Looked after children, care leavers and risk of teenage conception; findings from Wales: Summary of a National Response

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On behalf of the teenage pregnancy task and finish group.

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Summary of a national response

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Key messages for policy and practice

- Welsh data demonstrate an elevated risk of teenage conceptions amongst looked after children and highlights the vulnerability of this group in Wales.

- Service commissioners and providers across Wales should ensure accessible and appropriate services (in line with NICE guidelines) offering long acting reversible contraception for this group.

- Currently there is no statutory requirement for social services in Wales to report on pregnancies amongst children in care. Service commissioners should consider adding both conceptions and pregnancy outcomes to reporting requirements in order to support improved service provision.

- Sexual health outreach worker and school clinics should be developed in the areas of Wales where accessible sexual health services for young people do not currently exist.

- Training of all health and social care professionals, including foster carers and staff of care homes working with looked after children, should include high standard validated training on sexual health. Training provision should be audited.

- Looked after children nurses have a key role; they should have protected capacity to regularly advise and support young people on sexual health, act as links with other professionals, and also maintain their own professional knowledge and competencies in sexual health especially contraception.

- Education about parenting skills should be available to all young parents from looked-after backgrounds.

- The need for improved training and services on sexual health issues is also supported by the known vulnerability of looked after children to sexual abuse and exploitation, which was beyond the scope of these studies.
Background to the work

Between 2011 and 2014 Public Health Wales coordinated a program of work aimed at reducing teenage conceptions in Wales. Health and social care professionals, academics and public health staff worked to understand the patterns of teenage conceptions and design an effective national response to the issue. Within this broad body of work particular attention was given to understanding the levels and risk of teenage pregnancy amongst looked after children and care leaver populations. This had two main components: a brief qualitative scoping study which addressed views of current services and support networks for young people who are looked after, and a quantitative analysis of pregnancy rates among looked after young people as part of a larger audit of teenage pregnancy in Wales. Data for this latter work were collected and analysed by Public Health Wales and colleagues at Bangor University Institute of Medical & Social Care Research.

The need of looked after young people

A qualitative study of the views of looked after young people, their carers and the health and social care professionals working with them was commissioned and carried out by stakeholders from within the group. The purpose of the study was to identify contributory factors leading to pregnancy in looked after children and recent care leavers, and to make recommendations for improved practice. Qualitative data were collected using interviews, questionnaires and focus groups. Qualitative data were gathered using a small number of focus groups: one of foster carers (n=20) and two of looked after young people (n=11 and 8), supported by interviews with or questionnaires from care homes (n=15) and voluntary sector agencies (n=3).

The study concluded that:

- Teenage pregnancy in looked after children should be recorded, audited and reviewed. This should be achieved with appropriate protection to young people’s privacy and without damaging the confidential reputation of sexual health services.
- The risk of young pregnancy is heightened by frequent placement moves, linked to the impact of this on young people’s ability to build healthy relationships (either with partners or trusted professionals).
- All services working with looked after young people and care leavers need to provide and support staff/carers who can develop relationships of trust and sensitivity with looked after young people. Sexual health services may need to explore how best this can be achieved.
- Foster carers, residential care staff, personal advisors and other key workers should have provision of support and education on sexual health issues explicitly included in their job descriptions to ensure that this responsibility is clearly understood.
- Validated training should be provided routinely and regularly for LAC nurses and workers in residential and foster care, covering sexual health. Training provision should be audited.
- Training should reflect the need to respect particular needs of children and young people such as their sexual orientation and any physical or learning disabilities. Looked after young people have experienced reduced choices and confidentiality in their lives so advice and health services need to take special care to demonstrate that young people have a right to choice and confidentiality when they approach services for support.
- Sexual health services should be reliable, accessible and young-people friendly, offering maximum choice of long acting contraceptive methods. Sexual health outreach workers should be considered in the areas of Wales where they do not currently exist. School clinics should also be considered.
- Appropriate links should be developed and strengthened between sexual health and substance misuse services for looked after young people.
- Data suggests that a proportion of looked after children do not receive sex and relationships education whilst in school. Such omissions should be systematically assessed and gaps in service provision addressed in other ways, such as when young people access further education.
• Looked after children nurses have a key role. They should have protected capacity to advise and support young people on sexual health, act as links with other professionals, and maintain their own professional knowledge and competencies in sexual health especially contraception.

• For some young people who have been looked after all their lives a pregnancy represents a new experience i.e., life as a full member of a related family. This deserves respect and appropriate support as a positive choice.

• Education about parenting skills should be available to all young parents from looked-after backgrounds.

The scoping work illustrated the central role of LAC nurse teams in providing appropriate information for looked after children and signposting where appropriate to specialist sexual health services.

Audit of teenage pregnancy presentations; the role of looked after children

We carried out an additional analysis of data on the observed rate of conceptions between April 2012 and mid June 2013 amongst looked after children from within a wider Wales-wide audit of under 18 year old females presenting as pregnant to health services (Craine et al. 2014). This audit, entitled ‘Empower to Choose’ is described in more detail at http://www.wales.nhs.uk/sitesplus/888/page/59785. The audit recorded information on the young women presenting to services and on pregnancy outcomes. We compared rates of looked after children presenting within the pregnancy data to population rates of looked after children and compared this information to rates amongst non looked after children. Denominator data on the most recently available teenage conception data for Wales (available for 2011) and the numbers of looked after children in Wales by age group (for 2012) were provided by the Office of National Statistics and Welsh Government Knowledge and Analytical Services respectively. To examine the impact of missing values in the data multivariate imputation was used. We also compared uptake of long acting reversible contraception (LARC) and pregnancy outcomes across looked after and non-looked after children.

• More than five times as many currently looked after young people (5%) were recorded as pregnant compared to the general population of under 18-year-olds in Wales (0.8%). Looked after children were significantly more likely to progress a pregnancy through to a live birth than non-looked after children: 70% (28 out of 40 pregnancies) compared to 28% (183 out of 661 pregnancies).

• This work clearly demonstrated the significantly elevated risk of teenage pregnancy amongst looked after children when compared to age matched counterparts who are not looked after. The data suggest that pregnancies amongst looked after children represent a considerable proportion of teenage pregnancies in Wales. The finding that looked after children were significantly more likely to progress a pregnancy through to a live birth than non-looked after children has important implications for services caring for this vulnerable group. In addition these data provided evidence that at least 54% of pregnant teenagers (and 57% pregnant looked after children) receive LARC post pregnancy. Under reporting of this variable adds uncertainty to this estimate, however a considerable proportion of looked after children appear at risk of further pregnancies whilst under 18.

• Despite the elevated incidence of teenage pregnancy amongst looked after children there is encouraging evidence from the Empower to Choose audit that is consistent with a reduction in the number of looked after children presenting as pregnant to health service over time.

The current response

In response to these findings a comprehensive training package addressing the sexual health and contraceptive training needs of LAC nurses was developed and delivered to LAC nurse teams across Welsh Health Boards (see Sexual Health Education for Children and Young People (CYP) in Wales OCN Level 3).

http://www.wales.nhs.uk/sitesplus/888/opendoc/279388
Further Details

The work described here was part of the wider Public Health Wales response to teenage conceptions and was funded by the Welsh Assembly Government.
