

Teenage Pregnancy and Parenthood Strategy and Action Plan 2002-2007  
Review

Response from the NSPCC Northern Ireland

September 2010

The NSPCC is grateful for the opportunity to respond to this review of the teenage pregnancy and parenthood strategy and action plan.

The NSPCC is the lead voluntary child protection agency in Northern Ireland and is unique among charities in having statutory powers by virtue of its Royal Charter and the Children (NI) Order, 1995. The NSPCC's authorised status is recognised in the Criminal Justice (NI) Order 2008 in relation to public protection arrangements. The NSPCC aims to end cruelty to children by seeking to influence legislation, policy, practice, attitudes and behaviours for the benefit of children and young people. This is achieved through a combination of service provision, public affairs, campaigning and education. The NSPCC employs approximately 150 staff in Northern Ireland providing a range of services. These include therapeutic work, family support, assessment, support for young people with sexually harmful behaviour, young witness support, counselling services in schools, Independent Visiting Services for young people in the care system, Child Protection in Sport and ChildLine. In addition, the NSPCC operates a 24 hour national Child Protection Helpline.

The NSPCC's ChildLine service (throughout the UK) receives nearly fifty calls a day from children who feel under pressure to have sex or lack basic knowledge about sexual health, relationships, pregnancy and puberty. Between April 2008 and March 2009, ChildLine counselled 9,398 children (4,500 girls/4,898 boys) who wanted to discuss issues related to the 'facts of life.' This accounted for more than six per cent of all calls to the ChildLine service. A further 2,361 children (1,276 girls and 1,085 boys) were counselled about 'facts of life' as an additional problem when they called to speak about other main problems. Children and young people of all ages rang for advice about the facts of life, although a larger proportion of calls (49 per cent) were from young people between the ages of 12 and<sup>1</sup> 15.).

In our response we have confined our comments to key actions and questions from the questionnaire which are of relevance to NSPCC's remit.

**Action1: Multi-Agency Implementation Group**

NSPCC was not represented on the Multi-agency group

**Action 4: Directories of Resources**

Please see below a link to a recent NSPCC NI research paper, "Sexual abuse and therapeutic services for children and young people in Northern Ireland: The gap between provision and need" by Dr Lisa Bunting, Paulene Anderson and Debra Allnock (March 2010), which you may find useful.

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<sup>1</sup>This statistic is based on calls where children and young people stated their age during the call. This was the case in 7, 038 of 9, 398 calls (75 per cent)

This reports on research carried out by the NSPCC into the availability and accessibility of therapeutic services for children and young people who have experienced sexual abuse in Northern Ireland.

This research maps the services provided for children who have been sexually abused currently provided by a range of voluntary, statutory and private sector organisations.

The research involved: searches of local and national information resources: a survey of service providers; follow-up interviews with providers and commissioners of services; focus groups with young people to find out more about their perceptions of current provision.

It can be found at:

[http://www.nspcc.org.uk/Inform/research/findings/sexual\\_abuse\\_therapeutic\\_services\\_ni\\_wda69617.html](http://www.nspcc.org.uk/Inform/research/findings/sexual_abuse_therapeutic_services_ni_wda69617.html)

### **Action 5: Programmes which incorporate sexual health issues and risk-taking behaviour**

Through its education work, NSPCC has been involved in conducting exploratory research to inform the development of school based preventative education aimed at teaching keeping safe messages to primary school children in Northern Ireland. This research was commissioned by the Department of Education and will be published early 2011. It highlights current practice and presents the views and perceptions of all key stakeholder groups including children, parents, teacher's and cross sector strategic partners. Early results indicate the following which is relevant to the Teenage Parenthood Strategy and Action Plan:

- Significant gaps in children's knowledge, understanding and self-efficacy with regard to recognising appropriate relationships e.g. appropriate and inappropriate touch, domestic abuse in the family
- Some teacher's reticence to teach sensitive material in the classroom and associated need for continuing professional development, training and ongoing support in this area
- Not all schools report implementing statutory Relationships and Sexuality Education programme
- Parent's willingness to support their children's learning of sensitive keeping safe messages in conjunction with a school based programme and, parent's expressed need for training and support in this area
- Lack of coherent cross sector partnership working at present in delivering keeping safe messages

### **Action 12: Improving Training for Teachers**

From our experience and research in education we consider it is imperative that up- skilling of teachers in this area is accompanied by capacity and confidence building among teachers. In such a sensitive area of the curriculum, teachers need to feel confident of their knowledge and skills in order to be effective. The provision of comprehensive continuing professional development training and support to teachers and other relevant professionals

working in the school setting in relation to relationships and sexuality education and teenage parenthood has the potential to deliver positive benefits across others areas of the curriculum presently being developed; including preventative education to teach keeping safe messages to children in relation to bullying, child abuse and domestic abuse, and pupil emotional health and wellbeing (PEHAW).

### **General Comments:**

The NSPCC is very supportive of measures to prevent teenage pregnancies and to provide accessible advice and guidance to young people to make safe and appropriate choices. The civil and criminal law and guidance in this area is complex and this is made more so in Northern Ireland by Section 5 of the Criminal Law Act (Northern Ireland) 1967. We have concerns however about conflicting regulations and guidance in relation to young people who are under the age of consent but who are sexually active. Since the publication of the Teenage Pregnancy and Parenthood Strategy, the Sexual Offences (NI) Order 2008 has come into existence and how its provisions relates to the Teenage Pregnancy Action plan need to be taken into consideration in this review.

The Order came into force in February 2009 and has sought to consolidate and strengthen the law on sexual offences in order to protect children and other vulnerable persons from exploitative sexual behaviour. As such under the legislation, it is illegal for any person of any age, including a person under the age of 16, to engage a young person under 16 in any form of sexual activity. The law is meant to apply equally to both genders irrespective of sexual orientation. Article 20 introduced special measures in relation to consensual sexual activity and young people under the age of 16 in relation to disapplying section 5 of the Criminal Law Act and mandatory reporting. There are also important exemptions in the Order for those providing counselling and medical advice to children designed to promote sexual well being.

The ACPC Protocol for Professional Staff provides guidance for staff in contact with children/young people who are sexually active in order to enable them to protect children/young people from abuse and exploitation as well as from sexually transmitted infections and unwanted pregnancies. It deals with reporting, referrals and sexual health but is causing difficulties for practitioners working in sexual health advice as there are complex considerations relating to the guidance as set out in **Gillick v West Norfolk and Wisbech Area Health Authority** [1985] 3 All ER 402 (HL) impacting on the criminal law and child protection procedures. It is essential that the guidance provides protection for children when this is necessary but does not deter them coming forward for confidential health advice. We are aware that work is underway both within the police and Public Prosecution Service and Department of Health, Social Services and Public Safety to provide improved guidance post the implementation of the Sexual Offences Order 2008. It is important that these developments are factored into the strategy.

We recommend the review should consider the implications of the introduction of the Sexual Offences Order and the ACPC guidelines in the review. NSPCC would be willing to discuss the possible implications further.

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