



## Teenage Pregnancy in Children in Care

### 1. Introduction

Teenagers who become parents are already known to experience greater educational, health and economic difficulties than young people who are not parents. The principal risk factors associated with teenage pregnancy are found more in looked-after young people and this population is at an even greater risk of early pregnancy and social disadvantage than their peers. Therefore, the prevention of teenage pregnancy among children and young people in care, although particularly difficult, has hugely significant beneficial outcomes.

Evidence shows that Children In Care (CIC) often have poor sexual health and may be more vulnerable to involvement in risky sexual activity, exploitation, and early parenthood.<sup>1</sup> There is a strong link between teenage pregnancy and age at first intercourse, and CIC are known to become sexually active earlier than other groups of children.<sup>2</sup>

The incidence of young women in care becoming young mothers is far higher compared with their non-looked after peers. Figures released by the Department for Education and Skills in November 2005 showed that 41% of 15-17 year old females in care were mothers – around three times higher than the prevalence among all girls under-18 in England.

Young people who have been in care are 2.5 times more likely to become teenage parents than the general population, and their children are then more than twice as likely to go into care themselves.<sup>3,4,5</sup> Young men in care are also more likely to become young fathers.<sup>6</sup>

It is known that access to good quality, consistent sources of sex and relationship education can reduce levels of teenage pregnancy but CIC find it more difficult to access such services. School-based sex education programmes are a means of reducing teenage pregnancy but such programmes have limitations for children and young people in care due to erratic school attendance.

### 2. The Local Picture

Levels of teenage pregnancy in the UK, although reducing, are still high relative to other European countries. In Hounslow, provisional data by ONS (2009) reveals that conceptions for under 18 year olds across the Borough dropped from 182 in 1998, when the national Teenage Strategy began, to 136 in 2009; a 25% reduction over 11 years. Conception rates for females aged 15-17 were predicted at 27.4 per 1,000 population in 2009. In 1998, this figure was 49.6 per 1,000 population. This indicates that previous strategies to reduce teenage pregnancy have been effective.

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<sup>1</sup> <http://www.official-documents.gov.uk/document/cm71/7137/7137.pdf>

<sup>2</sup> McGlone F. (2000). Families. *Research Matters*, 32-34.

<sup>3</sup> Biehal N, Clayden J, Stein M and Wade J (1992) *Prepared for Living? A Survey of Young People Leaving the Care of Three Local Authorities*. London: National Children's Bureau.

<sup>4</sup> Biehal N, Clayden J, Stein M and Wade J (1995) *Moving On: Young People and Leaving Care Schemes*. London: HMSO

<sup>5</sup> Barn R and Mantovani N (2007) Young mothers and the care system: contextualizing risk and vulnerability. *British Journal of Social Work*; 37(2):225-243.

<sup>6</sup> Gelder U (2002) *Boys and Young Men; 'half the solution' to the issue of teenage pregnancy – a review of literature*. Newcastle, University of Newcastle and Dept of Health

During the last two years, there have been an increasing number of pregnancies within children in care noted anecdotally by the CIC teams. It will not be possible to know exactly how many of this group have had pregnancies ending in termination, so a conception rate cannot be calculated. However, during this time it was noted that of 70 female children in care aged 13 –18 years, 14.3% became teenage mothers.

A recently changing picture is that of young people entering care under the Southwark Ruling, where 16-17 year olds who find themselves homeless can be considered for social care support (under section 20 of the Children Act 1989). This is likely to increase the numbers of young people entering care who are already pregnant.

### 3. Strategic Leadership and Collaboration

The local CIC Nurse has formed strong partnerships with sexual health workers within the KISS Service (young people's sexual health service based at West Middlesex University Hospital). This has led to fast tracking of CIC needing contraception or sexual health screening.

Historically, the CIC Nurse was part of the Teenage Prevention Pregnancy Subgroup. This was a proactive group in moving practice forward and instigating new initiatives. The CIC Nurse involvement ensured that CIC remained high on the agenda. However, this group ceased to function with the folding of the Teenage Prevention Pregnancy Strategy Board.

The CIC Nurse continues to work closely with the Pathways Team, educating care leavers on sexual health and relationships, and with a Brookes Sexual Health Advisor based at West Thames College, which benefits young unaccompanied minors attending ESOL (English for speakers of other languages) courses who can be referred directly for extra support around relationships.

#### 3.1 Prevention Activities

Prevention activities in the Borough include:

- C-Card registration and provision of condoms by CIC nurse and other trained staff at 'The Spot' & 'The Ride';
- Sexual health education offered by one-to-one during health assessments and during opportunistic drop-ins. Also offered through group work; i.e. Duke of Edinburgh award;
- CIC nurse uses 'Delay' or 'R U Ready' methods during consultations with young people;
- Pregnancy testing at 'The Spot' (Looked After Children's Resource Centre) with choices and dilemmas' counselling;
- Provision of leaflets, books and informative websites on sexual health, both for carers and CIC, with a resource library at 'The Spot';
- Fast track to Long-Acting Reversible Contraception at KISS clinics;
- A Family Planning-qualified CIC Nurse who uses 'contrapac' to educate CIC about choices;
- One-to-one sex and relationship education and personal social health and economic education offered to CIC if they are known to have missed this element of education due to erratic attendance at school;
- CIC Nurse offers an 'Open Door' policy for young people to access any health advice. When audited in January 2011, figures demonstrated that the majority of consultations were around sexual health;



- CIC Nurse joins young people on outings and activities to build relationships and trust which enhances sexual health work;
- Delivery of 'Speakeasy' to foster carers;
- Social worker access to training provided by NHS Hounslow. The training covers a broad range of sexual health and relationship issues, and raises awareness to local services; and
- CIC nurse provides 'outreach' to CIC who fail to attend their statutory health assessments, offering appointments at an agreed time and venue which is comfortable for the young person. This also assists in the delivery of sex and relationship education.

#### 4. Priorities

In 2011/12, the key priorities for addressing teenage pregnancy in children in care in the Borough of Hounslow are to:

- Recommence a local teenage pregnancy prevention group;
- Possible development of a peer-mentoring intervention to reduce teenage pregnancy in Children in Care;
- Run the Know Yourself Programme with Children in Care, which aims to raise confidence and assertiveness, and contraception and sexual health knowledge;
- Ensure the Life Choices programme is available to Children in Care;
- Support the delivery of 'Speakeasy' to foster carers;
- Ensure the availability of teenage pregnancy prevention sexual health workers to provide intensive one-to-one work with Children in Care as required; and
- Continue the training of staff working with Children in Care on C-Card use and supply of condoms.

#### 5. Summary of Need

The table summarising the needs in this area has not been completed as it is not considered appropriate for Teenage Pregnancy in Children in Care.