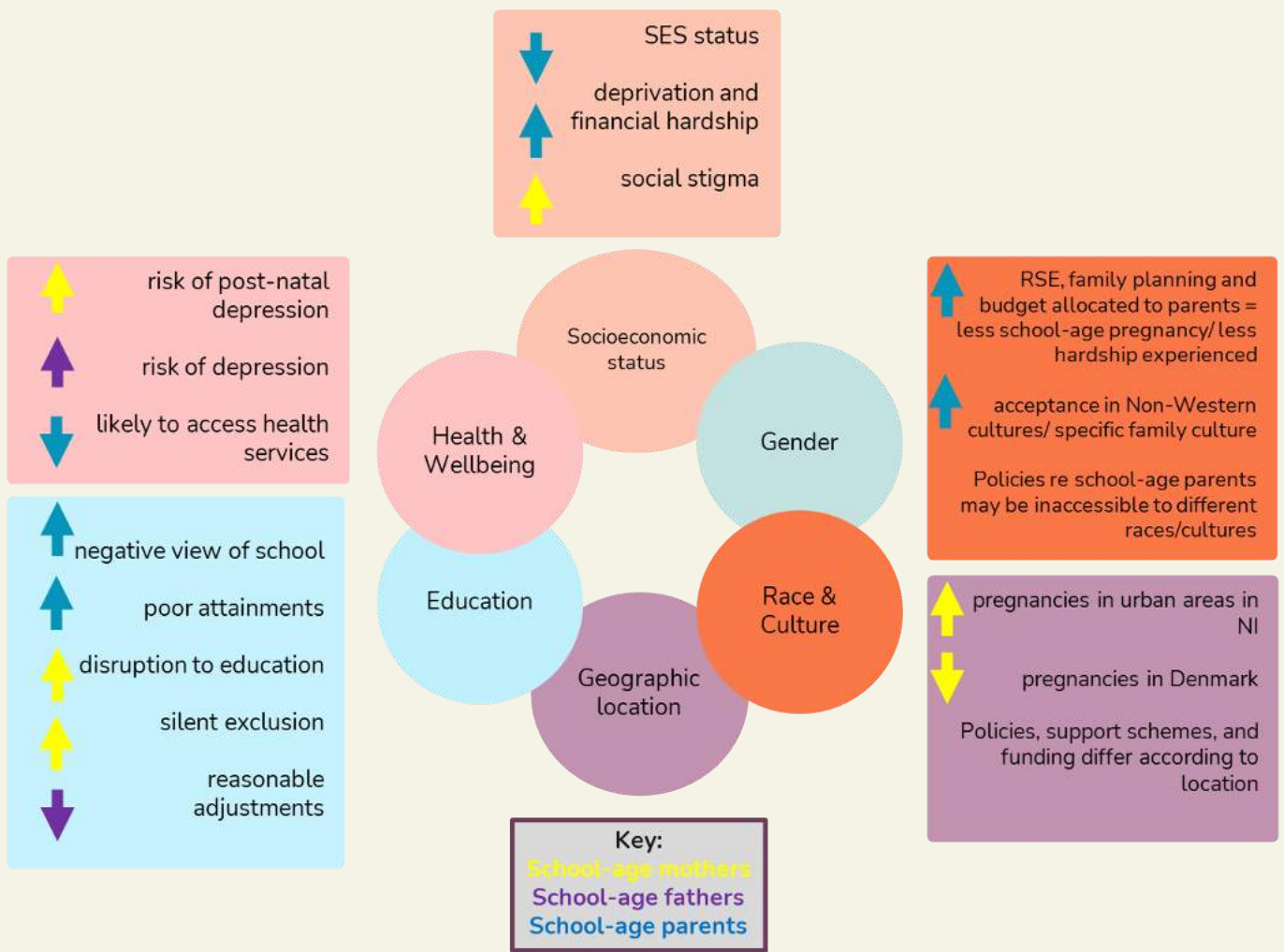
Wright et al.’s, (2016) research highlights the specific context of NI, including how the strong link between religion and politics has historically affected the passing of abortion laws. However, when comparing pregnancies of SAPs in NI based on religious affiliation, Wright et al., (2016) found no significant difference between the two major religious groups. This research found birth rates to be higher within urban communities in NI.

Measures of economic capital, including living in bought accommodation, access to two or more vehicles, the highest earning household member holding employment as a professional and house value were negatively associated with rates of school-age pregnancy in NI (Wright et al., 2016).

Regarding location, Beltz et al., (2014) reviewed the impact of government policies on SAPs. Several factors, including RSE and accessibility of family planning services were linked to lower occurrences of school-age pregnancies. In Denmark, rates of SAPs are low; this could be due to free access to family planning, and RSE forming a large part of the academic curriculum (Johansen & Nielsen, 2020). Furthermore, SAPs in Denmark are not as vulnerable to economic hardship due to funded childcare and grants for student parents.

The intersectionality of SAPs, particularly in relation to socio-economic factors, gender, and health is included in the body of this review. See Figure 2.

Figure 2
Intersectionality and barriers faced by School-Aged Parents



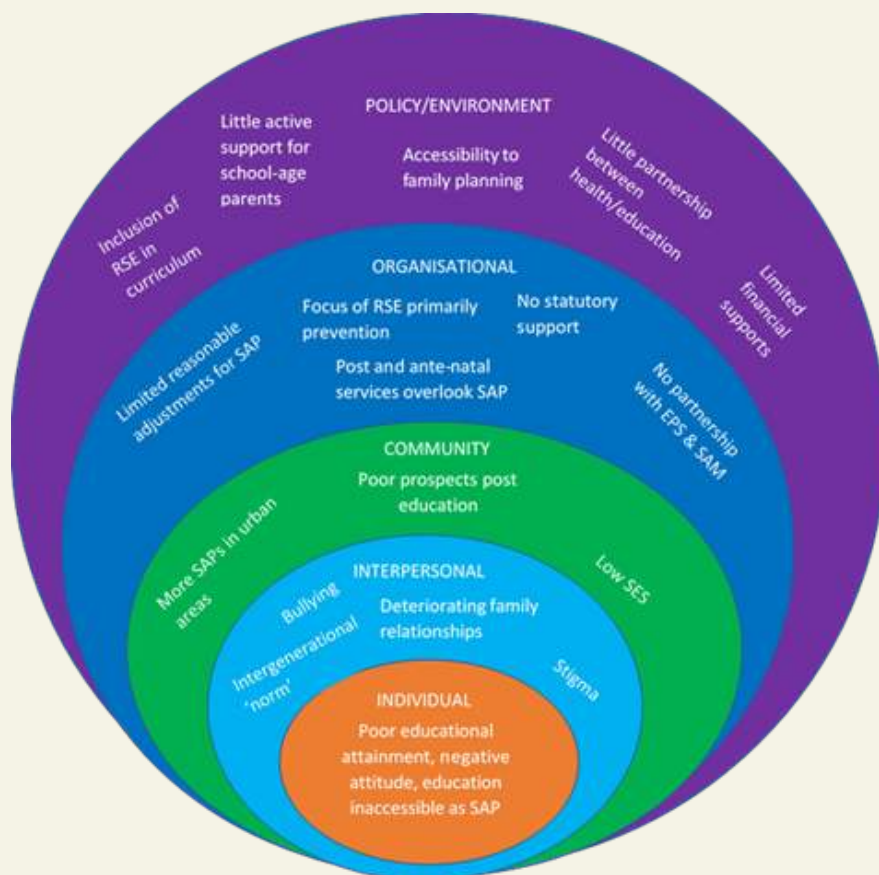
Note. Upward arrows indicate an increase, and downward arrows indicate a reduction.

Barriers faced by School-Aged Parents

Evans and Slowley (2010) provide an insightful overview of the socioeconomic, practical, and educational barriers faced by SAPs. Figure 3 outlines several barriers faced through Bronfenbrenner’s socio-ecological lens.

Figure 3

Applying Bronfenbrenner's Socio-Ecological Model to the Barriers School-Aged Parents Face in Educational Reintegration.



Note. See Tebb & Brindis, (2022) for a more in-depth exploration

- **Socio-Economic Factors**

School-aged mothers are at risk of social stigma, which in turn negatively impacts their confidence and motivation to access ante- and post-natal services. Research conducted by Chobany and Hull (2021) highlights the stigma that mothers can face compared to fathers. Participants read a story featuring a young mother and father and rated the parents on several statements: compared to fathers, mothers were rated as too young to be parents, less motivated, more reckless, and more promiscuous. Participants felt the best course of action for young mothers was to continue their education, whereas this was not prioritised for young fathers.

Typically, SAPs tend to come from areas associated with lower socio-economic status (SES) and low-income communities (Mollborn & Blalock, 2012; Tebb & Brindis, 2022). Coming from a community with lower SES is cited as a cause and a consequence of early parenthood; there is disagreement as to whether adverse community factors lead to young parenthood or vice versa (Maslowsky et al., 2022). Mothers interviewed by Evans and Slowley (2010) described the financial hardship associated with becoming SAPs, with most being unclear about their entitlement to financial support. Furthermore, returning to education or seeking employment often affects the financial support available for SAPs.

Across the UK, Ireland, and internationally, financial schemes are available to support SAPs who wish to reintegrate into education, including the Care to Learn scheme, Pregnancy Assistance Fund (PAF) and various other schemes providing financial support/tokens to parents. Additionally, there are programmes to support SAPs to access financial support, including the SAM Programme within the EA in NI.

- Health and Well-being

Parenthood at any stage of life can have a significant impact on an individual's mental health and well-being. As mentioned, the stigma faced by SAPs can affect their engagement with vital health services pre- and post-birth. Action for Children (2017) found that SAPs were more likely to present with poor mental health compared to their peers who were not parents. Additionally, SAMs are at a higher risk of developing postnatal depression in comparison to women who have children in adulthood (Ladores & Corcoran, 2019). This may be partly attributable to ongoing developmental maturation within the adolescent brain (Spear, 2013) affecting young parents' resiliency during parenthood (Ladores & Corcoran, 2019).

Similarly, SAFs are reportedly twice as likely to experience symptoms of depression compared to their peers (Lee et al., 2012). Research conducted with fathers in NI (Dads Direct, 2015) highlighted the importance of services and professionals being inclusive of fathers. Indeed, SAFs have cited that services and support programmes specifically for them are protective factors in relation to their mental health (Recto & Lesser, 2020).

The social circumstances which SAPs may face, including financial strain, poor housing, and reduced social relationships are also likely to underlie the onset of mental health difficulties, and this can have negative consequences in relation to the baby's development, childhood experiences, and school readiness (Ladores & Corcoran, 2019). It is important that SAPs can access services which offer support in relation to their own health, as well as that of their children.

- Practical

Practical barriers faced by SAPs include access to childcare, finding suitable housing, and the presence of family support systems. Access to childcare can pose a significant challenge to SAPs who wish to return to education, whether this be due to cost, inaccessibility, or unavailability of informal childcare (Dench et al., 2007; Evans & Slowley, 2010).

In accordance with Maslow's hierarchy of needs (e.g. Maslow, 1943), the priority for many SAPs is to secure appropriate housing before turning their attention to returning to education (Evans & Slowley, 2010). This is particularly salient for SAPs who are unable to remain in their family homes once they find out they are expecting a child. Unfortunately, research notes that the social housing offered to SAPs can be poorly kept, isolating, and in areas of high deprivation (Berrington et al., 2005) - all of which further contribute to the challenges facing SAPs.

- Educational

School-aged pupils who go on to become SAPs are often reported to have pre-existing attendance issues in school prior to the pregnancy. Research (Kane et al., 2013) has estimated that, even when socio-economic factors, including household income, parental education, and students' attitude towards school are controlled for, SAMs receive between one and two years' less education than their non-parent peers. Kane et al., (2013) go on to conclude that SAMs are more likely to receive benefits, be unemployed and be living in areas of high deprivation than their peers, even when their socio-economic status pre-pregnancy has been controlled for.

Whilst specific experiences resulting in poor engagement with school will vary between individuals, within current research (Evans & Slowley, 2010; Hosie, 2007), negative experiences transitioning to secondary school, poor social relationships with peers, experiences of being bullied, and difficulties completing and managing schoolwork have all been cited as contributing to SAPs' poor attendance pre-pregnancy.

Lall (2007) comments that by not actively supporting pupils who are pregnant or returning to school post-birth, many schools are contributing to silent exclusion and amplifying the barriers SAPs face when reintegrating to education. Some examples include little to no flexibility on uniform policy, no strategies in place to support pregnant or parent pupils with schoolwork or making little effort to address bullying and stigmatisation (Evans & Slowley, 2010; Lall, 2007). It is important to note that pregnancy itself is rarely cited by SAPs as their sole reason for leaving or not completing education.

- Educational Attainments of School-Aged Parents

Existing research demonstrates variability in SAPs' educational attainments compared to their peers who are not parents. Again, there is debate in existing research as to whether poor educational attainments are a contributing factor to school-age pregnancy or whether being a SAP affects educational attainment. There is a significant overlap in the socio-economic risk factors associated with school-age pregnancy and lower educational attainment.

Maslowsky et al., (2022) highlight that variance in educational achievements amongst similar cohorts of SAMs suggests that it is important to consider their circumstances after birth. In line with much of the research into SAMs, Maslowsky et al. found use of childcare (formal or informal) was associated with improved educational attainment. Mollborn and Blalock, (2012) suggest that the use of formal childcare settings carries more educational benefits for SAMs and their children; of course, this comes with financial implications.

Similarly, SAFs are also at an increased risk of lower educational attainment consequently impacting their future employment status and earnings (Bunting & McAuley, 2004). However, in interviews with SAFs conducted by Ntini and Sewpaul (2017), some SAFs felt that their education was unaffected by the birth of their child. Again, this brings the question of the influence of socio-economic circumstances versus being a SAP to the fore.

- Overcoming Barriers to Reintegrate into Education

Available funding across countries and communities affects the provisions and services that can be offered to support SAPs to continue their education. The support services available in the UK are discussed later in this report, however, it is useful to consider the factors, as highlighted by reviews (see Harding et al., 2020a) and by SAPs themselves, that have facilitated their educational journey during pregnancy and post birth.

One factor which was helpful in encouraging SAPs to continue their education was the positive emphasis services placed on education. This reportedly benefited SAPs' motivation to return to education and increased their awareness of the support available to them. Mothers who had experienced returning to education through a pupil referral unit (PRU) reported gaining confidence and self-efficacy from being with peers who were like them. Small classes were reported to allow for more one-to-one teaching and facilitated a good rapport between pupils and staff, which was helpful in maintaining pupil engagement. Lastly, as previously mentioned, many SAPs have pre-existing negative attitudes towards education. Therefore, when educational facilities offered more practical subjects, for example, mechanics or childcare, this felt more accessible to SAPs who had become disenfranchised with the typical curriculum subjects. Relatedly, some PRUs in England were reported to have gently phased SAMs back to education post-birth with classes on building bonds with their babies and parenting skills. Importantly, Evans and Slowley (2010) highlight that all mainstream schools are expected to make reasonable adjustments for SAPs as they would do for other pupils on the SEN register. Specific to NI, the SAM programme within the EA is praised by Evans and Slowley (2010) in its approach to securing childcare for SAMs who wish to return to education. There is a notable paucity in research regarding support that SAFs may require to continue their education.

Harding et al., (2020b) in a review of SAP programmes, note flexibility, collaborative relationships, staff training, and recruitment strategies as important in enhancing utility and reducing parent disengagement. The most successful programmes were those which were granted flexibility to direct the content of their sessions according to the circumstances of parents attending, for example, in accordance with socio-economic factors. Programmes which valued active partnerships between education and health were beneficial in helping parents access valuable support in relation to nutrition, child development and parenting skills within their education settings. Lastly, striking a balance between educational content whilst providing opportunities to meet the social needs of SAPs was cited as significant to attracting parents to the programmes and maintaining their engagement. This is perhaps not surprising given the significant effect that social isolation and stigma can have on SAPs.

Whilst the implementation of such programmes is dependent on secure funding, identified components of success should be applied within services or programmes supporting SAPs to improve educational engagement of SAPs within GB and NI.

- School-Aged Fathers

The absence of support for SAFs and the importance of fathers being involved is becoming more frequently recognised in the literature (National Children’s Bureau, 2016). In NI, there has been a call for further research to be undertaken with fathers, to inform services as to how to be inclusive of all parents (Dads Direct, 2015).

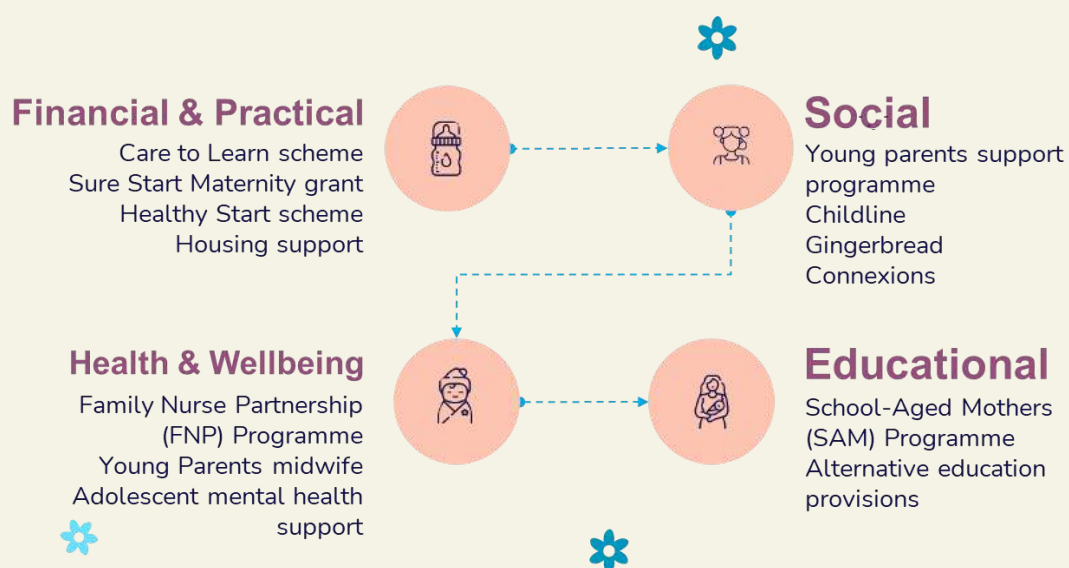
The remainder of this paper will provide more in-depth information on the support available for SAPs within NI and the rest of the UK, the implications of school-aged parenthood, and the role of EPs and other educational professionals in supporting this cohort.

Support Available for School-Aged Parents

Supporting SAPs is fundamental in reducing the risk factors associated with teenage pregnancies (Bah, 2016). Providing the appropriate support promotes both the well-being and futures of SAPs and their children and reduces the risk of subsequent unplanned pregnancies (Hadley, 2017). As outlined in Figure 4, support for SAPs can include financial and practical resources, support with health and well-being, social support, and support to return to education. Presently, the support available for SAPs within the school context is unbalanced with the support available outside school.

Figure 4

Support Available for School-Aged Parents in the UK



- Financial and Practical Support

In addition to child benefits and child tax credits that can be claimed by eligible parents of all ages, SAPs may be entitled to additional financial support. These aids can be critical in removing the practical barriers preventing SAPs returning to education. In England and NI, SAPs who are reintegrating to school or college, can access childcare and travel support through the Care to Learn scheme. This scheme provides up to £160 weekly to childcare providers, to support parents aged 16 to 20-years-old to continue with their education. Young mothers aged between 16 and 20-years-old can also claim a one-off payment from the Sure Start Maternity Grant to help towards the cost of maternity expenses and baby items. This one-off £500 payment can be claimed from 11-weeks before the baby is due, or within 6-months of the birth. If the parent is under 16, a responsible adult may be eligible to claim on their behalf if they are receiving other financial aids for the expectant mother.

The Healthy Start Scheme provides funding to support families to eat healthily through the use of a pre-paid card. The scheme is open to parents of any age who are receiving government benefits such as Universal Credit. Parents receive between £4.25 and £8.50 from the tenth week of pregnancy until their child's fourth birthday.

School-aged parents can also access support with their living arrangements from their local council. Parents aged under 18 are unlikely to be able to secure a tenancy agreement. Alternatively, children's services will attempt to make arrangements within the young parents' extended family, and if not possible, then turn to foster families or emergency housing accommodations (UK Government, 2024).

- Health and Well-being Support

The Family Nurse Partnership Programme is a home visiting programme designed to support mothers under 20-years-old through their pregnancy, until two years post-birth. The programme supports mothers to care for themselves and their baby, build their skills, and plan for the future. Mothers under 19-years-old can avail of support from the Young Parent's Midwife, on a one-to-one or group basis. Support with birth plans, labour, pain relief, and baby care is available, and visits to the labour ward can be arranged.

- Social Support

Young parents' social networks are generally key factors in determining their well-being, boosting their confidence as new parents (Bah, 2016), and contributing towards positive developmental outcomes for their children (Emery et al., 2008).

Family Support NI runs Young Parent Support Programmes to provide practical and emotional support for SAPs, but additionally to give parents an opportunity to talk to others in similar circumstances to themselves. Childline also offers a telephone helpline for SAPs, and online advice regarding returning to school, managing finances, and socialising. Similarly, Gingerbread, a UK organisation, provides support for one parent families, through parental training courses, creche, and family support. Another widely used service within the UK, Connexions, provides support for young people aged between 13 and 19-years-old to continue their education, not solely SAPs.

- Educational Support

With the appropriate support, SAPs can continue their education during pregnancy or post-birth. The SAM Programme run by the EA's Education Welfare Service in NI provides SAMs, schools, and families with guidance to support young mothers aged 13 to 19-years-old to continue their education. The support is an extension of the school's pastoral care responsibilities and can include helping the school develop relevant policies and procedures and constructing individual education plans for SAMs.

Accessing education through mainstream education provision with their peers and in their local community is the ideal option for SAPs. Should re-accessing education be particularly challenging, and in exceptional circumstances, SAPs may benefit from re-accessing education through alternative education provisions such as PRUs or Education Other Than at School (EOTAS) provisions. These provisions are organised to provide education for young people who cannot attend their mainstream school due to exceptional circumstances.

03 Implications, Recommendations, and the Role for Educational Psychology

Implications

As previously outlined, becoming a SAP can be difficult for some as a result of the additional challenges that older parents might not face. Implications for SAPs can be both positive and negative. Many SAPs reported positives of becoming a parent, such as gaining a sense of belonging, reduced involvement in anti-social behaviour, and an increased motivation for a better life for themselves and their baby (Evans & Slowley, 2010). Whilst SAPs have reported that being a young parent was fun, enjoyable, and rewarding (National Children's Bureau, 2016); the barriers frequently outnumber the positives for these SAPs (See Figure 5).

These implications not only affect the lives of SAPs, but also their children. Research has suggested that children born to SAPs are at increased risk of delays in cognitive development, they may be at increased risk of being less likely to meet their developmental milestones, and may experience attachment needs, particularly if their mother experiences post-natal depression (Lee et al., 2012). Additionally, children of SAPs are more likely to be admitted to hospital due to an accident and may have reduced access to essential items (National Children's Bureau, 2016). Further to this, children of SAPs are at an increased risk of becoming SAPs themselves, as a result of the intergenerational cycle (Ladores & Corcoran, 2019).

Many of the barriers faced by SAPs are suggested to correspond with intersectionality issues when returning to education post-birth. Difficulties accessing childcare affect parents' attendance at school which in turn impacts their ability to achieve financial stability; this can impact the development of their child. An association was highlighted by Fagan and Lee (2013) between SAPs' rates of unemployment, low income, or low levels of educational attainment, and poorer school readiness among their children in early childhood. Many parents, including young parents, desire to provide for their children, and research has identified that with the right support and guidance, SAPs can be supported to overcome these barriers (McLeod, 2013).

Figure 5
Barriers Faced by School-Aged Parents

<p>Educational Barriers</p> <ul style="list-style-type: none"> • Low educational achievement amongst SAPS is five times that of non-parent peers • Poor school attendance (other needs are prioritised e.g. taking care of baby and securing accommodation. • Stigma from staff, which affects motivation to re-engage post-pregnancy. • Limited support and adjustments within school to accommodate side effects of pregnancy, such as frequently needing to use the toilet, extreme tiredness or morning sickness . • Less likely to pursue third level education. • Limited access to RSE focused on post-birth: reduced knowledge on caring for baby.
<p>Financial</p> <ul style="list-style-type: none"> • They cannot access transportation for appointments, school, childcare, or employment. • Limited access to basic items to meet baby's needs: can impact their cognitive and physical development. • Not able to access childcare. • 40% report they are just 'getting by' compared to 26% of their peers who are not SAPs. • Reliant on government-funded benefits.
<p>Housing Difficulties</p> <ul style="list-style-type: none"> • Housing can be in areas of low SES: reduced social opportunities and higher rates of crime/anti-social behaviour. • May have limited knowledge on housing benefits. • Some SAPs find adjusting to living on their own and looking after a child difficult
<p>Relationships breakdown</p> <ul style="list-style-type: none"> • One in five SAPs reported not seeing their friends. • Find it difficult to make new friends and maintain these friendships. • Strains on family relationships due to SA pregnancy.
<p>Limited Childcare</p> <ul style="list-style-type: none"> • Limited money from government benefits to support childcare cost. • Family may be unable to provide informal childcare.
<p>Lack of Support Services</p> <ul style="list-style-type: none"> • Limited support services. • Feel intimidated to attend groups due to social stigma. • Lack of support services for SA mothers and especially fathers. • Lack of information on support services for SAPs. • Support services that did run can clash with school hours.
<p>Mental Health Difficulties</p> <ul style="list-style-type: none"> • SAPs report experiencing poorer mental health compared to peers. • Teenage mothers are three times more likely to have post-natal depression. • Low self-esteem and feelings of loneliness due to limited support. • Grieving for their childhood.
<p>Employment Difficulties</p> <ul style="list-style-type: none"> • SAPs are less likely to be employed compared to their peers. • May obtain employment that does not require qualifications. • More likely to be unemployed and on benefits.
<p>Stigma</p> <ul style="list-style-type: none"> • Research reported young mothers feeling judged as being 'bad mothers' for leaving their child to go to work or as a 'bad citizens' for living on the government benefits. • Impact on confidence to engage with other services. • Not engaged in post or pre-natal services. • Family members feel judged in the community. • Young mothers were more likely to experience cyberbullying.
<p>Limited Sex Education</p> <ul style="list-style-type: none"> • Limited understanding of sex education due to their school curriculum. • Factors including religious beliefs of young person and type of school attended can affect quantity and quality of RSE.

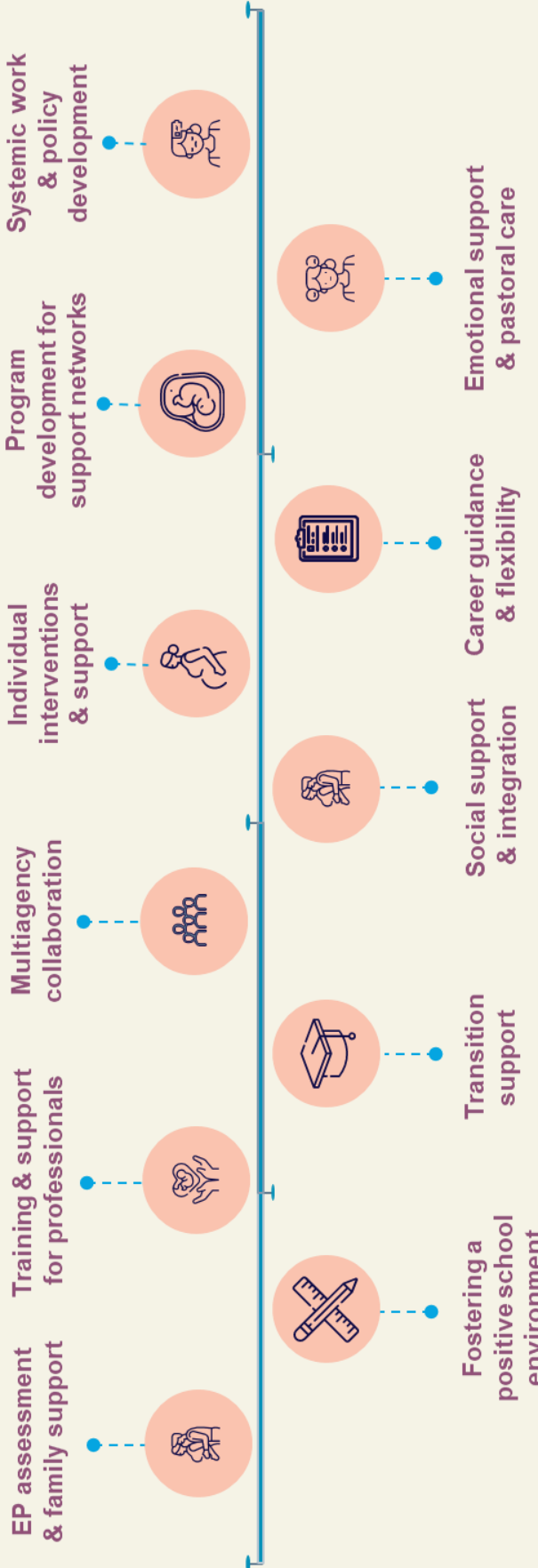
Recommendations

Following a review of relevant research, internationally, and within the NI context, as well as discussion with relevant stakeholders, the following recommendations have been made. Through implementation of these recommendations, EPs can contribute to creating supportive environments that empower SAPs to thrive academically, emotionally, and socially within their school communities.

Area for consideration	Recommendation
Systemic Work & Policy Development	<ul style="list-style-type: none"> • Collaborate with school staff and students to develop campaigns and policies that combat negative attitudes towards SAPs. • Ensure school environments explicitly communicate support for SAPs and address any prejudices (expressed by any group such as peers, staff, etc.) effectively.
Training & Support for Professionals	<ul style="list-style-type: none"> • Provide training to professionals on understanding the diverse needs of SAPs, including practical advice and emotional support. • Address stigmatisation issues and their impact on SAPs' interactions with professionals.
Multiagency Collaboration	<ul style="list-style-type: none"> • Engage in multiagency work to ensure holistic support for SAPs, challenging inappropriate narratives and advocating for their needs.
Programme Development for Support Networks	<ul style="list-style-type: none"> • Collaborate with professionals to develop programmes to support families and friends of SAPs.
Individual Interventions & Support	<ul style="list-style-type: none"> • Offer individual interventions tailored to meet the specific needs of SAPs or provide guidance to school staff on delivering appropriate support.
Positive Environment in Schools	<ul style="list-style-type: none"> • Ensure schools have clear policies against biases about and preconceptions towards SAPs and actively enforce them. • Promote empathy and awareness among staff and students towards the challenges faced by young SAPs. • Consider conducting action research projects to create campaigns against prejudice.

Area for consideration	Recommendation
Policy Development and Transition Support	<ul style="list-style-type: none"> • Advocate for clear policies on maternity leave and accommodations for pregnant students. • Facilitate transition plans for SAPs before and after maternity/paternity leave, including keeping in touch days and school visits.
Social Support & Integration	<ul style="list-style-type: none"> • Organise child-friendly social events and after-school activities for SAPs. • Establish mentoring programmes and support groups for SAPs to socialise and share experiences with others in similar circumstances.
Family Education and Community Engagement	<ul style="list-style-type: none"> • Incorporate RSE, parenting skills, and household management into the school curriculum. • Foster connections with parent and toddler groups to provide work experience and community support.
Career Guidance and Flexibility	<ul style="list-style-type: none"> • Develop educational and career plans with SAPs, offering access to work experience environments. • Provide flexibility in study options, such as part-time study, to accommodate SAPs' needs.
Emotional Support & Pastoral Care	<ul style="list-style-type: none"> • Offer regular pastoral support sessions and check-ins during maternity/paternity leave. • Create opportunities for SAPs to help others experiencing similar life events, and participate in multiagency meetings.
EP Assessment & Family Support	<ul style="list-style-type: none"> • Conduct assessments to identify individual needs and recommend appropriate interventions or therapeutic sessions for SAPs. • Provide family consultations and refer SAPs to services supporting families through transitions.

Figure 6
Recommendations



Is there a role for Educational Psychology?

School-aged parents are one of the populations considered to be one of the least advocated for in education (e.g. Pillow, 2004), and the findings of this review suggest that this remains the case. Therefore, recognising young parenthood as an additional educational need with its own distinct challenges merits EP attention. Educational Psychologists can play a pivotal role in fostering an inclusive and supportive school environment that not only acknowledges the unique challenges faced by SAPs, but also actively seeks to empower them in continuing their education while fulfilling their responsibilities as caregivers.

Educational psychology support can be in the form of individual intervention, advocacy, or influencing systemic changes through rights-based approaches. Craig (2009) highlights the EP role of facilitating multiagency collaboration, facilitating training, and providing coordinated support to address the unique needs of SAPs. It is acknowledged that EP services are operating at maximum capacity in the face of unprecedented demands around SENs, and arguably with limited funding available to education, however the value of psychological intervention to reintegrate SAPs to education is evident.

Systemically, EPs can advocate for changes in policies and practices within schools to create a more supportive environment for SAPs. This may involve implementing anti-stigma campaigns or raising awareness in schools about the difficulties faced by SAPs. Baxter and Frederickson (2005) advocate for a broader focus on individual needs, considering factors like language, culture, race, and socio-economic status. At the individual level, EPs can work directly with SAPs to support them to navigate the challenges of parenthood while pursuing their education. By addressing stigma and promoting acceptance, EPs contribute to creating a more inclusive and equitable educational environment for SAPs. See Figure 7.

Figure 7
Potential Role of the Educational Psychologist



Educational psychologists are equipped to implement programmes supporting the well-being of SAPs and their children, given their training in mental health, child development and systems theory (Crespi & Hughes, 2003). The research suggests that some school-aged parents demonstrate lower levels of positive affect and responsiveness toward their children and may engage less frequently in activities that support their children's social and cognitive development compared to adult parents (Riva Crugnola et al., 2014). This may stem from factors such as immaturity, role confusion, or lack of education regarding child-rearing (Jahromi et al., 2014; and Savio Beers & Hollo, 2009). Educational psychologists are positioned and skilled to provide tailored interventions aimed at mitigating maladaptive parenting practices. Techniques such as Video Interactive Guidance (VIG) can empower SAPs by strengthening their bond with their child and enhancing their confidence as caregivers (Elliott, 2020). Additionally, interventions such as the Parents Interacting with Infants-Teen version (PIWI-T) offer psychoeducation on parenting skills, opportunities for hands-on practice, and feedback from a qualified practitioner. Through these approaches, SAPs can learn to observe their child's development during interactions and employ dyadic strategies such as encouraging turn-taking and child-led play. Research has shown that these interventions yield positive effects on parental affect, responsiveness, verbalisations, and social interactions (Rispoli & Sheridan, 2017).

As the transition to parenthood occurs at such a critical point in adolescents' educational journey, the vulnerability of SAPs is significantly heightened, emphasising the crucial need for intervention. SAPs face increased susceptibility to mental health issues, particularly post-natal depression, due to the complex interplay of developmental, social, and economic factors (Hodgkinson et al., 2014). In response to these challenges, there is a pressing need for enhanced mental health support tailored to the unique needs of SAPs. EPs can play a pivotal role in this regard, offering a range of interventions aimed at promoting mental well-being and resilience among SAPs.

In instances where SAPs become disengaged with education, EPs can provide support by facilitating the development of alternative educational or vocational pathways (Haughey, 2009). By adopting a solution-focused perspective, EPs can explore factors that facilitate successful education and employment outcomes, offering a more constructive alternative to deficit-based discourses (Gabriel, 2015). This allows EPs to help SAPs recognise their strengths and take advantage of opportunities for personal and professional development, empowering them to feel more confident and capable as they navigate their educational and career paths alongside parenthood.

Conclusion

It is hoped that the research cited in this briefing paper has highlighted the complexity of challenges faced by SAPs. EPs and other educational professionals have a duty to meet the needs of SAPs, and some recommendations have been included as to how these parents can be best supported, particularly in relation to reintegrating to education. However, it is also recognised that supporting SAPs requires a multi-faceted, umbrella approach across education and health; the government also has a role to play in dedicating funding to projects and schemes working to support SAPs, as well as removing some of the barriers they face in returning to education, for example, securing childcare.

The reduction in the number of births to SAPs reflects the marginalised status that this group holds. It is hoped that this paper has demonstrated the importance of continued consideration of their specific needs to facilitate their journey through parenthood, education and the healthy development of their children.



04 References

Action for Children. (2017). The Next Chapter: Young People and Parenthood. <https://media.actionforchildren.org.uk/documents/the-next-chapter.pdf>

Bah, Y. M. (2016). Teenage pregnancy: teenage mothers' experiences and perspectives: a qualitative study. *Journal of Health, Medicine, and Nursing*, 29(2), 118-136.

Baxter, A. J., Dundas, R., Popham, F., & Craig, P. (2021). How effective was England's teenage pregnancy strategy? A comparative analysis of high-income countries. *Social science & medicine* (1982), 270, 113685. <https://doi.org/10.1016/j.socscimed.2021.113685>

Baxter, J. and Frederickson, N. (2005) Every Child Matters: Can Educational Psychology Contribute to Radical Reform? *Educational Psychology in Practice*, 21, 87-102. <https://doi.org/10.1080/02667360500128697>

Berrington, A., Diamond, I, Ingham, R., Stevenson J, Borgoni, R., Hernández, M. I. C. & Smith P. (2005). Consequences of Teenage Parenthood: Pathways which minimise the long-term negative impacts of teenage childbearing. University of Southampton.

Betz, M. A., Sacks, V. H., Moore, K. A. & Terzian, M. (2014). State Policy and Teen Childbearing: A Review of Research Studies. *Journal of Adolescent Health*, 56, 130-138.

Bissell, M. (2000). Socio-economic outcomes of teen pregnancy and parenthood: A review of the literature. *Canadian journal of human sexuality*, 9(3), 191-204.

Bunting, L & McAuley, C. (2004). Research Review: Teenage pregnancy and parenthood: the role of fathers. *Child and Family Social Work*, 9, 295-303. <https://doi.org/10.1111/j.1365-2206.2004.00335.x>

Chambers, B. D. & Erausquin, J. T. (2015). The Promise of Intersectional Stigma to Understand the Complexities of Adolescent Pregnancy and Motherhood. *Journal of Child & Adolescent Behavior*, 3(5),249-254. <https://doi.org/10.4172/2375-4494.1000249>

Chobany, M. & Hull, D. (2021). The Stigmas Associated with Teen Parenting: How Gender-Stereotypical Expectations Contribute. *Psi Chi Journal of Psychological Research*, 26,21-25. <https://doi.org/10.24839/2325-7342.JN26.1.21>

Craig, L. (2009). Post-school transitions: Exploring practice in one local authority. *Educational and Child Psychology*, 26(1), 41-51.

Crespi, T. D., & Hughes, T. L. (2003). School-based mental health services for adolescents. *Journal of Applied School Psychology*, 20, 67-78. https://doi.org/10.1300/J008v20n01_05

Dads Direct & Sneddon, H. (2015) The Dad Factor in Northern Ireland: How Fathers Improve Child Outcomes. <https://www.mhfi.org/TheDadFactor.pdf>

Dench, S., Bellis, A. & Tuohy, S. (2007). Young Mothers Not in Learning: A qualitative study of barriers and attitudes. Institute for Employment Studies/Learning Skills Council. <https://www.employment-studies.co.uk/system/files/resources/files/439.pdf>

- Department of Education and Skills. (2001). Guidance on the education of school age parents, DfES/0629/2001.
- Elliott, C. (2020). Supporting adolescent mothers using Video Interaction Guidance (VIG) (Unpublished Doctoral Thesis). Queens University Belfast.
- Emery, J., Paquette, D., & Bigras, M. (2008). Factors predicting attachment patterns in infants of adolescent mothers. *Journal of Family Studies*, 14(1), 65-90.
- Evans, J. & Slowley, M. (2010). Not the end of the story: Supporting teenage mothers back into education. Barnardo's. https://www.barnardos.org.uk/sites/default/files/2020-11/not_the_end_of_the_story_-_march_2010_pdf.pdf
- Fagan, J., & Lee, Y. (2013). Explaining the association between adolescent parenting and preschoolers' school readiness: A risk perspective. *Journal of Community Psychology*, 41, 692-708. <https://doi.org/10.1002/jcop.21565>
- Gabriel, J. (2015). Young People's Experiences of Moving Out of Being 'Not in Education, Employment or Training' (NEET): An Exploration of Significant Factors (Unpublished Doctoral Thesis). University of Birmingham.
- Hadley, A. (2017). *Teenage pregnancy and young parenthood: effective policy and practice*. Routledge.
- Harding, J. F., Knab, J., Zief, S., Kelly, K. & McCallum, D. (2020a) A Systematic Review of Programs to Promote Aspects of Teen Parents' Self-sufficiency: Supporting Educational Outcomes and Healthy Birth Spacing. *Maternal and Child Health Journal*, 24(2), 84-104. <https://doi.org/10.1007/s10995-019-02854-w>
- Harding, J. F., Zief, S., Farb, A. & Margolis, A. (2020b). Supporting Expectant and Parenting Teens: New Evidence to inform Future Programming and Research. *Maternal and Child Health Journal*, 24(2), 67-75.
- Haughey, A. (2009). Pupils disengaged from school: Evaluation of an alternative vocational education programme. *Educational and Child Psychology*, 26(1), 52-59.
- Hodgkinson, S., Beers, L., Southammakosane, C., & Lewin, A. (2014). Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics*, 133(1), 114-122. <https://doi.org/10.1542/peds.2013-0927>
- Hosie, A. C. S. (2007). 'I Hated Everything About School': An Examination of the Relationship Between Dislike of School, Teenage Pregnancy and Educational Disengagement. *Social Policy & Society*, 6(3), 333-347. <https://doi.org/10.1017/S147476407003661>
- Jahromi, L. B., Guimond, A. B., Umaña-Taylor, A. J., Updegraff, K. A., & Toomey, R. B. (2014). Family context, Mexican-origin adolescent mothers' parenting knowledge, and children's subsequent developmental outcomes. *Child Development*, 85, 593-609. <https://doi.org/10.1111/cdev.12160>
- Johansen, E. R. & Nielsen, H. S. (2020). Long-Term Consequences of Early Parenthood. *Journal of Marriage and Family*, 82, 1286-1303. <https://doi.org/10.1111/jomf.12634>
- Kane, J. B., Morgan, S. P., Mullan Harris, K. & Guilkey, D. K. (2013). The Educational Consequences of Teen Childbearing. *Demography*, 50, 2129-2150. <https://doi.org/10.1007/s13524-013-0238-9>

- Ladores, S. & Corcoran, J. (2019). Investigating Postpartum Depression in the Adolescent Mother Using 3 Potential Qualitative Approaches. *Clinical Medicine Insights: Paediatrics*, 13, 1-6. <https://doi.org/10.1177/11795565.19884042>
- Lee, Y., Fagan, J. & Chen, Wan-Yi. (2012). Do Late Adolescent Fathers Have More Depressive Symptoms Than Older Fathers? *Journal of Youth and Adolescence*, 41(10), 1366-1381. <https://doi.org/10.1007/s10964-011-9717-8>
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50, 370-396.
- Maslowsky, J., Stitzel, H. & Gershoff, E. T. (2022). Post-Pregnancy Factors Predicting Teen Mothers' Educational Attainment by Age 30 in Two National Cohorts. *Youth Soc*, 54(8), 1377-1401. <https://doi.org/10.1177/0044118x211026941>
- McLeod, J. (2013). Teenage Mothers and Education. [Doctoral Dissertation, University of East London]. UEL Research Repository. <https://repository.uel.ac.uk/item/85vw0>
- Mollborn, S. & Blalock, C. (2012). Consequences of Teen Parents' Childcare Arrangements for Mothers and Children. *J Marriage Fam*, 74(4), 846-865. <https://doi.org/10.1111/j.1741-3737.2012.00988.x>
- National Children's Bureau (2016). SAPs Matter: Exploring the views and experiences of SAPs living in NI (NI). https://www.ncb.org.uk/sites/default/files/uploads/files/20%20yym_final_report_april16_0.pdf
- Ntini, T. & Sewpaul, V. (2017). School-going teenage mothers and fathers: Gender, challenges, and negotiation of learner-parent roles. *Children and Youth Services Review*, 76, 250-257. <https://doi.org/10.1016/j.childyouth.2017.02.007>
- Osofsky, J. D., Hann, D. M., & Beebles, C. (1993). Adolescent parenthood: Risks and opportunities for mothers and infants. In C. L. Zeanah (Ed.). *Handbook of infant mental health* (pp.106-119). New York: Guilford Press.
- Oxford English Dictionary. (2023). Intersectionality. In Oxford English Dictionary. Oxford University Press. Retrieved January 10th, 2024, from <https://www.oed.com/search/dictionary/?scope=Entries&q=intersectionality>
- Pillow WS 2004. *Unfit Subjects: Educational Policy and the Teen Mother*. New York: Routledge Falmer.
- Recto, P. & Lesser, J. (2020). "Fathers Need Help Too": Adolescent Fathers and Depression. *Issues in Mental Health Nursing*, 42(5), 515-518. <https://doi.org/10.1080/01612840.2020.1752866>
- Rispoli, K. M., & Sheridan, S. M. (2017). Feasibility of a school-based parenting intervention for adolescent parents. *Advances in School Mental Health Promotion*, 10(3), 176-194. <https://doi.org/10.1080/1754730X.2017.1325329>
- Riva Crugnola, C., Ierardi, E., Gazzotti, S., & Albizzati, A. (2014). Motherhood in adolescent mothers: Maternal attachment, mother-infant styles of interaction and emotion regulation at three months. *Infant Behavior and Development*, 37, 44-56. <http://doi.org/10.1016/j.infbeh.2013.12.011>
- Rolston, B., Schubotz, D., Simpson, A., 2005. Sex education in Northern Ireland schools: a critical evaluation. *Sex Education* 5, 217-234.

Savio Beers, L. A., & Hollo, R. E. (2009). Approaching the adolescent-headed family: A review of teen parenting. *Current Problems in Pediatric and Adolescent Health Care*, 39, 216–233. <http://doi.org/10.1016/j.cppeds.2009.09.001>

Spear, L. P. (2013). Adolescent neurodevelopment. *The Journal of Adolescent Health*, 52(2), S7-S13. <https://doi.org/10.1016/j.jadohealth.2012.05.006>

Tebb, K. P. & Brindis, C. D. (2022). Understanding the Psychological Impacts of Teenage Pregnancy through a Socio-ecological Framework and Life Course Approach. *Seminars in Reproductive Medicine*, 40, 107-115. <https://doi.org/10.1055/s-0041-1741518>

UK Government. (2024). Your rights to housing if you're under 18. <https://www.gov.uk/your-rights-to-housing-if-youre-under-18>

Wright, D. M., Rosato, M, Doherty, R. & O'Reilly, D. (2016). Teenage Motherhood: where you live is also important. A prospective cohort study of 14,000 women. *Health & Place*, 42, 79-86. <http://dx.doi.org/10.1016/j.healthplace.2016.09.007>



Discover more at
go.qub.ac.uk/qubdecap
