

Item No. 8.	Classification: Open	Date: 24 February 2015	Meeting Name: Corporate Parenting Committee
Report title:		Teenage Pregnancy and Looked After Children (LAC) Young People	
Ward(s) or groups affected:		All	
From:		Director, Children's Social Care	

RECOMMENDATION

1. That the committee considers the contents of this report regarding teenage pregnancy and looked after children (LAC) young people.

BACKGROUND INFORMATION

2. We know that having a child at a young age can damage the future prospects of both the parents and the child. Teenagers who become parents are known to experience greater educational, health, social and economic difficulties than young people who are not parents. Looked after children and young people are at greater risk of early pregnancy and social disadvantage than other groups. The prevention of teenage pregnancy among looked after children and young people therefore poses particular problems and may have significant beneficial outcomes¹.
3. In their recent report², the Centre of Social Justice note that it has long been acknowledged that care-experienced young people are more likely to become young parents. Their FOI requests reveal that 22 per cent of female care leavers become teenage parents. This is about three times the national average.
4. Southwark is making significant progress in reducing teenage conceptions and, with a further sharp decline in 2012 (the latest data available) to a rate of 31.8, has achieved a 63.5% decline since the benchmark in 1998, compared to a national decline of 41%.
5. However, Southwark's under 18 conception rate, at 31.8 for 2012 (under 18 rates are per 1000 female population aged 15-17) is still higher than the average rate of its statistical neighbours, inner London, and England and Wales. The Under 16 Conception rate has seen a sharp decline to 2012. The under 16 conception rate (under 16 rates are per 1000 female population aged 15-17) in Southwark (4.7) is lower than the under 16 conception rate in England & Wales (5.6). The rate is still slightly higher than that for Inner London (4.3) and the average of its statistical neighbours (4.6).

¹ [SCIE Research briefing 9: Preventing teenage pregnancy in looked after children](#)

² [Centre for Social Justice: Finding their Feet \(2015\)](#)

Links: <http://www.scie.org.uk/publications/briefings/briefing09/index.asp>
<http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/Finding.pdf>

6. In Southwark, the percentage of both under 18 (63.4%) and under 16 conceptions (73.7%) resulting in abortion is relatively high compared with figures for England and Wales, 48.7% and 59.8% respectively. The figures suggest that both under 16 and under 18 conception rates could be further reduced.
7. Southwark had 8 looked after children who were mothers in the 2013/2014 reporting period. There are 4 looked after young people who were mothers aged 15-17 on the 31 March 2014 (there were 4 other young mothers looked after during the year but not on the 31 March). In total, there were 86 young women aged 15-17 looked after on the 31 March 2014.
8. The rate per 1,000 for our looked after children is 47 per 1,000; about one and a third times the Southwark rate. Because of the different nature of the LAC population (children can move in and out of it independent of age [by ceasing to be looked after] – unlike the Southwark population who will only cease to be in the cohort if they move out of Southwark, turn 18 or pass away) this should only be used as indicative guide in comparison with the all Southwark figures.
9. In addition, a number of our LAC, were already pregnant or mothers before they became looked after.
10. A case by case examination would make it possible to ascertain if pregnancy or motherhood was a factor in the young person becoming looked after as opposed to something that happened after the start of the looked after episode

KEY ISSUES FOR CONSIDERATION

Current service provision for Looked After Children

11. Looked after children and young people are known to have less access to good quality, consistent sources of sex and relationship education and advice than many other children and young people. Ensuring that they have access to good quality advice has been demonstrated to reduce levels of teenage pregnancy.
12. In recognition of this a Young Women's worker role, employed by Southwark Teenage pregnancy and LAC services, has been created to offer targeted intensive support to LAC young women and girls. 31 young women have been supported over the last 12 months, aged between 13 and 18 years of age. The Young Women's worker currently has 25 cases. Of those, 5 have now been closed. Amongst this cohort 11 are care leavers, 8 are young mothers and 2 have had terminations.
13. The worker works holistically, building trusting relationships over time to engage the young females and provide support. The worker supports the young women with contraception choices as well as education, employment and training opportunities and personal issues that the young women maybe dealing with.
14. Young women and social workers value the support they receive from the Young Women's worker and they have identified improved outcomes in particular in relation to use of contraception, attending health clinics and in making links with other young parents.
15. All children looked after receive individual assessments and advice through the LAC health team. A 'DUST' 'screening tool, is used by all social workers to

identify sexual health issues, activity and prevention strategies. This information is also correlated with information on substance and alcohol use. Together this provides a comprehensive range of information to inform an approach to working with young people. Our paediatricians and mental health colleagues in Carelink offer a co-ordinated response to reviewing and supporting children and young people in relation to their sexual health.

16. The young women's worker provides advice to social work staff and foster carers. They are currently participating in a Child Exploitation project managed by the Care Service and Children's Society. This group raises awareness of Child Exploitation and individual health advice.
17. We know that a disproportionate number of teenage parents have their children removed. This is traumatic for the child and parents. We are committed to breaking the cycle of removal to care and as part of our response to this have been successful in receiving DfE Innovation in Social Care Funding to deliver the Pause Project for 18 months from April 2015.
18. Following the success of a pilot project in Hackney helping women to break the cycle of repeat pregnancies and removals, the Pause Project has won over £3m funding from the DfE to replicate itself in Doncaster, Newham, Southwark and Hull. The funding will also pay for a national programme director and for a second project in Hackney, targeting mothers who have had just one child taken away but who are considered to be at risk of going on to have numerous children removed.
19. The project works entirely outside of the usual local authority structure and independently of the social care services. By engaging with mothers on a one-to-one basis, creating a bespoke programme of intensive therapeutic activities and practical support, it works with women to think of themselves as individuals for what is often the first time in their lives.³
20. The Pause Project is about intervening with women who are "pausing" further childbirth, to stabilise their lives and build a more secure foundation for themselves in the future. It does not work on parenting or parenting skills and none of the women will have children in their care whilst involved with the Pause Project. The background of women fitting the criteria involves a history of very poor parenting themselves, domestic violence, substance misuse, poor mental health and sometimes a degree of learning difficulties. They have usually been assessed as unable to parent due to their circumstances but often do not meet the criteria for adult services although very vulnerable. Some but not all will be known to professionals working with substance misuse.
21. The criteria for women in Southwark to be included in the Pause Project is that:
 - they have had 2+ children permanently removed from their care within the last 5 years (up to October 2014) Current data analysis suggests that 55 women meet this criteria and the project is funded to work with 20.
 - are willing to be on long acting reversible contraception
 - are of an age where further pregnancy/care proceedings is likely.

³ [£3m to help women with multiple children in care | Society | The Guardian](#)

22. We continue to work on the development of preventative work with young women in and leaving care who are most at risk of getting into this kind of cycle. Also, the group of women in Southwark who meet the Pause Project criteria includes some young women from care who have already had 2 children removed from care. They will be included in the Pause Project when launched later this year. In the meantime Social Workers and Personal Advisors work proactively to meet health needs including sexual health and contraception for this most vulnerable group of young women.
23. Social Care have also made referrals to the Family Nurse Partnership, a targeted intervention for young mothers expecting their first child. The nurse visits weekly or fortnightly until the child's second birthday and provides advice on the health and development of both the child and their mother. They also help the mother think more broadly about their goals for the future, and their relationships and provide access to other resources and services within the community. This service has proven to be a success and NHS England is committed to increasing the capacity of Family Nurse Partnerships to 13,000 by April 2015. However barriers to access remain for children in care and care leavers including restrictions to accessing services. Restricting criteria include the need for it to be a first-time pregnancy, and an upper age limit of 19 at the age of conception.

Sexual Health Promotion

24. Sexual health promotion is a key role of the children looked After nurse. There has been a gap in the running of the drop in service but this has been resumed at the new premises and the nurse also takes part in the workshop programme for young people aged 13 -16 and 16 plus age groups in partnership with the Project Team at the Social Care Team. The workshops aim to be interactive and based on sexual health needs of the young people. The young people have been consulted and have identified what they want from the workshops and the nurse will deliver regular group work sessions.
25. The nurses take part in new drop in service at one location which will allow young people access to confidential health information and advice from the nurse as well as other agencies. The nurse attends a yearly event for those who are aged 13 to explain her health promotion and advisory role.
26. The nurse is also available to offer support and advice to those planning to leave care and who have left care.
27. The social workers, Personal Advisors, the Young Women's Worker, key workers and carers also support the young people in accessing sexual health advice and information and are supported by the nurse. The nurse also works in partnership with Speakerbox and offers support, advice, information and advocacy to young people on their needs including their rights and responsibilities.
28. One to one interventions are part of the strategy to prevent sexually transmitted infection (STI's) and under 18 conceptions. The nurse is able to assess those at risk and offer support and referral when appropriate. One to one consultations with young people are a key part of the role of the nurse. This will include young women who are pregnant or who are already mothers.

Recommendations for further improvements

29. The following recommendations will contribute to the consistent decline in

Teenage Pregnancy rates amongst young people in Southwark.

- Training on sexual health and relationships should be considered as part of 'essential training' for all staff who work with vulnerable young people and should be specifically tailored to the work role of participants
- Mandatory training for all Social worker staff should be available on an annual basis, as a shorter training session to include both factual information and practical application
- SRE training in schools should be further developed to encourage all schools in the Borough to participate and engage in this effective programme
- Programmes of training for foster carers and parents should continue to be funded and should include on-going evaluation to measure the impact of this over a longer period of time
- The LAC nurse should continue to work with the young women's worker and provide sexual health advice, information and training days to foster carers and young people in care.

Resource implications

30. The current budget for teenage pregnancy work is £150,000. The Young Women's worker is funded partly by LAC services and Teenage Pregnancy.

Community impact statement

31. Southwark Looked After Children services, working together with partnership with health, education and youth offending services, work to deliver the best possible outcomes for children in care. The care population is diverse in terms of age, gender and ethnicity and service needs in response to specific health needs or circumstances which have resulted in a temporary or long term move into care. We closely monitor these protective characteristics and circumstances to ensure we understand the specific needs of those in care and are able to provide services which address the needs of this vulnerable group of children and young people.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Young Women's Worker Case Study

AUDIT TRAIL

Lead Officer	Rory Patterson, Director, Children's Social Care	
Report Author	Emma Corker, Teenage Pregnancy Coordinator	
Version	Final	
Dated	11 February 2015	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team	11 February 2015	

APPENDIX 1

Young Women's Worker - Case Study - January 2015 Corporate Parenting Committee Report

"I have been in care since I was 13 years old. At 20 I became pregnant. I have been supported by my foster mum, family and friends.

When I went for my appointment at the hospital to get my red book, the nurse looked at my notes and said "*so you are in care*". I left the room to carry out a test. When I came back there was another woman in the room, they were looking at my notes and talking about me... it felt like they were saying I wasn't fit to be a mum. The nurse didn't introduce me to the other woman. I didn't know who she was. I didn't like that information about me was being shared with someone I didn't know and without my permission.

Becoming a mum has been great. Ever since my baby came things have changed for me... I have someone looking up to me now... someone who depends on me... I need to be a good role model for my baby.

My experience in care has been great. I know it isn't always like this for other people.

If I have been struggling or in need, there has always been someone there to help me. I have had good relationships with my Social Workers and PA.

The only thing I wish is that they (Social Services) could have done more to reconcile me with my Auntie, to support me to be able to stay at 'home', not take me into care. I didn't think I would be taken into care. My Auntie had a two-bedroom flat to look after me. She stayed there after I was taken into care.

Being in care means my community have judged me, they said things like: "*you will amount to nothing*" because I was in care. Being taken into care makes them think you will achieve nothing. I am judged because they think your family and community are the only ones who should take care of you. I am trying my best to prove them wrong.

I want to go back to Uni. I want to get a proper job. I don't want to be on benefits for the rest of my life. I am trying hard for myself and my baby."