

Births to care experienced teenagers and women aged 14-24 in Scotland: an estimation

Final Report

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Introduction

The Why Not? Trust for Care Experienced Young People (a charity supported by Care Visions and grown from work by Care Visions to support young people leaving care) approached CELCIS, the Centre for Excellence for Children's Care and Protection, to undertake a desk-based exercise to produce an estimate of the number of births to people with care experience per year in Scotland. For context, the Why Not? Trust had been directed to a figure of '500 births per annum in Scotland to care experienced women' but the source and veracity of this figure is not known. This paper aims to either confirm this figure or offer an evidence-based alternative, recognising that an accurate source of data does not currently exist and the data that is available is focused on females and mothers (as opposed to males and fathers) and for females aged 14-24. There are also very few academic studies that have sought to quantify the number of births to people with care experience.

In this paper, the methodology used to arrive at an evidence-based estimate of the number of births to care experienced teenagers and women aged 14-24 in Scotland per year is presented. It is hoped that the resulting estimate, alongside the paper's summary of the population's characteristics and needs, will enable the Why Not? Trust and other partners in Scotland to further develop the support offer for care experienced teenagers and women aged 14-24 in Scotland.

The Why Not? Trust would like to thank Care Visions for funding this report.

Caveats to the Research

In undertaking the research, it is important to acknowledge that a precise number of births to care experienced people in Scotland is not possible to calculate. Any estimate is reliant on the available data, which is incomplete. Limiting factors include:

- The 'looked after'¹, 'care leaver' or 'care experienced' background of the general population is not widely recorded, and these gaps also exist within health datasets and their recording of patients' backgrounds.
- Pregnancies of and births to children and young people who are or have been 'looked after' are not recorded in the Scottish Government's Children's Social Work Statistics annual return.
- Care experienced people may not know, identify, or choose to disclose that they are care experienced when they engage with services and support.
- Because health and support services orientate around the medical needs of mothers and babies, there is very little information about fathers.

For these reasons the paper is limited to offering an informed, evidence-based estimate of the number of births to care experienced women per year in Scotland. The estimate focuses on two specific age groups of young women, namely 14-19

¹ 'Looked after' children are those currently in the care of the local authority, while 'care experienced' children are those who have at any time been in the care of the local authority.

year olds and 20-24 year olds. These age groups have been used because Public Health Scotland maternity data is published for these age bandings. However, it should be noted that the Children and Young People (Scotland) Act 2014 extends the entitlement for care leavers to receive support up to their 26th birthday. Moreover, Scotland is committed to the rights, articles, and principles of the United Nations Convention on the Rights of the Child (UNCRC), which defines a child as anyone under the age of 18.

Setting the Scene

To set the context, key national data relating to the total number of *all* births, terminations and population in Scotland are outlined first. Beginning with **total births**:

- There are two measures of live births in Scotland^{2 3}:
 - 45,939 live births in 2021 according to Scottish Morbidity Record (SMR02) data.
 - 46,791 live births in 2021 according to National Records of Scotland birth registrations data.
 - For the purposes of this research, a figure of 46,000 live births per year is used.
- Over the last 10 years, both measures state that the number of live births in Scotland has fallen by 20%.
- The information provided for the mothers' place of residence shows that 24.3% of all births in Scotland live in Scotland's 20% most deprived communities.

In relation to **births to teenagers and young women**, and using SMR02 data, there were:

- **1,172 births to teenage mothers** (aged under 20) in 2021, accounting for 2.6% of all live births.
- **5,855 births to 20-24 year old mothers** in 2021, accounting for 12.9% of all live births.
- Over the last 10 years, the **number of births to young mothers has fallen at a much higher rate** than the 20% decrease for all births. There has been a:
 - 68.2% decrease in the number of births to teenage mothers.
 - 43.5% decrease in the number of births to 20-24 year old mothers.

² Public Health Scotland (2021) Births in Scottish hospitals: Year ending March 2021

³ An SMR02 record is submitted by maternity hospitals to Public Health Scotland whenever a woman is discharged from an episode of day case or inpatient maternity care. Comparison of SMR02 with the number of births registered by National Records of Scotland (NRS) confirms the high completeness of SMR02. This data source provides an additional richness of demographic and clinical information associated with the mother and baby which are not collected by NRS.

- There is a notably higher proportion of births to young mothers living in more deprived areas.
 - 48.9% of births to teenage mothers are to mothers living in Scotland's 20% most deprived communities.
 - 36.5% of births to 20-24 year olds mothers are to mothers living in Scotland's 20% most deprived communities.

There is further data on terminations and, noting the data on terminations is likely to be an undercount of the true number, in 2020 there were:

- 13,815 terminations in Scotland, which is a 6.7% increase since 2010.
- For teenage pregnancies, there were 1,641 terminations (a number higher than the number of live births to teenage mothers). This is a 47.0% decrease since 2010.
- For pregnancies to 20-24 year old women, there were 3,791 terminations, which is a 4.9% decrease since 2010.

Changes in population levels by age and gender help us to understand some of the noted trends in rates of pregnancy. The National Records of Scotland Mid-2021 Population Estimates Scotland states there were:

- 2,807,328 females living in Scotland, which is a 3% increase over the last 10 years.
- 167,323 females aged 14-19 living in Scotland, which is a 12% decrease over the last 10 years.
- 163,699 females aged 20-24 living in Scotland, which is an 11% decrease over the last 10 years.

However, the reduction in the 14-19 and 20-24 female population in Scotland (12% and 11% respectively) does not fully explain the 68% and 44% reduction in number of live births among these same age groups.

Looking forward, National Records of Scotland's 2020-based population projections forecast a change in trajectory in the size of Scotland's younger population. Between 2020 and 2030, Scotland's:

- 14-19 year old population is projected to increase by 8%.
- 20-24 year old population is projected to decrease by 1%.

Key Messages

In 2021, for **all pregnancies**, there were:

- Around 46,000 live births in Scotland per year which represents a 20% decrease in the last 10 years.
- Noting a likely undercount, 14,000 terminations in Scotland per year, representing a 7% decrease in the last 10 years.

For **teenage pregnancies**, there were:

- 1,172 live births and 1,641 terminations.
- The number of live births and terminations have fallen by 68% and 47% respectively over the last 10 years.
- Half of teenage pregnancies were to mothers living in Scotland's 20% most deprived communities, indicating a need to continue targeting sexual and reproductive health support in Scotland's most deprived communities.

For **pregnancies among 20-24 year olds**, similar trends to those of teenage pregnancies can be seen, with:

- 5,855 live births and 3,791 terminations, with their respective numbers falling by 44% and 5% over the last 10 years.
- 37% of births to 20-24 year olds mothers are to mothers living in Scotland's 20% most deprived communities.

The implication from the births and terminations data is that support services should not only focus on supporting young women in their pregnancy and changes to their health and life circumstances, preparing young women for birth and their babies' arrivals, but also on enabling young women to manage any mental and physical experience of having a termination. More widely there is a continued need for young women to access safe sex, sexual and reproductive health education and information, and to be able to access contraceptives.

Care Experienced Teenagers and Women aged 14-24 in Scotland

A key source of information on the number of care experienced women in Scotland is the Scottish Government's Children's Social Work Statistics annual publication⁴. This includes the number of children 'looked after' on 31 July each year and the number of young people eligible for aftercare on that same date. It is, however,

⁴ Scottish Government (2022) Children's Social Work Statistics, Scotland 2020-21.

snapshot data and does not capture children who were 'looked after' at a younger age who are now no longer being 'looked after' or who on the 31 July were cared for through informal arrangements, such as an informal kinship arrangement. With these caveats, the latest published data is for 2021 and shows that there were:

- Approximately 1,740 females aged 14-19 who were 'looked after' on 31 July 2021, which is marginally smaller (a 2% decrease) than in 2011; and
- 3,324 females aged 16-25 eligible for aftercare services on 31 July 2021.

Combined, the snapshot data finds that there were **5,064 teenagers and women aged 14-24 'looked after' or eligible for aftercare services on 31 July 2021**. As a proportion of all 331,022 females aged 14-24, 1.5% of the population can be calculated as 'looked after' or eligible for aftercare.

However, the 1.5% proportion is understood to be an undercount. It has been calculated using snapshot data and does not include teenagers and young women who ceased to be 'looked after' before 31 July 2021. An accurate estimate of the number of all care experienced teenagers and women aged 14-24 in Scotland is not available but there are some statistics for males and females that can be drawn upon to generate an estimate. These are:

- The Scottish Government's Education Outcomes for Looked After Children report⁵ which records that 2.1% of Scotland's school leavers in 2020/21 were 'looked after' in that year.
- The Scottish Funding Council Widening Access report⁶ which reports that:
 - 1.9% of all Scottish-domiciled undergraduate Higher Education (universities and colleges) entrants in 2020/21 self-identified as being care experienced; and
- 9.6% of enrolments to full-time and 5.7% of enrolments to part-time (college) Further Education courses in 2020-21 were from students self-identifying as being care experienced.
- Skills Development Scotland who report that 2.0% of all Modern Apprenticeship starts aged 16-24 years old in 2021/22 self-identified as being care experienced⁷.

Based on these statistics, it can be inferred that the 1.5% proportion is an undercount. Three of the sources find a 2% proportion but the college enrolments data indicate a higher proportion. In view of this, and indeed this may be conservative, we offer an estimate that **3% of 14-24 year old females in Scotland are care experienced**. If applying this proportion to Scotland's 2021 mid-year population estimates, this would equate to 9,930 young females and (for

⁵ Scottish Government (2022) Education Outcomes for Looked After Children 2020/21

⁶ Scottish Funding Council (2022) Report on Widening Access 2020-21

⁷ Skills Development Scotland (2022) Modern Apprenticeship Statistics: For the full financial year 2021/22

ease of calculations) this has been rounded up to **10,000 care experienced teenagers and women aged 14-24**.

Key Messages

There is no accurate measure of the number of females aged 14-24 with care experience in Scotland but, drawing on Scottish Government, Scottish Funding Council and Skills Development Scotland data, **an estimate of 10,000 care experienced teenagers and women aged 14-24 in Scotland in 2021 is offered.**

Births to Care Experienced Teenagers and Women aged 14-24

There is no collection of national social work or health statistics that records the number of pregnancies or births to care experienced females. NHS Scotland's Your Combined Pregnancy and Postnatal Record⁸ does ask pregnant women 'Are you living in or leaving looked after care services?' but the question is optional to answer, its wording may not capture women who have left care, and the resulting data is not published. Given the lack of administrative data that directly answers the research question, a range of different sources must be considered and triangulated to arrive at an estimate of births to care experienced teenagers and women aged 14-24.

To begin, the Scotland birth rates (average number of live births to women) for the 14-19 and 20-24 year old age groups can be applied to the 10,000 care experienced population estimate. Doing so, Figure 1 shows that care experienced teenagers and women aged 14-24 would have given birth to an estimated 193 births in 2021. This number would equate to 2.7% of the 7,027 live births to 14-24 year old mothers in 2021.

⁸ NHS Scotland *Your Combined Pregnancy and Postnatal Record*;
https://www.healthcareimprovementscotland.org/our_work/reproductive,_maternal_child/woman_held_maternity_record/swhmr_maternity_record.aspx

Figure 1: Application of National Birth Rates to Estimated Number of Care Experienced Teenagers and Women aged 14-24

	Estimated Number of Care Experienced Teenagers and Women aged 14-24	Birth rates by age banding (2021)	Birth rate applied to estimated Care Experienced Teenagers and Women aged 14-24
14-19 year olds	5,400	7.6 / 1,000	41 births
20-24 year olds	4,600	33.3 / 1,000	152 births
14-24 year olds	10,000	N/A	193 births

Source: National Records of Scotland (2022) Vital Events Reference Tables 2021

The estimated 193 births in Figure 1 is calculated on the grounds that care experienced teenagers and women have the same birth rate as the wider population aged 14-24. However, research studies focused on estimating the number of births to care experienced teenagers and women find a higher birth rate among this group. The number of studies are few and arguably a little dated given the reduction in the number of births to young mothers in recent years, but the **international studies point towards care experienced teenagers and young women having a birth rate that is two to three times higher than the wider population.**

- In Wales, Craine et al (2014)⁹ found that the proportion of currently 'looked after' children who recorded a pregnancy (5%) was significantly higher than children not in care (0.8%).
- In California, United States, King et al (2014)¹⁰ found females in foster care gave birth at marginally higher rates than females in the general population (3.2 per 100 to 2.0 per 100 respectively).
- In Missouri, United States, Oshima et al (2013)¹¹ found 55% of females aged 17-19 with experience of foster care had had a pregnancy compared to around 20% of general 17-19 year old female population.

⁹ Craine N, Midgley C, Zou L, Evans H, Whitaker R, Lyons M. (2014) Elevated teenage conception risk amongst looked after children; a national audit. *Public Health*. 128(7):668-70.

¹⁰ King, B, Putnam-Hornstein, E, Cederbaum, J and Needell, B (2014) A cross-sectional examination of birth rates among adolescent girls in foster care, *Children and Youth Services Review*, 36: 179-186.

¹¹ Oshima K, Narendorf S, McMillen J (2013) Pregnancy Risk Among Older Youth Transitioning Out Of Foster Care. *Child Youth Services Review*. 35(10):1760-1765.

- Two Scottish studies – Hay et al’s (2022)¹² study of teenage pregnancy outcomes for care experienced young people in Fife and the Children’s Health in Care in Scotland (CHiCS) study – provide further insight. However, the births included in these studies span from the early 1990s to 2015 and from 1999 to 2016 respectively, so may not reflect current (lower) birth rates. The Fife study is also focused on pregnancies of teenagers only, before the age of 20, rather than pregnancies of the 14-24 population.

Presented in Box 1, Hay et al’s (2022) data linkage of health outcomes data for females who had been looked after by Fife Council between 1991 and 2015 found the care experienced cohort to be 2.3 times more likely to have had a live birth before the age of 20 than their non-care experienced but similarly deprived peers. Given the study considered teenage pregnancy outcomes occurring from the early 1990s to 2019, the findings may not reflect the current situation.

Box 1: Teenage Pregnancy Outcomes for Care Experienced Young People in Fife

Study Aims and Cohort

- The study aimed to use data linkage techniques to compare teenage pregnancy rates and outcomes among care experienced young people in Fife with that of their non-care experienced but similarly deprived peers.
- The study cohort consisted of two cohorts:
 - Care experienced cohort – all females looked after by Fife Council between 1 October 1991 and 31 March 2015 who were 16 years or over on 31 March 2015, $n = 1,013$ (once linked to Community Health Index number).
 - Non-care experienced but similarly deprived cohort, matched by sex, age, social class and geographical area deprivation, $n = 2,664$.

Emerging Findings

- **Live births:** the care experienced cohort were found to be 2.32 times more likely to have a live birth before the age of 20 compared to the non-care experienced but similarly deprived cohort.
- **Terminations:** using SMR02 data (so not recording all terminations), the care experienced cohort were found to be 1.33 times more likely to have had a termination before the age of 20 compared to the non-care experienced but similarly deprived cohort.

¹² Hay, L, Watson, L and Donnelly, P (2022) *Linking health and social care data to identify teenage pregnancy outcomes for care experienced young people in Fife*. Presentation to IPDLN Conference 2022. <https://ipdln2022.com/events/linking-health-and-social-care-data-to-identify-teenage-pregnancy-outcomes-for-care-experienced-young-people-in-fife/>

Source: Hay, L, Watson, L and Donnelly, P (2022) Linking health and social care data to identify teenage pregnancy outcomes for care experienced young people in Fife. Presentation to IPDLN Conference 2022

The Children's Health in Care in Scotland (CHiCS) study, see Box 2, tracks the health outcomes of care experienced children and young people. The study reports on births to this population across multiple years (i.e. between 2009 and 2016) and, as the total number of births per year to females aged 14-24 has fallen by half over the past 10 years, may not reflect the current situation. The emerging findings are that:

- Care experienced teenagers and women aged 14-24 are four to five times more likely to have given birth than women of the same age in the general population, and are more likely to have given birth in their teenage years.
- Of those care experienced teenagers and women who gave birth, over 80% became pregnant after they left care. Indeed, the average time to delivery after leaving care was 2 years and 10 months.

Box 2: Children's Health in Care in Scotland (CHiCS) study

Study Aims and Cohort

- The CHiCS study led by the University of Glasgow tracks a range of health outcomes for two groups of school-aged children in publicly funded schools in Scotland: namely, care experienced children and children in the general population.
- The study cohort consists of children aged 4-19 who were in school (i.e. included in the Scottish Government's Pupil Census) in 2009 and measures their health outcomes in 2016 when aged 11-26 through linking their education and health data. To identify care experienced children, data has been linked to the Scottish Government Children Looked After (CLAS) return.
- The data presented below is a subset of the study's population sample as it focuses specifically on females aged 14-24 as of 31 July 2016. The analysis is provided on the following two groups:
 - 4,998 females aged 14-24 with care experience.
 - 248,201 females aged 14-24 in the general population.
- The births data presented below only includes deliveries of babies recorded in SMR02 and consequently is an underestimate of all deliveries of babies. The analysis gives estimates of the number of deliveries, delivery rates and the number of women with deliveries for the two cohorts and does not distinguish between live and stillbirths (stillbirths account for under 0.5% of all births). The analysis does not include terminations or other aspects or reproductive health.

Emerging Findings

- The vast majority of females in both cohorts did not have a single birth between the ages of 14-24. However, of the study's population:
 - 19.3% of care experienced teenagers and women had at least one birth between the ages of 14-24, compared to 4.1% of the general population; and
 - 14.7% of care experienced teenagers and women had their first delivery before the age of 20, compared to 2.6% of the general population.

This suggests that care experienced teenagers and women are more likely to start their families at a younger age than the general population.

- In relation to **multiple births**, 4.1% of care experienced teenagers and women had two or more births between ages 14-24 compared to 0.5% of the general population.
- In relation to **area deprivation** (drawing on the Scottish Index of Multiple Deprivation), the proportion of females aged 14-24 in the general population having at least one birth increased from 1.4% in Scotland's 20% least deprived communities to 7.1% in the 20% most deprived communities. This pattern is less clear for care experienced teenagers and women with the percentage who had at least one birth ranging from 13.1% to 20.7%.
- 81.7% of all births to care experienced teenagers and women occurred more than 9 months after leaving care. For those females who had a baby the average time was 2 years and 10 months after leaving care. The data therefore suggests that care experienced teenagers and women generally do not become pregnant while in care but decide to have children within a few years of leaving care.

Source: Bespoke analysis provided from the CHiCS study by Mirjam Allik, University of Glasgow (mirjam.allik@glasgow.ac.uk)

The international and Scotland studies outlined here indicate that care experienced teenagers and women have a higher birth rate than the wider population. However, the studies do not provide a single agreed figure of how much higher the birth rate is. If the estimate that care experienced teenagers and women have a birth rate that is two to three times higher than the wider population aged 14-24 is accepted, we can **estimate that approximately 400-600 births per year¹³ in Scotland are to care experienced teenagers and women aged 14-24**. In addition, and as highlighted in 'Setting the Scene' section, not all pregnancies result in live births. We could therefore **estimate that a further 300-500 care experienced**

¹³ 193 births x 2 = 386 and then rounded up to 400 births; 193 births x 3 = 579 and then rounded up to 600 births.

teenagers and women aged 14-24¹⁴ have terminations per year in Scotland.

Key Messages

There is no systematic recording of the number of pregnancies and births to care experienced teenagers and women aged 14-24 and the small number of Scotland and international studies focused on this population do not provide an agreed birth rate level for this population.

In this context and based on the available evidence, it is proposed that care experienced teenagers and women aged 14-24 have a birth rate that is two to three times higher than the wider 14-24 year old population. Applying this range to the estimated 10,000 females aged with 14-24 with care experience in Scotland in 2021 arrives at an estimate of 400-600 births to care experienced teenagers and women aged 14-24 per year and a further 300-500 terminations per year in Scotland. However, at least in relation to births, the CHiCS study finds that the vast majority of births (81.7%) among the care experienced young women occurred after they left care. Indeed, the average time to delivery after leaving care is 2 years and 10 months.

With the data that is available, it is not possible to arrive at a figure for the number of all births to all care experience women in Scotland beyond the 14-24 age group.

Further Intelligence relating to Care Experienced Pregnancies and Births

The statistics and estimates above present a national overview for Scotland. For services seeking to engage with and support care experienced teenagers and women, there is then a need to understand any local differences across Scotland and the specific support needs of each person and their circumstances.

At a local level, the demand for support services is likely to be highest in local authority areas with the highest numbers of care experienced teenagers and women and the highest pregnancy rates among 14-24 year olds. With the caveats that published local authority area data are only available for the number of 'looked after' children (aged up to 17) and for teenage pregnancy rates, Figure 2 presents these two measures and ranks the local authority areas high to low based on teenage pregnancy rates. It shows that:

¹⁴ 5,432 terminations to 14-24 year old women in Scotland per year, which equates to 1.6% of the 14-24 year old female population. 1.6% applied to 10,000 care experienced women estimate = 160 terminations. Applying the higher (x2 and x3) birth rates to the 160 terminations = 320 terminations and 480 terminations respectively.

- Demand is likely to be highest in West Dunbartonshire, Clackmannanshire, Dundee City and Glasgow – all areas that also have high levels of young people not in education, employment or training and high levels of area deprivation.
- Other large local authorities with a high teenage pregnancy rate and a large 'looked after' population are Fife, North Ayrshire, Aberdeen City and South Lanarkshire. Edinburgh's teenage pregnancy data is not available but would likely fall in this grouping based on its population size.

Figure 2: Number of Looked After Females and Teenage Pregnancies by Local Authority Area

	'Looked After' Females (aged 0-17)	Teenage Pregnancies (births and terminations)	
		Total Pregnancies	Rates per 1,000 teenage females
West Dunbartonshire	221	76	33.2
Clackmannanshire	122	43	32.8
Dundee City	202	134	31.8
Glasgow City	1,075	462	30.4
Angus	88	88	29.8
Fife	384	290	28.9
Midlothian	90	65	28.2
North Ayrshire	248	96	27.2
Aberdeen City	215	136	25.1
Dumfries and Galloway	148	86	24.7
South Lanarkshire	367	198	24.5
East Ayrshire	171	76	24.1
East Lothian	98	65	24.1
Renfrewshire	285	104	22.7
Moray	87	55	22.5
Falkirk	169	88	22.0

North Lanarkshire	325	212	22.0
Scottish Borders	71	62	22.0
West Lothian	181	111	21.9
Highland	183	120	20.3
Perth and Kinross	138	73	19.3
South Ayrshire	102	52	18.9
Aberdeenshire	177	113	17.6
East Dunbartonshire	74	48	17.6
Inverclyde	103	33	17.1
Stirling	104	47	16.5
Islands	49	27	15.6
East Renfrewshire	40	43	15.1
Argyll and Bute	65	25	12.5
Edinburgh City	505	0	0.0
Scotland	6,087	3,300	23.9

Source: Scottish Government (2022) Children's Social Work Statistics, Scotland 2020-21; Public Health Scotland (2022) Teenage pregnancies: Year of conception, ending 31 December 2020

In Box 3 data from the Family Nurse Partnership Programme in Scotland is presented. This data provides further insight into the circumstances and support needs of care experienced parents, in particular care experienced teenage parents because 22% of the people the Family Nurse Partnership support were recorded as being care experienced or as having been on the child protection register as a child. The personal characteristics and needs summarised in Box 3 relate to *all* the people the Family Nurse Partnership supports. Nonetheless these do indicate that **care experienced teenagers and women may not have the support networks that other parents may have** (eg from parents, partners or brothers and sisters) and many would also benefit from **mental health, housing, financial and/or employability support**.

Box 3: Family Nurse Partnership findings

The Family Nurse Partnership (FNP) Programme began in Scotland in 2010 to support young first-time mothers aged 19 or under, and more recently some mothers under the age of 25. From 2018/19, FNP has been delivered across Scotland with **1,300 people enrolling on the programme per year** since national roll out. As of 2020/21, this level of enrolment equates to **83% of teenage mothers in Scotland**. The characteristics data provided by the FNP programme is extremely valuable in understanding females aged 14-24 with care experience as **22% of the FNP enrolled mothers were recorded as having been care experienced or on the child protection register**.

Over the last ten years of FNP delivery, the changing age profile of the people supported reflects national trends in births to younger mothers. There has been:

- A decrease in the proportion of younger mothers aged 17 and under: 20% in 2020/21 compared to 45% in 2012/13.
- Relative stability in the proportion of mothers they support aged 18-19: 57% in 2020/21.
- An increase to 22% of mothers who are aged 20-24 in 2020/21.

The programme's data finds that FNP mothers live and/or have experienced 'complex lives'.

- In relation to **relationships**:
 - 25% lived with a partner at FNP enrolment, but 37% of the people who enrolled were not in a relationship.
 - 77% of the mothers reported being in daily contact with the father; 8% on a weekly basis; and 15% less frequently or never.
- On **housing** status:
 - 53% of the mothers lived in local authority or housing association housing when they enrolled; 17% in privately rented accommodation; 17% in privately owned accommodation; and 5% were registered as homeless.
- On **employment and education** status:
 - 33% were in paid employment at enrolment.
 - 18% were in full-time education.
 - 55% were neither in paid employment nor full-time education.

Further insights are offered through the Revaluation report (Scottish Government, 2019) where all Family Nurses delivering the FNP programme in Scotland completed a questionnaire about the people they support to help provide a deeper understanding of their needs and lives. This found that:

- 98% had experienced some form of trauma or adverse experience in their lives, with the most prevalent being:
 - Anxiety or other mental health issues (63%).

- 22% were thought to have self-harmed.
- 10% to have attempted suicide.
- 20% had attended Child and Adolescent Mental Health Services (CAMHS).^{dd}
- Experience of parental separation (63%).
- Low income (60%).
- Not being in work, education or training (57%).

Source: Scottish Government (2019) Revaluation of the Family Nurse Partnership in Scotland; Scottish Government (2022) The Family Nurse Partnership in Scotland 10 Years on: A Detailed Analysis of FNP Data

Beyond the Family Nurse Partnership findings, recent studies^{15 16 17 18} focused on care experienced teenagers and women highlight:

- The **experiential life factors** that contribute to a higher birth rate among care experienced teenagers and women, such as experience of deprivation, lower educational attainment, previous trauma impacting on mental health and self-esteem, and higher levels of risk taking behaviours.
- The **motivating factors** that contribute to a higher birth rate, such as a desire to address a lack of love and attachment from their own parents, overcoming loneliness, and pregnancy and birth offering achievement and a positive point in their lives.
 - The **protective factors** that can reduce the risk of unplanned or early transition to parenthood, including having a close relationship with a trusted adult or mentor (eg a social worker or a foster or kinship carer), stability and continuity in care, flexible transition arrangements and aftercare support on leaving care, and receiving sex and relationships education and information.
 - The **societal pressures** that care experienced mothers can experience, such as increased scrutiny from professionals and judgement and stigma from peers and society.

Who Cares? Scotland (2022)¹⁹ offers a number of recommendations on how to more effectively support care experienced parents. Of these, there are three recommendations that focus on improving practice:

¹⁵ Fallon, D and Broadhurst, K (2015) Preventing Unplanned Pregnancy and Improving Preparation for Parenthood for Care-Experienced Young People. Coram.

¹⁶ Hyde, C and Jones, S (2018) Careless Care: Pregnancy and parenthood for girls and women who have been in care. Centre for Welfare Reform.

¹⁷ Roberts, L (2021) The Children of Looked After Children Outcomes, Experiences and Ensuring Meaningful Support to Young Parents In and Leaving Care. Policy Press.

¹⁸ Who Cares? Scotland (2022) 'Believe in Us' Care Experienced Parents – Findings from our Annual Participation Programme.

¹⁹ Who Cares? Scotland (2022) 'Believe in Us' Care Experienced Parents – Findings from our Annual Participation Programme.

- Training for practitioners must be co-designed with care experienced people, and a core aspect of the training is the need to challenge stigma and assumptions about parenting capacity;
- All training and practice improvement work relating to care experienced parents should be trauma-informed;
- There should be funding and delivery of peer groups and parenting support spaces for care experienced parents.

A further important source of guidance on how to support care experienced parents is provided by the work developed in Wales. In particular, the ***Charter for Supporting Parents In and Leaving Care***²⁰ sets out what organisations can do to support care experienced mothers.

Key Messages

- Care experienced teenagers and women have a rich interplay of experiential life, motivating, and protective factors, alongside societal pressures in their choices to become pregnant, give birth, and in their raising of their child.
- A high proportion of care experienced teenagers and women aged 14-24 live in Scotland's more deprived localities. Local authority areas with the highest numbers of looked after children and teenage pregnancies are West Dunbartonshire, Clackmannanshire, Dundee City, Glasgow, Fife, North Ayrshire, Aberdeen City, South Lanarkshire and Edinburgh.
- Services providers should design and offer holistic, non-judgemental support that includes mental health, housing, financial and/or employability support, as well as relationship-based support from peer networks, trusted adults and/or mentors.
- Professionals need to understand the complex lives and the interplay of different factors impacting on care experienced parents, enabling their practice to be trauma-informed.

²⁰ Charter for supporting parents in and leaving care
<https://www.exchangewales.org/supporting-parents-in-and-leaving-care-messagestocorporateparents/>

Conclusions

This research has set out to produce an estimate of the number of births to care experienced women per year in Scotland. **There is no precise measure available currently, mainly due to gaps in the administrative data collected.** Particular data gaps identified are:

- Care experienced status not being systematically recorded in maternity health records.
- Pregnancy and births of care experienced and/or 'looked after' children not being recorded in children's social work records. Information to potentially capture within social work records are:
 - Whether 'looked after' children experience pregnancy or parenthood whilst they are 'looked after'.
 - Whether young people accessing throughcare and aftercare experience pregnancy or parenthood.
 - The type of parenting supports accessed by 'looked after' children and care experienced young people (eg accessing Family Nurse Partnership).

Intergenerational information is also important in order to understand recurrent care proceedings and the lives and outcomes of the children of care experienced parents. For example, a further measure would be whether the children of care experienced parents become 'looked after' and/or registered on the Child Protection Register.

Notwithstanding the gaps in Scotland's administrative data, this research has developed a methodology that allows an estimate to be generated for births to care experienced teenagers and women aged 14-24. It applies findings from (the limited number of) research studies focused on quantifying the birth rates of females with care experience to Scotland's population, births, terminations, and teenage pregnancies data. In doing so, the research arrives at **an estimate of 400-600 births to care experienced teenagers and women aged 14-24 per year in Scotland, and a further 300-500 care experienced teenagers and women aged 14-24 estimated to have had a termination.**

Given the reductions in the total number of births and pregnancies to 14-24 year olds in Scotland over the last 10 years, the number of births and pregnancies among Scotland's care experienced teenagers and women may have similarly fallen and currently be at a historic low. Looking forward, population projections indicate that Scotland's total 14-19 year old population will increase by 8% by 2030, but the falling teenage pregnancy rate (68% decrease in the last 10 years) allied to the falling number of children 'looked after' in Scotland would suggest that the number of births and pregnancies to care experienced teenagers and women aged 14-24 will continue to decrease.

The falling number of births to care experienced teenagers and women aged 14-24 should not, however, divert attention away from the provision of support for them. Research studies find that these young people may likely have experienced complex lives and, to support them well, providers need to offer holistic, non-judgemental supports that include mental health, housing, financial and/or employability support, as well as relationship-based support from peer networks, trusted adults and/or mentors. Importantly, these supports need to in be place as part of the throughcare and aftercare support package for care leavers as most pregnancies and births happen after females have left care.

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