
Teenage pregnancy among young people in and leaving care Messages and implications for foster care

Previous research has shown that looked after children and young people are vulnerable to poor life outcomes, including early pregnancy. **Abigail Knight, Elaine Chase and Peter Aggleton** discuss findings from a Department of Health-funded study on teenage pregnancy among young people in and leaving care. Using in-depth interviews, data were collected from 63 recently looked after young people aged 15 to 24 and from 78 associated professionals from a range of backgrounds, across four research sites. This paper focuses specifically on young people's experiences of foster care and the interface between foster care and the emotional influences surrounding pregnancy, opportunities for and challenges to learning about sex and relationships, and the provision of support during pregnancy and early parenthood. Findings suggest the need to provide foster carers with support, training and guidance concerning relevant and appropriate education for young people with regard to sex and relationships. The findings also indicate the need for specialist guidance on these matters in mother and baby foster care placements so as to benefit foster carers, young parents and their babies alike.

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The year 1999 saw the launch of the government's *National Teenage Pregnancy Strategy* (Social Exclusion Unit, 1999), in response to the UK having one of the highest rates of teenage pregnancy in Europe (UNICEF, 2001). Previous research has shown that not all young people are equally vulnerable to teenage pregnancy and parenthood and that young women who have been disadvantaged in childhood are more likely to become pregnant as teenagers than those who have not (Social Exclusion Unit, 1999; SCARE, 2004).

More specifically, there is evidence from a number of studies that children and young people with a history of being looked after by local authorities are more likely to be vulnerable to early pregnancy

(Biehal *et al*, 1992, 1995; Brodie *et al*, 1997; Corlyon and McGuire, 1997, 1999). Studies by Biehal *et al* (1992, 1995), for example, found that 25 per cent of care leavers had a child by age 16 and that 50 per cent were mothers within 18–24 months of leaving care. Corlyon and McGuire's research (1999) found that it was twice as common for looked after young people to want a baby by the age of 20, compared to young people who live with families. Previous studies also show a correlation between the type of placement for a looked after child or young person and the likelihood of early pregnancy, with young people with experience of residential care or a series of foster placements more likely to be vulnerable to early pregnancy than those experiencing a single long-term stable foster placement (Berridge *et al*, 1997; Sinclair and Gibbs, 1998).

Extensive research has indicated that looked after children and young people are vulnerable to poor life outcomes in general. For example, they generally do not achieve well in the educational system (Department of Health/Social Services Inspectorate/OFSTED, 1995; Borland *et al*, 1998; Department of Health, 2000; Jackson, 2001) and experience significant disadvantages in regard to their physical and mental health (Saunders and Broad, 1997; Utting, 1997; House of Commons Health Committee, 1998; Skuse and Ward, 1999; Wyler, 2000; Broad, 2005). Other poor outcomes include high levels of unemployment, poverty, homelessness (Cheung and Heath, 1994; Biehal *et al*, 1995; Social Exclusion Unit, 1998; Vernon, 2000; Stein and Wade, 2000; NCH, 2000) and involvement with the criminal justice system (Botting *et al*, 1998; NCH, 2000). A few studies have shown more positive outcomes for children and young people in long-term foster care compared to those in residential care, particularly in relation to educational attendance and attainment (Berridge and

Brodie, 1998; Jackson *et al.*, 2005).

Although the outcomes of teenage pregnancy and parenthood are by no means routinely negative (Hoffman *et al.*, 1978; Phoenix, 1991; Musick, 1993; Tabberer *et al.*, 2000; Hanna, 2001), early pregnancy is associated with poverty and unemployment (eg Dawson and Meadows, 1995). Therefore the poor life chances generally experienced by looked after children and young people are likely to be compounded by teenage pregnancy.

This paper discusses some of the findings from a Department of Health-funded study of teenage pregnancy and parenthood among young people looked after by local authorities. Entitled *Pregnancy and Parenthood among Young People in and Leaving Local Authority Care: Determinants and support for the mother, father and child*, the aims of the study were to examine the factors contributing to early pregnancy and parenthood among young people in and leaving local authority care, to determine the kinds of support available to young people and young parents, and to identify the barriers that looked after young people face when accessing the services and support they need. Here, we discuss the findings from the study that are of particular relevance to foster care and their implications for policy and practice.

Methods

A preliminary review of relevant literature and a survey of a one-in-three stratified sample of local authorities in England were carried out to provide a contextual framework for the main in-depth study. For this, data were collected in four contrasting sites across England, one in the north, one in the centre, one in London and one in the south. Sites were selected for geographical and socio-economic diversity, as well as variable rates in teenage pregnancy and the numbers of looked after children and young people.

In-depth interviews guided by a pre-tested discussion tool were held with 63 young people: 47 young women between the ages of 15 and 22 and 16 young men between the ages of 15 and 23. All participants had experienced local authority care – including both foster and resi-

dential care – and all had become, or were soon to become, parents for the first time in their teenage years. Broad questions explored through the discussions included: young people's feelings, reactions and responses to the pregnancy and to becoming a parent; who and what had helped, or not helped, from conception through to the time of interview; from where and how they had learned about sex and relationships; and the types of care that they had experienced, although, for ethical reasons, researchers did not probe about the circumstances surrounding young people entering the care system. Similarly, although some of the young people spoke voluntarily about previous sexual abuse and other experiences of violent relationships, direct questions were not asked about these issues for the same ethical reasons.

At the time of the research, six young women were in foster care and the majority of the remaining participants – both young men and women – had spent at least some time in foster care. Altogether, 20 of the young people spoke about their experiences – either current or previous – in foster care, though some of these placements were short term. With regard to ethnicity and religion, the majority of the young people were from a white British background although many from the London area were from black British, black African and Caribbean backgrounds. Individuals were not asked to report their religion. As a result, the number of young people from minority ethnic backgrounds was too small to allow robust associations to be detected between religion, ethnicity and experiences of care, pregnancy and parenthood.

Semi-structured interviews were also conducted with a total of 78 professionals and carers from a range of backgrounds, including teenage pregnancy co-ordinators, senior managers and staff of children looked after and leaving care services, residential care workers, foster carers, staff involved in primary care, and supported housing and education support services workers. Professionals were asked about their views and experiences of pregnancy among young people in care and about their perceived roles and

responsibilities in relation to preventing pregnancy and supporting young parents. More specifically in relation to fostering, four foster carers and two foster care managers were interviewed. In addition, a number of other professionals commented on the perceived roles of foster carers and these views are also considered here.

All interviews were analysed using constant comparative method (Glaser and Strauss, 1967) to identify recurrent themes. Emerging themes were then checked for 'negative instances' or examples that contradicted these themes (Merriam 2002; Seale, 2002) prior to their inclusion in the findings. Hence, the themes that follow emerged from the analysis and we have deliberately stayed close to the content of participants' descriptions of their experiences in order to provide illustrative examples of each inductively generated theme.

Influences on early pregnancy

Trust, relationships and self-sufficiency

Interviews with young people revealed numerous instances of emotional vulnerability, including feelings of loneliness and rejection, both from birth families and within the care system itself, insecurity, stigma, social exclusion and marginalisation. A number of young people commented on how they found it difficult to trust anyone around them. This isolation and lack of trust not only meant that they felt unable to access support and information but also made many young women continue with a pregnancy because a baby, they felt, would go some way towards meeting their emotional needs.

The sense of loneliness that many of the young people described was linked not only to being removed from their birth families but also to the experience of often having had several placements and frequent movements between foster, residential and parental homes. One young woman, who had experienced 12 foster placements in two years, spoke candidly about how hard it was to adapt and settle, especially with little preparation:

They put me in placements but they didn't sit down and say this is what the person's

name is . . . you don't get to meet the person before you go . . . so there isn't any rapport there or anything so you are just ending up with people you don't know. It's quite distressing actually . . . sometimes you get immune to it after a while, but how do they [social services] expect children to be normal and behave well . . . They just live in a fantasy world of children who adapt to certain things . . . we're not chameleons . . . we don't adapt. (Young woman, age 16, parent at age 15, one child)

Another young woman, whose adoptive placement had broken down, reported having had similar experiences. Little had been done to prepare her other foster carers for the placement:

It's like being dumped into a family that you don't know . . . there weren't no work done with them . . . like meeting with them first . . . or covering some of my issues . . . like I was molested and that . . . that wasn't mentioned . . . there was no work between us to build the relationship . . . that's why it kept breaking down I think. (Young woman, age 21, parent at 16, two children)

These sorts of experiences, not uncommon among looked after children and young people, have clear implications for emotional attachment, stability and the ability to form secure and trusting relationships as adults.

Learning about sex, relationships and contraception

As a result of placement changes leading to disruptions in their education, many of the young people who were interviewed had missed out on sex and relationships education. Most of them reported finding out about sex and relationships first and foremost from friends and some said they had to find out by themselves.

The professionals who were interviewed were asked about where young people should receive information about sex and relationships. Although many felt that the person with the most one-to-one contact with the young person, such as the foster carer or residential worker, had

responsibility for talking to the young person about sex and relationships, data from the young people interviewed revealed a very different picture. Only six of the young women mentioned residential workers as having talked to them about sex and only one young person, a young man who had been looked after all his life, reported that his foster carer had talked to him about sex and contraception:

The only information I got was from foster parents. They told me what a jommy was, they encouraged me to use one . . . they knew that if I was going to go out and I was going to get sloshed they'd chuck me a packet. (Young man, age 24, parent at 16, three children)

When asked who they thought should be responsible for providing looked after children and young people with information on sex and relationships, the vast majority of professionals spoke in terms of whosoever the young person felt most comfortable with:

It should come down to who the young person feels most comfortable with . . . it should come down to everybody. It should be there across the board. (Voluntary project development worker)

At the same time, many took the view that there needed to be a collective and corporate responsibility among professionals and families for ensuring this happened. Such a situation could, however, lead to a diffusion of responsibility, with the result that issues get overlooked. Some professionals also stressed the importance of giving looked after young people a consistent message, particularly if many different professionals were involved in their care:

Although lots of different professionals and lay people have a role to play, it is important that kids get consistent messages. It is important that we don't fail the kids in care and as corporate parents we need to aim to offer them the same standard of care and advice on sex and relationships other kids get from their own parents. (Co-ordinator, looked after education team)

One young man felt strongly that foster carers should talk to young people about sex:

Foster carers should stand in the role of parents, as they do in other ways, and tell the young person about sex and relationships. (Young man, age 19, parent at 16, four children)

Some young people, mainly women, reported difficulties in talking to their foster carers about sex and contraception, often thinking that they would not approve:

They didn't tell me anything. They didn't think I was the type to have sex early; I think it would have been embarrassing for them and me. (Young woman, age 18, parent at 17, one child)

One young woman described a clash of values and beliefs between herself and her foster carers as a reason why she could not use a form of contraception:

The pill was a big 'no-no' in my foster carers' house. If they found out I was on the pill, they would know I was having sex and they would be disgusted and I didn't want them to make me feel like that. (Young woman, age 21, parent at 14, three children)

Another young woman said that she had been 'warned' by her foster carers 'to be careful' but that the information given was all too vague:

Like one of the carers, she would tell me to be 'careful', but at that time I didn't know what she meant. (Young woman, age 22, parent at age 14, four children)

Conversely, two young women talked in terms of how their foster carers had arranged contraception for them in order to avoid pregnancy but had avoided any discussion or dialogue about their choice of methods or concerns:

I'm not using anything . . . [I] can't take the pill and the depo injection made my blood go all funny.

Interviewer: *So you tried Depo Provera?*

It was my foster carer that made me have it done. (Young woman, age 18, parent at 18, one child)

My ex-foster mum got me on the pill when she found out I had a boyfriend. I had no idea how to protect myself before, but I wasn't having a physical relationship. (Young woman, age 17, pregnant with first child)

Particularly in the London site, reference was made to the fact that foster carers with strong religious beliefs can find it hard to address issues of sex before marriage. One foster care manager talked about how some foster carers were uncomfortable discussing the use of tampons rather than sanitary towels with young women because they thought they would affect their 'virginity'. One young woman, however, spoke about the support she received from her foster carer despite her religious beliefs:

I didn't want to tell my foster mother because she was quite strict as she is a Jehovah Witness. She had done everything for us so I was scared of letting her down, but she was great and said she would stick by me . . . she was really supportive. (Young woman, age 21, parent at 14, three children)

In the central England site, practical difficulties in encouraging foster carers to access available training to educate and support young people about sex, contraception and relationships were highlighted:

We had three training events for foster carers, but they were cancelled because we only had a couple of people who wanted to take part. Foster carers are inundated with training. They are not paid to go on training so I don't think they are going to attend unless it is a particular issue for them at a given time. It may be that we need to start looking at it in a different way. (Nurse specialist for looked after children)

In the south, it was estimated that 90 per cent of looked after young people would have had experience of foster care. A social services planning and development officer commented:

We have an enormous responsibility to empower foster carers in order that they can empower young people.

One foster carer also raised the problem of lack of clarity about responsibility for talking to young people about sex and relationships:

Sometimes they will have their parents around so it's not your responsibility as the carer, and it depends on who they want to talk to. In reality, some don't want to hear because some kids look at it as that you're not their parents so you can't tell them what to do.

Reactions to the pregnancy

The most common reaction to pregnancy, for both the young women and the young men, was to be 'shocked', a word used repeatedly in the interviews:

I was shocked. I was speechless. Water was coming out of my eyes and I didn't know what to say. I didn't know what to do. (Young woman, age 17, parent at 17, one child)

I was shocked, utterly and completely. It hit me like a ton of bricks. I was in complete and utter denial. I just couldn't get my head around it. (Young woman, age 20, parent at 17, pregnant with second child)

Young people were also asked about the options they had considered in regard to the pregnancy, and who had helped them through this decision-making process. Many of the young men spoke about feeling excluded from any decision-making to do with the pregnancy although they had wanted to be involved. This and other experiences of early parenthood of young men in the care system emerging from our study are documented in more detail elsewhere (Tyrrer *et al*, 2005).

Less than half of the young women who had found themselves pregnant, reported receiving help from anyone at all. Youth services or clinics were perceived to be the best sources of information and support since they could ensure privacy and confidentiality. One young woman liked a clinic she had attended for a pregnancy test because:

No one knows where it is – it's really private. (Young woman, age 20, pregnant with first child)

Foster carers were also mentioned as sometimes being helpful, although a small number of young women felt they could not talk to their foster carers because they anticipated disapproval or were uncertain of the response they would receive:

My foster mum gave me all the options to choose from . . . but she didn't persuade me to do anything . . . I wasn't pushed in any particular direction. (Young woman, age 15, parent at 15, one child)

It was difficult – I wanted to tell my foster mum, but I didn't know how she would feel. I felt like she was still a stranger to me, I didn't know how she would react. (Young woman, age 22, parent at 16, two children)

One foster carer who was interviewed for the study described the dilemma faced by many looked after young women:

One young mum I was looking after didn't tell me she was pregnant because she knew I loved children so much and thought I would be against her having an abortion.

In fact, a few young people reported their foster carers encouraging them *not* to have an abortion:

My foster mum told me not to get rid of it, 'cos she's not going to advise me to get an abortion because she had her baby at 17 and that really helped me. (Young woman, age 17, parent at 17, one child)

This was in contrast to reports from more young women who described feeling pressured into having a termination by relatives, such as the birth mother, and professionals like GPs and social workers.

Becoming a parent: support issues

Despite the fact that the vast majority of young people had not planned their pregnancies, most of those interviewed felt that becoming a parent had been a posi-

tive experience. A small number had mixed feelings and felt that if they had their time again they would have delayed having a child. Relatively few felt that the experience overall had been a negative one, either because they were too young to deal with it or because the complications in their lives had made parenting difficult.

It is important to recognise that many of the young people interviewed were content with their lives as parents, received ongoing support and help and reported positive experiences of the transition to independence and parenthood. For others, however, the process was more difficult and, at times, painful.

Many of the themes discussed earlier as factors contributing to early pregnancy recurred in young people's descriptions of their access to support and services. There was a clear relationship, for example, between the existence of a trusting relationship between young parents and carers, professionals and/or family and an ability to access the support that they required or to ask for help. Previous experiences of rejection and being let down clearly continued to affect young people after they became parents.

Central to having trusting relationships were having a say, being listened to and confidentiality. Inextricably linked to a lack of trust was the expressed desire of many young people to be seen as coping and as self-sufficient when they became parents. Overall, what clearly emerged from the findings was a continuum of support needs for young parents in and leaving care. Some required minimal support and others depended on a complex range of practical and emotional support to see them through difficult times.

Continuity of care

The importance of a trusted confidante or just someone 'to be there' emerged as a significant factor in how well supported young people felt from when they became pregnant to becoming a parent. Those who described positive experiences of service access and use most usually attributed this to the presence of key individuals who had helped. What was

important was having a single person there for them at a range of levels, someone who could be relied upon for support over a period of time, who could assist them in accessing a range of services and, most importantly, someone they could trust. Instability imposed by changes in staffing or frequent moves was, therefore, a major barrier to providing any consistent support to young people.

Support in foster care

Six of the young women interviewed were in foster care at the time of the study and altogether 20 young people reflected on previous experiences of foster care at various points during their lives. Many of these had felt very supported by their carers. As a young mother and young father from different research sites commented:

There were times when I was really down and it was my foster carers who picked me back up. (Young woman, age 21, three children, parent at age 14)

My foster parents, from the age of 13 to 16, gave me the support and courage I needed to keep going . . . this helped me look after my kids in a better way than I would have. They also talked to me as a human being. (Young father, 21, three children, parent at 16)

Foster care placements for young mothers and babies were highly valued in each of the four research sites and in at least two of these sites this form of provision was being expanded. However, once a young woman in foster care became a parent herself, both young people and foster carers interviewed were quite often unclear about the foster carer's role in relation to the young person and the baby. This arrangement meant that foster carers adopted a dual parenting role and as a result reported having to make complex, and at times confusing, decisions about how to provide adequate support to *both* the mother and the child.

The interface between foster care and other elements of service provision, particularly in relation to child protection procedures, could also be complicated. As one foster care manager explained:

Is the foster carer there to assess the parenting skills of the young person? Is she there to look after the baby or not? How do you define roles? It's very hard being a foster carer because you want to give young people a normal experience, and yet there are lots of rules and boundaries. Some carers don't want to 'grass them up' to the social workers because they know that they will see it as a significant thing that they didn't come home last night, and it will affect this young person's chance of keeping the baby . . . and that it can be as whimsical as the allocated social worker. If it was a different team and a different social worker then you might have a different response, the foster carer knows that.

In addition, some confusion was expressed by foster carers as to whether a baby born to a young woman in foster care was 'looked after', and what eligibility there was to receive support for the baby, the mother and foster carers. One foster carer described how this lack of clarity had been upsetting to both the young mother in her care and to their relationship. She felt that the local social services department had offered no additional financial support for the major changes necessary to accommodate the young woman and her child, but instead placed extra demands on both the mother and foster carers. She described the support provided as having been 'intrusive' and 'heavy handed' rather than supportive. As a result, she felt that trust between her and the young mother had broken down and their relationship had been damaged.

Although legally the young mother in care has full parental responsibility for the child, the local authority may choose to accommodate the baby or initiate care proceedings if there are grounds to do so. Because the situation depends on individual circumstances, the level of involvement and thus support varies from case to case, leading to confusion for many carers and the young people themselves. Clear guidance and clarification for foster carers and the young people in these situations is needed if they are able to work effectively in partnership with each other as well as with other professionals.

Foster carers also talked of the difficulties of parenting for young people who were just unable to cope. One such carer reported still caring for the baby from a mother and baby placement after the mother had just disappeared:

The last girl [to have a baby] was the mother of the baby I have now – she came as a mother and baby placement. She still lives locally but never comes to see him. She wasn't ever very responsive to the child, not at all affectionate. She went out for coffee one day and never came back.

However, in this case the young woman had been placed in a home where the foster carer had to work with a number of children on short-term placements, all of differing ages and all with highly complex needs. Perhaps the outcome might have been different if there had been greater one-to-one support available to the young woman.

Another foster carer talked about the difficulties of supporting a 15-year-old in foster care struggling to come to terms with being a parent. In the end, she had had to say that she could no longer work with the young person and thought that the baby was eventually adopted.

The importance of allowing young people to continue to enjoy at least some elements of their youth once they become parents is well illustrated by the following quotation by a young woman commenting on how her own foster carer had supported her once she had become a parent at 14 years:

She watched X [the baby] for us, basically took over and was the mother for us . . . Then I met this lad, and I moved in with his sister and that, and fell pregnant with him . . . I did really want her to take over . . . I didn't want to stay at home with the baby . . . I only wanted to be the mum when it suited me. (Young woman, aged 21, parent at 14, three children)

In this particular case, the foster mother subsequently assumed responsibility for the care of the second child and was able successfully to keep the children together.

Overall, however, striking a balance

between adequately supporting mother and child was hard to achieve, with foster carers at times feeling uncertain about whether they were taking on too much, as might be said of the situation described above, or too little responsibility for the baby. One young mother described her feelings about mother and baby fostering. Despite being very happy in the placement and her foster carer providing what she saw as really good support, she felt that the local social services department was not happy about this. The following quotation is illustrative of repeatedly expressed concerns by young people in the study about having their parenting skills scrutinised and of their fears of having their children taken away from them:

She [social worker] says I should not let him [baby] go to foster care so much . . . but he hasn't got nobody else . . . so she says to her [foster carer] try not to help her so much . . . try not to be around [baby] so much . . . that is so annoying. She [social worker] claims she [foster carer] helps me so much they want to move me to a mother and baby unit to monitor me. I say, if I'm there who's going to help me? When she had her children she had her family around helping . . . I haven't got the family so my foster carer is helping me . . . they are annoying . . . there won't be no one there [mother and baby unit] to help . . . then if I crack they are going to take him. (Young woman, age 16, parent at 15, one child)

Another young person talked about how it would have been much better to have stayed with her foster carers for longer, after having her child. However, after three months there was no more funding to support the placement. Although she could have left her child with the foster carers, she herself would have been unable to stay with him. She commented:

It's hard looking after a newborn baby when you don't know anything about them. (Young woman aged 17, parent at 16, one child)

Several professionals highlighted the importance of allowing young parents to

continue to enjoy their youth and of striking a balance between promoting responsibility and not being too harsh:

It is also important to support them so that they are allowed to enjoy a bit of their adolescence . . . and pregnancy should not be used as something to whip them with. (Paediatrician)

The role of the 'corporate parent' was sometimes felt to be somewhat strict and even inflexible in an effort to 'speed up' the transition to independence. As one foster care manager said, it was always good to think about how you would resolve issues if the young people concerned were your own:

If my daughter got pregnant, I would support her and let her go out – that's what normal families would do. Whereas I think we're a bit prescribed about what we see as 'OK', and if it was our own we would probably give them a lot more leeway and let them fail a bit more. They've got less time to succeed you see. They've got to go out at 18 years and be completely self-sufficient. I mean that's not normal any more – that's an artificial kind of cut-off point.

Across the research sites, high value was placed on joint mother and baby foster placements. These were seen as providing the opportunity for continuity of support at an emotional as well as practical level. As one young woman explained:

They [foster carers] gave me space to think about things and also gave advice. They treated me like one of their own children. My foster mum came with me to the scans and was at the birth like a mother. They offered to let me stay with them when I had the baby but I wanted my independence. (Young woman, parent at 17, one child)

One 15-year-old mother who was in foster care when she became pregnant talked about how happy she was that, at a permanency planning meeting, it was agreed that she and the baby could stay with the foster carer: 'Hopefully, we can stay until

I go on to university.' In another case, the mother of a young woman's partner was employed as the foster carer to look after both mother and baby. This not only enabled continued support but also ensured that the young person had access to provision under the Children (Leaving Care) Act (2000).

Conclusions

The research findings discussed in this article are based on information obtained from interviews with 20 young people from four sites in England, who spoke about their experiences of foster care, and from four foster carers and two foster care managers (although other professionals mentioned foster care in their interviews). Despite the relatively small numbers of young people interviewed, this study has provided insight into the role of foster care as it relates to both the prevention of early pregnancy among young people in local authority care and the provision of appropriate support for those who become pregnant and parents.

In so doing, it has provided further evidence of the emotional vulnerability that many young people cared for away from home experience. Breakdown in family relationships, subsequent care placements in different settings, changes in social workers, residential homes and foster carers all contribute to many young people's aversion to trusting adults and carers around them. Clearly, some of these issues can only be addressed through continuing reforms and improvements to the care system and a greater clarity of the role and function of the 'corporate parent' in providing continuity of care and support in ways that meet the emotional as well as the practical needs of young people. Nevertheless, there were some important comments made by young people about preparatory work that could happen prior to placing them into a foster care setting. While circumstances are unlikely to permit any length of time when prospective carers and young people can get to know each other well, at the very least some form of mediated introductions and familiarisation should be possible.

Beyond this, the study has highlighted

a number of difficulties in foster carers adequately addressing the sex and relationship needs of young people in their care. Given the increased likelihood of a disrupted education for many looked after children, they are less likely, as witnessed by the experiences of young people in this study, to access any sex and relationships education through school. Yet carers were not clear about their roles and responsibilities in this provision and, at times, had strong personal or religious views that prevented them from providing appropriate information and support. This finding, similar to those in other studies (Corlyon and McGuire, 1997, 1999), indicates yet again the need for further and more widespread training for foster carers to enable them to fulfil this role adequately. In addition to empowering foster carers in the area of sex and relationships education, it is important to enable them to access available resources and training (eg Patel-Kanwai Obe and Frances, 1998; Patel-Kanwai Obe and Mackie, 2003). It is also important that they are made aware of the Fraser guidelines,¹ which state that contraception may be provided for a young person under 16 without parental consent if the young person understands the advice given and is competent to consent to treatment.

There is also a need for clearer policy guidance to promote a more consistent approach on the part of foster carers in providing non-biased and non-judgmental information, support and referral advice with regard to sex and relationships education, contraception and issues around termination. At the time of the research (throughout 2002 and the early part of 2003), there was evidently a wide variation in practice. Importantly, national guidance for residential social workers and foster carers to support appropriate referrals of young people to sexual health services (Teenage Pregnancy Unit, 2001) was not at that time widely recognised by professionals participating in the research.

However, it is in the area of mother

and baby foster care provision that findings from this study were particularly illuminating. On the one hand, specialist mother and baby foster placements appear to provide effective support to younger parents in care and could potentially provide valuable support to older young parents. On the other hand, however, there is currently a lack of clarity in terms of the responsibilities and roles of foster carers in relation to both the mother and baby and in relation to other services, especially social workers. Furthermore, the provision of mother and baby foster placements is still very limited and is normally accessible only to those who are 16 years or younger, showing a clear need for an extension to this kind of service to older young women and their babies.

There are currently no national guidelines to support foster carers who specialise in supporting young mothers and their children. Such guidance could do much to clarify some of the day-to-day complexities of providing this very specialist support and cover important advice in relation to the legislative, financial and practical aspects of mother and baby foster placements. It would also guide foster carers in their work with young people and enable them to understand the boundaries of their role in relation to other services and structures.

During the subsequent dissemination of the findings from this study to the participating research sites, a concern was raised that introducing such guidance would inevitably lead to a highly prescriptive role for the foster carer that would jeopardise their position in creating a family unit for the mother and child. While this is a valid concern, clearly a balance needs to be struck. Our findings indicate that the absence of such guidance is also likely to have a negative impact on the nature of the family relationship and that both carers and young people would welcome further direction.

Finally, at least one young person indicated that she would have benefited from a longer mother and baby foster placement, but that resources were not

¹ See www.welwyn-hatfield-pct.nhs.uk/training/Fraser%20Guidelines.pdf

available locally to allow this to happen. Further research into the potential benefits of increasing access to mother and baby foster placements for young parents and for extending this level of support to older teenage parents is required. Such research should also explore the potential benefits of different types of foster care such as 'support care fostering',² which provides short-term respite support to families in crisis. This may, for instance, provide a means of helping young parents with particularly complex needs and perhaps at risk of child protection proceedings. We feel that this research project has provided some insights into these important issues and has also laid the foundations for further close focus investigation into the specific role of foster care in supporting the national strategy of both preventing early pregnancy and supporting young parents.

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References

- Berridge D, Brodie I, Ayre P and Barrett D, *Hello – Is anybody listening? The education of young people in residential care*, Coventry: Social Care Association/University of Warwick, 1997
- Berridge D and Brodie I, *Children's Homes Revisited*, London: Jessica Kingsley, 1998
- Biehal N, Clayden J, Stein M and Wade J, *Prepared for Living? A survey of young people leaving the care of the local authorities*, London: National Children's Bureau, 1992
- Biehal N, Clayden J, Stein M and Wade J, *Moving On: Young people and leaving care schemes*, London: HMSO, 1995
- Borland M, Pearson C, Hill M, Tisdall K and Bloomfield I, *Education and Care Away from Home*, Edinburgh: Scottish Council for Research in Education, 1998
- Botting B, Rosato M and Wood R, 'Teenage mothers and the health of their children', *Population Trends* 93, London: The Stationery Office, 1998
- Broad B, *Improving the Health and Well-being of Young People Leaving Care*, Lyme Regis: Russell House Publishing, 2005
- Brodie I, Berridge D and Beckett W, 'The health of children looked after by local authorities', *British Journal of Nursing* 6:7, pp 386–91, 1997
- Cheung Y and Heath A, 'After care: the education and occupation of adults who have been in care', *Oxford Review of Education* 20:3, pp 361–74, 1994
- Corlyon J and McGuire C, *Young Parents in Public Care: Pregnancy and parenthood among young people looked after by local authorities*, London: National Children's Bureau, 1997
- Corlyon J and McGuire C, *Pregnancy and Parenthood: The views and experiences of young people in public care*, London: National Children's Bureau, 1999
- Dawson N and Meadows S (eds), *The Education of Pregnant Schoolgirls and Schoolgirl Mothers*, Bristol: University of Bristol, 1995
- Department of Health/Social Services Inspectorate/OFSTED, *The Education of Children who are Looked After by Local Authorities*, London: OFSTED, 1995
- Department of Health, *Guidance on the Education of Children and Young People in Public Care*, London: DfEE/Department of Health, 2000
- Glaser B G and Strauss A L, *The Discovery of Grounded Theory: Strategies for qualitative research*, Chicago: Aldine Publishing, 1967
- Hanna B, 'Adolescent parenthood: a costly mistake or a search for love?', *Reproductive Health Matters* 9:17, pp 101–05, 2001
- Hoffman L, Thornton A and Manis J, 'The value of children to parents in the United States', *Journal of Population* 1:2, pp 91–131, 1978
- House of Commons Health Committee, *Children Looked After by Local Authorities, Second report, Vol 1: Report and proceedings of the Committee*, London: The Stationery Office, 1998
- Jackson S (ed), *Nobody Ever Told Us School Mattered: Raising the educational attainments of children in care*, London: BAAF, 2001
- Jackson S, Ajayi S and Quigley M, *Going to University from Care*, London: Institute of Education, University of London, 2005

² For further information on this approach, see www.fostercare-scotland.org.uk/fostering/types/support_care.php

- Merriam S B, 'Assessing and evaluating qualitative research', in Merriam S B (ed), *Qualitative Research in Practice: Examples for discussion and analysis*, San Francisco: Jossey-Bass, 2002
- Musick J S, *Young, Poor and Pregnant: The psychology of teenage motherhood*, New Haven: Yale University Press, 1993
- NCH, *Factfile 2001: Facts and figures about children in the UK*, London: National Children's Homes, 2000
- Patel-Kanwai Obe H and Frances G, *Let's Talk about Sex and Relationships: A policy and practice framework for working with children and young people in public care*, London: National Children's Bureau, 1998
- Patel-Kanwai Obe H and Mackie S, *Let's Make it Happen: Training on sex, relationships, pregnancy and parenthood for those working with looked after children and young people*, London: Family Planning Association/National Children's Bureau, 2003
- Phoenix A, *Young Mothers?*, Cambridge: Polity Press, 1991
- Saunders L and Broad B, *The Health Needs of Young People Leaving Care*, Leicester: De Montfort University, 1997
- SCARE, *Preventing Teenage Pregnancy in Looked After Children*, Research Briefing 09, 2004; available from www.scie.org.uk/publications/briefings09/index.asp
- Seale C, 'Quality issues in qualitative inquiry', *Qualitative Social Work* 1:1, pp 97–110, 2002
- Skuse T and Ward H, 'Current research findings about the health of looked after children', Paper for Quality Protects Seminar: *Improving Health Outcomes for Looked After Children*, 6 December 1999, Totnes/Loughborough: Dartington Social Research Unit/Loughborough University, 1999
- Sinclair I and Gibbs I, *Children's Homes: A study in diversity*, Chichester: John Wiley & Sons, 1998
- Social Exclusion Unit, *Rough Sleeping: Report by the Social Exclusion Unit*, London: The Stationery Office, 1998
- Social Exclusion Unit, *Teenage Pregnancy*, London: The Stationery Office, 1999
- Stein M and Wade J, *Helping Care Leavers: Problems and strategic responses*, London: Department of Health, 2000
- Tabberer S, Hall C, Prendergast S and Webster A, *Teenage Pregnancy and Choice: Abortion or motherhood – influences on the decision*, York: Joseph Rowntree Foundation, 2000
- Teenage Pregnancy Unit, *Guidance for Field Social Workers, Residential Social Workers and Foster Carers on Providing Information and Referring Young People to Contraceptive and Sexual Health Services*, London: Teenage Pregnancy Unit, Department of Health, 2001
- Tyrer P, Chase E, Warwick I and Aggleton P, 'Dealing with it: experiences of young fathers in and leaving care', *British Journal of Social Work* 35:7, pp 1–15, 2005
- United Nations Children's Fund (UNICEF), *A League Table of Teenage Births in Rich Nations*, Innocenti Report Card No 3, Florence: UNICEF, 2001
- Utting W, *People Like Us: The report of the review of the safeguards for children living away from home*, London: Department of Health, 1997
- Vernon J, *Audit and Assessment of Leaving Care Services in London*, London: National Children's Bureau, for Department of Health and Rough Sleepers Unit, 2000
- Wellings K *et al*, 'Sexual behaviour in Britain: early heterosexual experience', *The Lancet* 358, pp 1843–50, 2001
- Wyler S, *The Health Needs of Care Leavers: A draft report to the King's Fund*, London: King's Fund, 2000

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