



## RESPONSE TO CONSULTATION ON THE PREGNANCY AND PARENTHOOD IN YOUNG PEOPLE STRATEGY

September 2015

CELCS 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, CELCS 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.

In our response below we have drawn on academic research, our own activities, and consultation with professionals. However, as CELCS does not work in this area directly, we have chosen not to respond to the first three questions (under sections 1, 2 and 3).

### General comments

We welcome the idea of a national strategy to coordinate the Scottish Government's approach to such an important issue. Pregnancy and parenthood in young people threads through a number of different policy areas, and a national strategy should enable a clear direction to be set, enhancing communication and cooperation between directorates and organisations.

We also welcome the opportunity to provide feedback on the draft strategy, highlighting the specific issues which face looked after children and young people, care leavers, 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)<sup>1</sup>, many of these children and young people experience considerable educational disadvantage, leading to poorer outcomes than an average young person

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<sup>1</sup> <http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/41975.aspx>

growing up in Scotland. This is relevant because participation in education has been identified as an important protective factor in reducing teenage pregnancy rates.<sup>2</sup>

For looked after children, due to high rates of non-participation in formal education, it is likely that many do not have access to appropriate sexual health education and support. This may be one of the drivers behind the fact that rates of parenthood among care leavers are significantly above the average rates for young people.<sup>3</sup> But in addition to educational and support factors, attention has been paid to the emotional reasons behind some young people's decisions to become parents, which can be linked to the pursuit of stability, and a family which they themselves did not have. Developing a package of support for care leavers which is sensitive to these kind of drivers will be critical to meeting the strategy's aims.

In view of these general comments, we believe the strategy needs to place greater emphasis on the unique needs of looked after children and care leavers. The incorporation of this additional information needs to be dealt with sensitively, however, as there is a delicate balance to be struck between highlighting unique needs and stigmatising a group as 'the problem'. This can be done by emphasising that the population's (looked after young people and care leavers') needs are the same as those of any other young parent; for example, learning about baby / child development, identifying their mental health needs, etc. The difference is that to meet these needs the group will require a considerable and sustained level of support (due to their prior disadvantage and current social isolation) from a range of universal and specialist services.

***Section 1: The long-term aim of this strand of the Strategy and the associated actions is a 'Reduction of teenage pregnancies and subsequent unintended pregnancies'. The proposed actions are focussed on: providing young people with the knowledge and services they need so they can make informed choices; and preparing young people for potential parenthood.***

- 1. What ways of working, within and between agencies, will help ensure that there is a co-ordinated approach to take forward the actions in section one in your area?**

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<sup>2</sup> Mari Imamura et al (2007) 'Factors associated with teenage pregnancy in the European Union countries: a systematic review', *The European Journal of Public Health*, Vol 17 Issue 6, pp. 630 - 636

<sup>3</sup> Winterburn, M (January 2015) 'Finding their Feet: Equipping care leavers to reach their potential', Centre for Social Justice, London <http://www.centreforsocialjustice.org.uk/publications/finding-their-feet>

No comment.

## 2. Are there local systems in place to take forward these actions

No comment.

## 3. Do you think the actions meet the outcomes in the logic model

No comment.

## 4. Is there anything missing in this section?

The section covers a number of different areas. It would be helpful if, at the start of the section, there was text to signpost the different aspects it covers.

It may also be helpful to highlight, early on in the section, the association which exists between early sexual behaviour and current or previous sexual abuse and exploitation. A recent report by Sarah Nelson and Kirsteen Mackay (2015)<sup>4</sup> draws attention to how presenting behaviours in young people can be understood and interpreted by adults. Young people are often *blamed* for their actions, and important connections are missed.

Young people in care, and many of those with a care experience, have specific needs which are not always addressed by available services. 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.<sup>5</sup> The Strategy should therefore address how parents, carers and residential staff can be supported to have age-and-stage appropriate conversations right through their childhood about the myriad of issues associated with this subject matter (e.g. correct names for parts of the body, privacy, public and private behaviour, friendships, assertiveness etc).

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<sup>4</sup> Nelson, S. & Mackay, K. (2015) *Guidance for reporting underage pregnancy and underage sex cases*. Edinburgh: University of Edinburgh/NSPCC. Available online at: <http://www.childprotection.ed.ac.uk/blog/guidance-for-reporting-underage-pregnancy-and-underage-sex-cases/>

<sup>5</sup> 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.

In terms of looked after children and care leavers, the Learning Teaching Council (LTS) produced guidance in 2010, *Reducing teenage pregnancy - Guidance and self-assessment tool with a focus on the prevention of pregnancy for the under 16 age group*.<sup>6</sup> Designed for multi-agency sexual health strategy groups, Directors for Looked After Children and care leavers, 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’.

On page 12 the strategy makes reference to the Children and Young People (Scotland) Act 2014, and Part 10 (Aftercare) and Part 11 (Continuing Care). We suggest clearly separating out these two Parts, and stating the new duties associated with them. In terms of Aftercare (Part 10), a young person who ceases to be looked after (from any placement type, including ‘at home’) on or after their 16<sup>th</sup> birthday becomes a care leaver. Local authorities are under a duty to support care leavers, if the young person has eligible needs, up until the individual’s 26<sup>th</sup> birthday.<sup>7</sup> In terms of Continuing Care (Part 11), which came into force in April 2015, this provides for certain care leavers (those who were ‘accommodated’ away from home by the local authority) to remain living in their last care placement, with the services and support that they were receiving before they ceased to be looked after, up until their 21<sup>st</sup> birthday.<sup>8</sup>

The Scottish Government’s *Staying Put Scotland*<sup>9</sup> agenda is highly relevant to looked after children and care leavers who become parents at an early age. In particular, attention needs to be paid to ensuring stability and continuity for young women who are care-experienced, in terms of their living circumstances, but also in terms of ensuring they maintain relationships with carers and staff who can provide advice and guidance.

Research, as your findings suggest, indicates that engagement in education is a protective factor against early pregnancy. However looked after children and care leavers are more

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<sup>6</sup> 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

<sup>7</sup> See CELCIS inform briefing: *Children and Young People Act (Aftercare and Continuing Care)* for more information. Available online at [http://www.celcis.org/resources/inform\\_children\\_and\\_young\\_people\\_act\\_aftercare\\_and\\_continuing\\_care](http://www.celcis.org/resources/inform_children_and_young_people_act_aftercare_and_continuing_care)

<sup>8</sup> Ibid. Please note there are some additional caveats regarding Continuing Care which are discussed in the Inform briefing.

<sup>9</sup> Scottish Government (2013) *Staying Put Scotland Guidance*. Available online at <http://www.gov.scot/Resource/0043/00435935.pdf>

likely (than a young person in the general population) to experience disrupted education, and to cease education at their minimum school leaving age of 15 or 16 years old. Considering that most sexual health and relationship education is delivered through schools, the strategy should have actions related to how this vulnerable group will be provided with the education (and support) they need, even if they are not in school. It may be worth exploring if this is a role for every school's Designated Manager for Looked After Children, or individual's Named Person.

This section of the strategy would also benefit from more explicit recognition that children and young people may already have experienced adversity (which may include sexual abuse) in their lives, and that this needs to be handled sensitively by professionals and carers. For instance a sentence could be added to highlight that some children and young people may find Relationships, Sexual Health & Parenthood (RSHP) education more challenging, due to prior experiences of sexual abuse and adversity. Educators need to be aware that painful memories may be raised, and have appropriate signposting information (ChildLine cards, counselling service, etc.). This group of young people clearly still has a right to RSHP education, but adults need to be sensitive and reflective to the ways in which children and young people may choose to engage (for instance a reluctance to participate may not be evidence of a lack of interest, but a response to their own genuine discomfort).

The relevant human rights enshrined in the United Nations Convention on the Rights of the Child are also relevant to this section of this strategy. Specific regard must be given to: article 28 - the right to an education, article 17 - the right to appropriate and reliable information, including public health education, and article 24 - the right to good quality health care. Article 12, often described as the 'linchpin' to the Convention, states that due account is taken of the views of children and young people in matters affecting their lives. The strategy could highlight the UNCRC General Comment 4.<sup>10</sup> This provides clear guidance on the support that should be provided to address sexual health needs, and to young parents. Also, in 2012, at the 45th Session of the United Nations Commission on Population and Development (CPD), member states issued a resolution in support of young people's sexual and reproductive health and human rights. Key points of the final resolution include:

- The right of young people to decide on all matters related to their sexuality

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<sup>10</sup> United 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.

- Access to sexual and reproductive health services, including safe abortion where legal, respect confidentiality and do not discriminate
- The right of youth to comprehensive sexuality education
- Protection and promotion of young people's right to control their sexuality free from violence, discrimination and coercion.

We welcome the point, set out in the actions on page 16, under the 'Scottish Government', about the nature of services and making them 'young people friendly'. This could be elaborated upon further. For example by making it clear that confidentiality, timely access to services, and the attitudes and communication style of staff are all factors in making young people feeling comfortable when accessing services.<sup>11</sup>

**Section 2:** This section is about pregnancy in young people. It aims to give young people the knowledge to identify pregnancy early and be supported to make an informed decision on how they proceed with their pregnancy.

**5. What ways of working, within and between agencies, will help ensure that there is a co-ordinated approach to take forward the actions in section two in your area?**

No Comment

**6. Are there local systems in place to take forward these actions?**

No Comment

**7. Do you think the actions meet the outcomes in the logic model?**

No Comment

**8. Is there anything missing in this section?**

Young (2015) identifies the issues for young people in care and care leavers regarding the accessing services:

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<sup>11</sup> For further discussion see, Jones, R., Everson-Hock, E. S., Guillaume, L., Clapton, J., Goyder, E., Chilcott, J., Payne, N., Duenas, A., Sheppard, L. M. and Swann, C. (2012) The effectiveness of interventions aimed at improving access to health and mental health services for Looked after children and young people: a systematic review. *Families, Relationships & Societies*, 1 (1). pp. 71-85. Available online at <http://eprints.whiterose.ac.uk/74451/>

*For young people in care and leaving care becoming a young parent can add a further dimension to the perceived role of social workers. Rather than being supportive, social work services are frequently equated with scrutiny, assessment and with the power to remove a child, leading to mistrust and anxiety for care leavers as young parents, particularly when interest in their baby was felt to contrast starkly with previous experiences of social work involvement (Chase et al, 2006). As a result, once pregnant, young people often felt a need to ‘go it alone’ without accessing help and support, which, in turn, placed their child at greater risk of state intervention (Pryce & Samuels, 2010). Professionals considered it to be a child protection risk if mothers did not ‘cooperate’ with services and support relating to their parenting (Rutman et al., 2002: 152). However, there is some suggestion that there is a disparity between practitioners perceptions of the needs of care leavers as young parents and their own expressed needs - with intensive support being focused on the development parenting skills and confidence (Biehal et al., 1995) while young people see their needs as related to the impact of poverty and lack of financial resources (Rutman et al., 2002). This, in turn, can reinforce perceptions of disengagement and non-cooperation by young people as they can withdraw when they feel their needs are not being met (Rutman et al., 2002: 153).<sup>12</sup>*

On page 20 of the strategy there is mention of services for first time mothers aged under 20. It would be helpful to also note here the other services which might be involved with young people, particularly where there is still a link to education.

Under the actions on page 21, we note the action regarding abortion services. It would be helpful to ensure that readers have a common understanding about the meaning of ‘abortion’, in the context of this strategy.

**Section 3: This section is about parenthood in young people. It looks at what extra support young parents may need for both health and social care to ensure they all have the best start in life.**

**9. What ways of working, within and between agencies, will help ensure that there is a co-ordinated approach to take forward the actions in section three in your area?**

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<sup>12</sup> Young, E. (2015) *Care Leavers as Young Parents: Improving outcomes for care leavers*. Glasgow: CELCIS.

No Comment

**10. Are there local systems in place to take forward these actions?**

No Comment

**11. Do you think the actions meet the outcomes in the logic model?**

No Comment

**12. Is there anything missing in this section?**

The research <sup>13</sup> evidence indicates that early parenthood is seen as an option by some care leavers seeking out a source of unconditional love, and a sense of stability and security. We need to ensure that all care leavers are fully supported - financially, practically and emotionally through to adulthood to address these unmet needs. For care leavers who choose to have children at a younger age, meaningful and empathetic support should be provided that meets their and their babies' needs.

On page 23 it would be useful, after the quote by a young parent "they don't listen", to expand on this point and suggest what this means for young people. A new paragraph could then be started with the next point 'For many young people...'

On page 24 there is a sentence which starts 'For some young people who have had a care history..' this could start a new paragraph and it may be useful to extend this and discuss some of the additional challenges and barriers that young people who have a care experience might face. This needs to be done sensitively, acknowledging that looked after young people and care leavers face many of the same issues as young people who do not have a care experience.

The section that refers to antenatal support and maternity services needs to clarify that maternity services are adult services. As such maternity services need to adapt to young people and attend to any differences that adolescence presents. Shaping services to meet the needs of the young people they need to work with, rather than anticipating that young people can fit into the services being delivered, should help young people to feel more

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<sup>13</sup> Ibid.

comfortable. For example, providing health staff with opportunities to have a better understanding about adolescence and the particular anxieties about being a teenage parent could be beneficial in building more comfortable and supportive maternity services for young people.

For looked after young people and care leavers there is an issue in securing nursery places at college. Young people, who are looked after away from home, would not be encouraged to take on a student loan. However, to get a nursery place at college the young person needs to be in receipt of a student loan. This is a systems issue that needs to be rectified.

The extension of early learning and childcare to 600hours/year is welcomed. However for care leavers who are young parents it needs to be acknowledged that their support networks are often limited. An implication of this is that there is no flexibility for them with this provision. This can leave them limited in terms of seeking employment and training as their opportunities need to be situated close to the childcare facility and fall within the allotted childcare timings.

Young people in care and care leavers face issues regarding housing and accommodation options.<sup>14</sup> It has been well documented that that young people in supportive living arrangements are more likely to thrive.<sup>15</sup> Thus the types and availability of supportive living arrangements for young parents needs to be a priority. 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;
- 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.<sup>16</sup>

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<sup>14</sup> CELCIS (2015) Housing Options and Care leavers Available online at [http://www.celcis.org/media/resources/publications/Inform-Housing\\_Options\\_and\\_Care\\_Leavers.pdf](http://www.celcis.org/media/resources/publications/Inform-Housing_Options_and_Care_Leavers.pdf)

<sup>15</sup> Young, E. (2015) *Care Leavers as Young Parents: Improving outcomes for care leavers*. Glasgow: CELCIS.

<sup>16</sup> Adams, P. & Bevan, S. (2011) Mother and baby foster placements; Experiences and issues. *Adoption & Fostering* 35 (2); 32-40.

In practice there are variations to the above in terms of whether foster carers fulfil this role or, as is the case in Glasgow, supportive carers. Whilst it is important to acknowledge that there is variation in practice, what these arrangements allow and do for Looked after young people and care leaver young parents and their children, is key. Issues such as finance, recruitment of suitable carers and on-going support need to be addressed to ensure that these types of placements can be and continue to be successful.

The vulnerabilities and challenges faced by care leavers generally can be exacerbated when considering early pregnancy and parenthood. Sensitive person-centred support is critical in ensuring that they are able to approach parenthood with confidence.

The implementation of Continuing Care arrangements under Part 11 of the Children and Young People (Scot) Act 2014 should be regarded and promoted as a supportive placement option for both parent and child, enabling expectant parents or young parents to benefit from the security of ongoing supportive relationships and the stability of a secure home base.

## Evidence and Research

**13. The draft Strategy is accompanied by a review of published high level evidence. Are you aware of any high level evidence which has not been included in this review which the Scottish Government should consider before finalising the Strategy?**

Emma Young (2015) at CELCIS has produced a briefing, *Care Leavers as Young Parents*, which distils key messages from research regarding young people in and leaving care. It notes that information for this group is limited in the Scottish context.<sup>17</sup>

**14. What are the barriers and opportunities for local data collection to ensure the Strategy is intelligence lead?**

We do not have national data on how many looked after young people and care leavers are young parents in Scotland. It would be helpful for national data to be routinely collected to begin to inform more local data collection in terms of the needs of looked after children and care leavers.

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<sup>17</sup> Young, E. (2015) *Care Leavers as Young Parents: Improving outcomes for care leavers*. Glasgow: CELCIS.

Evidence indicates young people with care experiences are more likely to have children at a younger age; for example, an English study found up to 50% of female care leavers were mothers within 18-24 months of leaving care.<sup>18</sup> There is no comparable work in Scotland. It would be beneficial to understand if a similar situation exists in Scotland today.

#### General questions:

- 15. The Strategy proposes that leadership in planning and delivery at the local level should be the responsibility of Community Planning Partnerships (CPP). Do you agree with this CPP-led approach? Please give a few points to explain your answer.**

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. 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). Pregnancy within the under 16 population is relatively small and arguably using under 18 might be a better measure and would pull in more care leavers at a critical stage in their life. These indicators could 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.

- 16. Is there anything else you would like us to consider in the final version of the Strategy?**

The strategy would benefit from a greater emphasis on the particular needs of looked after children and care leavers as young parents. The incorporation of this should be dealt with sensitively, as there is a fine balance to be drawn between highlighting the needs of a population and unintentionally stigmatising them. This can be done by emphasising that the population's (looked after young people and care leavers') needs are the same as those of any other young parent; for example, learning about baby / child development, identifying their mental health needs, etc. The difference is that to meet these needs the

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<sup>18</sup> Winterburn, M (January 2015) 'Finding their Feet: Equipping care leavers to reach their potential', Centre for Social Justice, London

<http://www.centreforsocialjustice.org.uk/publications/finding-their-feet>

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

group will require a considerable and sustained level of support (due to their prior disadvantage and current social isolation) from a range of universal and specialist services. Emphasising the duties of corporate parents is also key to supporting looked after children and care leavers. This group of young parents do not always have access to the practical and emotional support systems necessary to manage the challenges of parenthood. Every corporate parent is expected to fulfil their duties towards the eligible population in their own way, consistent with their purpose and functions, but all are under duties to: (a) Be alert to matters which adversely affect the wellbeing of looked after children and care leavers; (b) Assess the needs of those children and young people for the services and support they provide; (c) Promote the interests of those children and young people; (d) seek to provide opportunities which will promote the wellbeing of looked after children and care leavers; (e) take action to help children and young people access such opportunities and make use of the services and support provided.<sup>19</sup>

Moreover, systems which are meant to be about identifying ‘vulnerability’ and ‘intervening early’ can often mean that looked after children and care leaver young parents are drawn into child-protection processes without a clear sense of identified risk - other than the young people having a care background. This needs to be addressed so that the intervention is not discriminatory. Co-ordinated support within the ante-natal period is crucial here, as it sets the tone and shapes interventions once the baby is born. It is also the time when the young person will have their greatest motivation for affecting change in their own lives (see Young, 2015<sup>20</sup> for further discussions).

Overall the document seems comprehensive, and the action plan ambitious. It is aspirational, and exudes a sense of determination to improve outcomes in pregnancy rates and improving the support for young parents. In very general terms we thought the strategy would benefit from considering the following points:

- The strategy would benefit by providing more clarity regarding the age category: there should be some way to differentiate between young people aged 19 and under, from young people who are between 20 and 26 years old. The strategy considers the broad range of social and environmental influences, including

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<sup>19</sup> CELCIS (2014) inform briefing: *The Children and Young People (Scotland) Act 2014: Part 9 (Corporate Parenting)*. Available online at [http://www.celcis.org/media/resources/publications/Inform\\_Children\\_Young\\_People\\_Act\\_Part\\_9-v2.pdf](http://www.celcis.org/media/resources/publications/Inform_Children_Young_People_Act_Part_9-v2.pdf)

<sup>20</sup> Young, E. (2015) *Care Leavers as Young Parents: Improving outcomes for care leavers*. Glasgow: CELCIS.

poverty, which may contribute to the prevalence of rates of pregnancy and young parenthood across different sections of Scottish society. The increased vulnerability of looked after children and care leavers due to, insecure relationships, material and financial deprivation and limited, stable social networks, is acknowledged by the strategy by including young people in the 20 to 26 age range. It would be helpful, however, to more clearly recognise, within the strategy, the possible different level of need and support between young people below the age of 20 (in line with national and international data collection) and those aged 20 and above. Young people in their teenage years report feeling stigmatised by ‘older’ people (and this could be people in their twenties) which reduces their likelihood of seeking support from services.<sup>21</sup> This recognition is not, in itself, to stigmatise young people who are pregnant, and parents in their teenage years. Instead it is to acknowledge their (potentially) increased level of need. However, we warmly welcome the strategy’s recognition of young people beyond their teenage years, as this underlines that some young people, especially those with care experience, might need support throughout their early twenties. This explicit acknowledgment helps to ensure a secure and stable start for both child and young parent, and also provides room for a gradual transition that meets the needs of the young parents and their child. It also fits in with the new Aftercare legislation and the duties of Corporate Parents.

- The strategy would benefit by including more references to GIRFEC, with an emphasis on the importance of including young fathers in planning and decision making.
- The introduction/background and rationale would benefit from being more balanced, drawing out some of the potential positive, opportunities that can be created for a young person who does becomes pregnant.
- It would be helpful to have the Aim of the strategy nearer the start of the document and for this to be expanded on and made more explicit.
- In the Background section, we suggest some slightly different wording. For example in the section ‘Who is at risk of early pregnancy?’ (p.4), it would be useful to think about ‘young people who are looked after (in any placement type including at home) and care leavers’. Also in this section the sentence below the bullet points

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<sup>21</sup> Ibid.

(‘Most young people mentioned above have multiple risk factors..’) needs an additional clarification and could say, for example, ‘The young people mentioned above may have one or more of these identified risk factors..’

- It would be helpful if there is a way to pull out briefly the need to ensure that young parents who have existing additional needs, such as young people who are looked after, that these needs continue to be met alongside any additional needs that come from them (or their partner) becoming pregnant. This is mentioned briefly in the context of having separate care plans but there is scope to pull this out more.

**17. Do you have examples of good practice from your area that could be shared with others?**

The Young Parents’ Support Base in Glasgow is an integrated service that offers nuanced, holistic support to teenage young parents from across the city.

**18. What issues or opportunities do the proposed changes raise for people with protected characteristics (age; disability; gender reassignment; race; religion or belief; sex; pregnancy and maternity; and sexual orientation)?**

The strategy, by using Marmot’s concept of ‘proportionate universalism’, has an opportunity to address concerns that higher rates of young parenthood are linked to higher levels of socio-economic deprivation and by so doing provide accessible services for young people with care experiences who are more likely to experience poverty.

The strategy needs to explicitly address the concern that looked after young people and care leavers may have less access to Relationships, Sexual Health & Parenthood (RSHP) education 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.

The strategy does, in places, reference looked after young people and care leavers, although as previously mentioned this could be strengthened. However, it is important also to recognise that looked after young people and care leavers may have disabilities. This can lead to further exclusion. Thus, for example, sexual health information and support should be communicated appropriately to meet their particular needs, and other services,

for instance maternity services, also need to attend to their accessibility for this particular group.

**19. If the proposed measures are likely to have a substantial negative implication for equality, how might this be minimised or avoided?**

No Comment.

**20. Do you have any other comments on or suggestions relevant to the proposal proposals in regard to equality considerations?**

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.

Services need to ensure that they understand and can respond to looked after children and care leavers and their additional needs if they are disabled, unaccompanied asylum seekers and so forth. Trusting relationships are key to ensuring that pregnant Looked after young people, care leavers and their partners are supported. This requires tailored support for example, regular access to confidential health services and Looked After Children's Nurses as an essential source of information and advice. Moreover, 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. See Young (2015) for further discussion on this issue.<sup>22</sup>

**Thank you for providing us with this opportunity to respond. We hope the feedback is helpful; we would be happy to discuss any aspect in further detail.**

CELCIS Contact:

**Kenny McGhee**  
Throughtcare & Aftercare Lead  
[kenny.mcghee@strath.ac.uk](mailto:kenny.mcghee@strath.ac.uk)  
0141 444 8500

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<sup>22</sup> Young, E. (2015) *Care Leavers as Young Parents: Improving outcomes for care leavers*. Glasgow: CELCIS.