

Inquiry into teenage pregnancy

Centre for Excellence for Looked after Children in Scotland

About CELCIS

CELCIS is the Centre for Excellence for Looked after Children in Scotland based at the University of Strathclyde. Together with partners, we are working to improve the lives of all Looked after children in Scotland. Established in 2011, CELCIS has been committed to further improving the outcomes and opportunities for Looked after children through a collaborative and facilitative approach that is focused on having the maximum positive impact on their lives.

We welcome the opportunity to respond to this Inquiry and highlight the specific issues facing children and young people with care experiences and those supporting this group. As highlighted in the Scottish Parliament's Education Committee Inquiry into the Educational attainment of Looked after children and young people (2012), many children and young people face considerable educational disadvantage and experience poorer outcomes than their peers.¹ Participation in education is a known protective factor in reducing teenage pregnancy rates. Looked after young people and careleavers have a right to access support to address their sexual health needs. For careleavers, emotional wellbeing and stability have been identified as key factors affecting decisions to become younger parents; yet these issues are often overlooked.

Key Messages

- We do not have national data on how many Looked after young people and care leavers are young parents in Scotland;
- Evidence indicates young people with care experiences are more likely to have children at a younger age; for example, an English study found 50% of female careleavers were mothers within 18-24 months of leaving care. There is no comparable work in Scotland.²
- Higher rates of young parenthood are linked to higher levels of socio-economic deprivation; young people with care experiences are more likely to experience poverty;
- Looked after young people and careleavers may have less access to national Sex and Relationships Education (SRE) due to lower attendance rates in mainstream schools and higher rates of exclusions; they are also more likely to be educated in alternative education settings (for example, residential schools) and have disrupted education;
- Disabled Looked after young people may be further excluded; sexual health information and support should be communicated appropriately to meet their needs;

¹ Scottish Parliament Education and Culture Committee (2012) [Report on Educational Attainment of Looked after Children](#) (Report 6, Session 4).

² Biehal N, et al. (1995) *Moving On: Young people and leaving care schemes*, London: HMSO.

- Tailored support is needed to meet the needs of this group; for example, regular access to confidential health services and Looked After Nurses are an essential source of information and advice; Trusting relationships are key;
- Young people with care experiences should be given priority access to sexual health services to work appropriately with their circumstances and meet their needs;
- Young fathers are often overlooked in assessment, planning and support;
- Provision of support for young parents with care experiences is limited.

Questions

1. **Do you have any views on the current policy direction being taken at the national level in Scotland to reduce rates of teenage pregnancy?**
 - 1.1 There have been a number of policy initiatives and impetuses but there is not an overarching policy on teenage pregnancy for Scotland in contrast to the rest of the United Kingdom. Whilst the pregnancy rate for under 20 year olds has fallen, the rate for under 16 year olds remains the same.³ Any new policy thinking should take into account the Scottish Government's national sexual health strategy and action plan *Respect and Responsibility* (2005) and revised outcomes set out in *Respect and Responsibility: Delivering Improvements in Sexual Health Outcomes 2008–11*.
 - 1.2 Given the disparity across socio-economic groups in the rates of teenage pregnancy (64.7 per 1000 in the most deprived compared to 6.2 per 1000 in the least deprived), **addressing inequality must be a key policy driver**. In 2008, the Scottish Government's *Equally Well: A report of the Ministerial Task Force on Health Inequalities* recommended NHS boards improve antenatal services for high risk groups. There was no specific consideration of young parents. Reducing teenage pregnancy is not currently included as a National Indicator as part of the Scottish Government's National Outcomes Framework.
 - 1.3 The Scottish Government (2012) *National Parenting Strategy* recognises teenage parents as a group that face additional challenges. Equitable access to antenatal care is identified as a specific issue. We welcome the new NHS Scotland HEAT target on accessible antenatal access due by March 2015. This target responds to the low rate of antenatal care for women living in the lowest socio-economic groups (57% accessing antenatal care, with the target being set at 80% for all groups). We would highlight the importance of ensuring antenatal services effectively meet the needs of younger parents, and this includes young people in care and careleavers.

³ ISD Scotland (2012) [Teenage Pregnancy Rates](#), Edinburgh: ISD Scotland.

- 1.4 Young people with care experiences are more likely to have children at a younger age.⁴ This can be a positive experience and as corporate parents, every level of support should be provided. It can also pose significant challenges with young parents due to limited financial support, lack of informal support from the wider family, having poorer educational outcomes and a reluctance to trust and engage with professional services.
- 1.5 Teenage pregnancy cannot and should not be stigmatised. Young parents have an equal right to information, advice and support to meet their and their children's needs. These rights are enshrined in the United Nations Convention on the Rights of the Child 1989 and specific regard must be given to article 17: the right to appropriate and reliable information, including public health education, article 24: the right to good quality health care and article 28: the right to education. Article 12, often described as the 'linchpin' on the Convention, states that due account is taken of the views of children and young people in matters affecting their lives.
- 1.6 Specific adherence should be given to General Comment no 4 of the UNCRC on Adolescent Health which provides excellent guidance on the support that should be provided to address sexual health needs and to young parents.⁵
- 2. Do you have any views on the action being taken at the local level by health boards, local authorities and other relevant organisations to reduce teenage pregnancy, particularly in the under 16 age group?**
- 2.1 There is a key role for Community Planning Partnerships in addressing teenage pregnancy rates. The *Sexual Health and Blood Borne Virus Framework* (2010) recommended teenage pregnancy is included in Single Outcome Agreements.⁶ The new guidance on Single Outcome Agreements includes 'Pregnancy amongst under 16 year olds' as an option under the local menu of indicators (7.1.25). Another valuable local indicator is 'Percentage of Looked after children school leavers in positive and sustained destinations' (7.1.16). These indicators could

⁴This draws on English research. See for example, Knight, A., Chase, C & Aggleton, P (2006) *Teenage pregnancy among young people in and leaving care: Messages and implications for foster care, Adoption & Fostering* 30(1):58-69; Chase, E., Warwick, I., Knight, A. and Aggleton, P. (2009) *Supporting Young Parent: Pregnancy and Parenthood among Young People from Care*. London: Jessica Kingsley Publishers.

⁵United Nations Committee on the Rights of the Child (2003) [Adolescent health and development in the context of the Convention on the Rights of the Child: General Comment 4.](#)

⁶ Scottish Government (2010) [Sexual Health and Blood Borne Virus Framework](#), Edinburgh: Scottish Government.

be used effectively by Community Planning Partnerships to target resources and reduce rates of teenage pregnancy. This should also be considered as part of the Early Years Collaborative programme.

- 2.2 In 2010, the Learning Teaching Council (LTS) produced, *Reducing teenage pregnancy – Guidance and self-assessment tool* with a focus on the prevention of pregnancy for the under 16 age group.⁷ Designed for multi-agency sexual health strategy groups, Directors for Looked after children and careleavers are identified as an intended audience. The resource highlights that a multi-faceted approach is needed and 'failure to address the wider social and cultural influences on teenage pregnancy has contributed to the lack of progress made in reducing it in Scotland in the past' (UNICEF, 2001)' (LTS, 2010:14).
- 2.2 Young people in care or with care experiences have specific needs that are not addressed. Preliminary findings of a Scottish study of the sexual health of young people in care found Looked after children had higher rates of sexual activity (62.9%) compared to non-Looked after children (39.9%). Furthermore, over half (58.8%) first sexual experience were under the age of 13 compared to 21.3% of non-Looked after children.⁸
- 2.3 Most sex and relationship education is delivered through schools. Yet, this group of young people are more likely to experience disrupted education. Research indicates that engagement in education is a protective factor against early pregnancy.
- 2.4 The provision of Looked after children's nurses for young people in care and careleavers can provide a key health service. Young people in care are likely to engage in sexual activity at a younger age and may be more likely to engage in risky behaviours (for example, sex with unknown partners and in unsafe spaces). Some young people may have been sexually abused or be at risk of sexually exploitative relationships. It is vital young people have a confidential space where they can discuss puberty, sex and relationships.

⁷ Learning Teaching Council (2010) [*Reducing teenage pregnancy – Guidance and self-assessment tool*](#) Glasgow: LTS;
UNICEF (2001) [*A League Table of Teenage Births in Rich Nations, Innocenti Report Card No 3*](#), UNICEF Innocenti Research centre

⁸ Unpublished PhD Research data. Nixon, C, Henderson, M & Elliot, L. For more details on the programme see Henderson et al. (2011) [*Vulnerable young people in alternative education settings: their sexual health needs, experience and use of sex education and sexual health services*](#), Occasional Paper 21, MRC/CSO Social and Public Health Sciences Unit.

3. What are your views on the relationship between high levels of teenage pregnancy and socio-economic inequality?

- 3.1 The data on rates of teenage pregnancy by socio-economic group are stark; put simply, when we reduce inequality, we will reduce rates of teenage pregnancy. Young people who have care experiences are one of the poorest socio-economic groups in our society.

4. What are the barriers and challenges to making progress in achieving positive change in communities that might lead to reductions in the levels of teenage pregnancy?

- 4.1 For young people in care and leaving care, there are a multitude of reasons why they may experience young parenthood. For some young people with care experiences, having a baby can be a way of defining their transition into adulthood. An English study with 63 young people aged 15-24 with care experiences found 'having someone of your own to love' was a key factor in continuing a pregnancy. The young people reported 'feelings of loneliness, rejection, stigma and not being able to trust others, emotions which seriously influenced their decisions about becoming parents'.⁹ A key finding was the lack of emotional support for this group of young people and the study concludes:

'Finding ways to respond adequately to the long-term emotional needs of children and young people who are looked after would appear to be central to providing them with alternatives to early parenthood as a life choice' (Knight et al., 2006:401).

In reducing pregnancy rates for Looked after young people and careleavers, it is vital that their emotional needs are met given the strong indication that early parenthood for this group is associated by an absence of emotional support.

- 4.2 As highlighted above, tackling structural inequality is fundamental to achieve long-term change in patterns of young parenthood and poverty.

5. What are your views on the current support services available to young parents / young mothers, e.g. range of services, focus of services and whether services are being delivered in the most appropriate settings?

- 5.1 We are concerned about the lack of support for young parents, especially the exclusion of young fathers. The provision of universal support services may be difficult to access for young parents if they feel

⁹ Knight, A, Chase, E & Aggleton, P (2006) Someone of your own to love: Experiences of being looked after as influences on teenage pregnancy, *Children & Society* 20: 391-403.

stigmatised. For example, the Family Nurse Partnership approach is developed to work with younger parents who may not access universal services. Evaluation of the NHS Lothian FNP indicated that the development of trusting relationships is central to the success of the programme.¹⁰

5.2 The Scottish Government (2012) *National Parenting Strategy* stated commitments to supporting teenage parents include: extending the delivery of Family Nurse Partnerships and working with NHS Lothian to develop a teenage pregnancy pathway. In a recent evaluation in NHS Lothian, the Edinburgh Family Nurse team highlighted the particular challenges associated with supporting clients if their baby is taken into care, suggesting that the programme materials were not always very helpful in this scenario.¹¹ There needs to be greater consideration of support for young parents who may have their children removed from their care. The equitable access to legal services, role of independent advocacy and continued support from social work services to meet their needs, as well as the needs of the baby, are key factors.

6. Are there specific initiatives that you would wish to highlight to the Health and Sport Committee that you consider indicate good practice with regard to reducing teenage pregnancy rates in Scotland, either in the public sector, voluntary sector or in partnership?

6.1 Developing trusting relationships with health professionals is vital. There is anecdotal evidence that increased access to sexual health services facilitated through Looked after children's nurses has led to a significant reduction in pregnancy rates for young people in care.¹² This requires further exploration.

6.2 There have been some innovations in the provision of mother and baby foster care placements. A small study of mother and baby foster placements in London found:

- Mother and baby foster placements can achieve positive outcomes for mothers and babies in the care system;
- Foster carers should be assessed and trained prior to demand for a placement;
- Mother's views towards the placement are a significant factor in positive outcomes, where possible the placement begins before birth;

¹⁰ Scottish Government (Dec 2012) [*Evaluation of the NHS Lothian Family Nurse Partnership Programme in NHS Lothian \(Third report, Infancy\)*](#), Edinburgh: Scottish Government.

¹¹ Ibid.

¹² Personal communication, Head of Looked after children's health team for a local authority.

- Agencies are clear about the role of the foster carer and the use of assessment is clearly explained to foster carers and mothers;
- Importance of suitable education provision and post-placement support.¹³

6.3 The research evidence indicates that early parenthood is an option for some careleavers in providing a source of unconditional love and a sense of achievement. We need to ensure that all careleavers are fully supported – financially, practically and emotionally through to adulthood to address these unmet needs. For careleavers who choose to have children at a younger age, meaningful and empathetic support should be provided that meets their and their babies' needs.

7. Are there specific approaches to reducing teenage pregnancy that are not currently getting sufficient attention in order to affect positive change for children and young people?

See responses above relating to meeting the needs of Looked after young people and careleavers.

8. Do you have any comments on any other aspect of teenage pregnancy policy or examples of good practice that you wish to raise with the Committee?

8.1 High rates of teenage pregnancy are a concern of the UN Committee on the Rights of the Child. The United Kingdom is due to report on progress on children's rights in early 2014. In 2008, Concluding Observation made to the UK identified specific concern regarding higher pregnancy rates of girls of lower socio-economic backgrounds and proposed:

The Committee recommends that the State party intensify its efforts in order to provide adolescents with appropriate reproductive health services, including reproductive health education, in school.

Thus, the Inquiry has an excellent opportunity to respond to this observation with renewed efforts in 2013 to inform the UK report in 2014.

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¹³ Adams, P & Bevan, S (2011) *Mother and baby foster placements: Experiences and issues*, *Adoption & Fostering* 35(2): 32-40.