

HEALTH AND SOCIAL CARE

Consultation on the Pregnancy and Parenthood in Young People Strategy: Analysis of Responses

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Following its 2013 inquiry into teenage pregnancy, the Scottish Parliament's Health and Sport Committee recommended a stand-alone Strategy for Scotland on pregnancy and parenthood in young people. A draft Strategy was developed using a collaborative approach involving young people and was informed by the recommendations of the Pregnancy and Parenthood in Young People Strategy Steering Group. The Strategy is the first in Scotland to focus on pregnancy and parenthood amongst young people and aims to increase the choices and opportunities which will support the wellbeing and prosperity of young people across the life course. On 7 July 2015 the Scottish Government launched a consultation on the draft *Pregnancy and Parenthood in Young People Strategy* with written responses invited by 29 September 2015. Sixty-six responses to the consultation were received.

Main Findings

- There was broad support for the general principles and approach set out in of the draft Strategy.
- The main ways to ensure that agencies are co-ordinated in their approach to implementing actions aimed at delaying pregnancy in young people were considered to be: ensuring all agencies involved are sharing the same understanding of the issues and providing consistent messages; and improving the consistency of delivery and content of Relationships, Sexual Health and Parenthood Education in schools.
- Respondents recognised the relationships between the actions and the outcomes in the accompanying logic model, although some called for greater national action to underpin local actions toward the outcomes and thought that success would depend on adequate leadership, resources and universal implementation.
- There was broad support for Community Planning Partnerships (CPPs) being responsible for leadership in planning and delivery of the Strategy at a local level as this would help to promote a more holistic approach to addressing the issues.
- Existing integrated frameworks (such as CPPs, GIRFEC and the Family Nurse Partnership) were viewed as providing structures and systems for inter-agency work to ensure there is a co-ordinated approach to delivering the actions relating to pregnancy and to parenthood in young people.
- A recurring view was that whilst local systems are in place, some would need to be strengthened to enhance their effectiveness for undertaking the Strategy's actions.
- There were repeated concerns that barriers to effective, inter-agency data-sharing at a local level would need to be addressed.

Background

In 2013 the Health and Sport Committee of the Scottish Parliament held an inquiry into teenage pregnancy in Scotland. One of its recommendations was for a stand-alone Strategy which would address the issue of teenage pregnancy often being seen as primarily a health issue. The Strategy would also address the wider determinants which mean some young people are more likely than others to become parents and to experience disadvantage as a result of becoming a parent early in life.

A draft Strategy was subsequently developed using a collaborative approach and was informed by recommendations of the Pregnancy and Parenthood in Young People Strategy Steering Group, an expert advisory body to the Scottish Government. The Steering Group supported the development of the draft Strategy; guided its content; and provided leadership and guidance to develop a multi-disciplinary Strategy with full partnership agreement.

The draft Strategy was developed both with and for young people. Young Scot carried out a “co-design” process which sought the views of young people and young parents through an on-line survey and focus groups. In addition, the Scottish Government engaged with other local parenting groups, including young fathers in Her Majesty’s Young Offenders Institution Polmont, in order to obtain wider views.

A logic model and outcomes framework were drafted to help to articulate short, medium and longer term outcomes of the Strategy and was underpinned by review level evidence.¹

The Strategy is the first in Scotland to focus on pregnancy and parenthood amongst young people. It aims to increase the choices and opportunities available to young people which will support their wellbeing and prosperity across the life course. This will necessitate working across policy areas which enable and empower young people so that they feel a sense of control over their lives, allowing them to build self-efficacy and provide equality of opportunity for the future.

The Scottish Government published a consultation on the draft *Pregnancy and*

¹<http://www.gov.scot/Publications/2015/07/3144/12>

Parenthood in Young People Strategy on 7 July 2015 with written responses invited by 29 September 2015.² Accompanying documents were a policy mapping, the outcomes framework, the evidence review and reports from engagement with young people. The responses to the consultation are informing the refinement of the Strategy, which will be published in early 2016, and will help to identify how successful implementation can be achieved.

Overview of respondents

The Scottish Government received 66 written responses to the consultation: 56 were from organisations and 10 from individuals. Responses came from Third Sector organisations (the largest category of respondent), NHS bodies, local authorities, joint agency respondents, professional bodies, academics and faith organisations.

Delaying pregnancy in young people

Respondents considered that key ways to ensure agencies are co-ordinated in their approach to undertaking the actions aimed at delaying pregnancy in young people are to: ensure all parties share the same understanding of the issues and are providing consistent messages; improve the consistency of delivery and content of Relationships, Sexual Health and Parenthood Education (RSHPE) in schools; work collaboratively with effective communication and liaison between agencies; and involve young people in aspects of multi-agency work, such as planning strategy and providing feedback.

Other recommendations to ensure co-ordination in approach included: strong leadership; greater articulation of the role of the Third Sector; more explicit links with related legislation and policy; and greater use of public information fora.

National frameworks such as Curriculum for Excellence, the Children and Young People (Scotland) Act 2014 and Getting it Right for Every Child (GIRFEC) were identified as overarching structures within which local systems could deliver the actions. A general view was that whilst local systems are in place, some need to be strengthened and

²<http://www.gov.scot/Publications/2015/07/3144/downloads#res-1>

formalised in order to be more effective. Many examples were provided of local initiatives which respondents considered had the potential to support delivery of actions in the Strategy. Local systems which engaged with young people were highlighted in particular.

Overall there was much support for the actions in the draft Strategy and their relationship with the outcomes in the logic model, however a few respondents argued for greater national action to underpin local actions.

Many respondents identified areas which they perceived to be missing from this section of the draft Strategy. A recurring theme was that the section needs to recognise more explicitly the role of parents as key educators of their children and the implications this has for delivering preventative messages. Another repeated theme was that the Strategy should place greater emphasis on ensuring consistency across schools in their delivery of RSHPE. Another theme was that the Strategy should acknowledge that early pregnancy can be a positive choice for some young people.

Pregnancy in young people

A common theme was that existing integrated frameworks, such as Community Planning Partnerships (CPPs), do provide appropriate structures for inter-agency working required to take forward the actions in this section of the Strategy.

Respondents across a wide range of sectors considered that sharing of up-to-date and relevant information between agencies is essential to enable co-ordination. Inter-agency joint training was recommended by several respondents as a way of co-ordinating approaches to implementation. The need for a common approach and understanding of the issues between agencies, which includes ensuring confidentiality and not stigmatising young parents, was also a repeated view.

Existing integrated local frameworks and structures were identified which respondents considered would facilitate the inter-agency working needed to realise the actions. Some local authorities highlighted liaison work with local schools which they envisaged would contribute to taking forward actions on pregnancy in young people.

A recurring view was that whilst relevant local systems are in place, some need to be

strengthened to enhance their effectiveness in undertaking the Strategy's actions.

Whilst many respondents considered that the actions in this section of the draft met the outcomes in the logic model, others perceived there to be gaps, such as actions focused on vulnerable young people and those not in mainstream education.

A repeatedly identified omission from the section was information on abortion and in particular its potential impact on the physical and psychological health of the mother.

Third Sector respondents requested actions about making young people more aware of their rights relating to maternity, for example, employment, welfare and housing entitlements.

Parenthood in young people

A common theme was that existing integrated frameworks such as CPPs and the Family Nurse Partnership (FNP) provide the structures for ways of working within and between agencies which will help to ensure there is a co-ordinated approach to delivering Strategy actions on the theme of parenthood. Some respondents shared the view that more could be made of the potential contribution of Third Sector organisations in realising the Strategy outcomes in relation to parenthood in young people.

Respondents identified national frameworks such as Integrated Children's Services Plans, the Named Person and the FNP as systems to for undertaking the actions in this section, in addition to a host of local systems and services.

The actions were considered generally to meet the outcomes in the logic model although a few respondents perceived this to be dependent on adequate leadership, resources and whether they are implemented universally.

A recurring theme was that the inclusion of, and engagement with, young fathers were missing from this section with recommendations that more detail be included on the opportunities available to young fathers and what is expected of them in relation to parenthood. More detail on different aspects of parenting was also called for, including the role of the young person's parents and grandparents.

Issues relating to behaviour change, such as breastfeeding and smoking, were also identified as significant omissions from the parenthood section of the Strategy.

Leadership and accountability

The majority of those who addressed the leadership and accountability theme supported the proposal that CPPs should be responsible for leadership in planning and delivery of the Strategy at a local level. A recurring view was that this would promote a more holistic approach to challenges addressed by the Strategy and would broaden what some considered to be the current overly narrow conceptualisation of these challenges as health issues. Another key advantage raised by a few was that CPP leadership would enable sharing of information, resources and skills amongst partners.

Some concerns were raised over the capacity of CPPs at present to accommodate the demands of delivering the Strategy at a time of significant competing priorities, particularly in relation to dovetailing with the Health and Social Care Integration Boards.

A number of respondents focused on barriers to local data collection, with the most commonly identified barrier being the lack of compatibility between the datasets and systems of different agencies. Common barriers were perceived to be: different methods of data collection and record-keeping; different data sources; lack of consistency across agencies in the nature of data collected; inaccessible information technology systems; out-of-date and missing information; and different protocols on levels of inter-agency data-sharing and approaches to data protection.

Engagement with young people

Many examples of good practice, both national and local, were identified by respondents relating to engagement with young people. GIRFEC and Home Starts across Scotland were identified amongst those at the national level. Examples of regional and local initiatives included those led by peers; projects to support vulnerable young people; schemes aimed at engaging more effectively with young people; initiatives using social and text media;

joint work with education; general support schemes; and initiatives aimed at looked-after young people.

Additional issues and good practice

Respondents identified issues which they felt merited further attention in the final version of the Strategy. These included: ensuring the target age range is clearer and consistent; ensuring the Strategy's aims are clear and upfront; addressing the role of the father more comprehensively; paying greater attention to the potential role of peer support; and acknowledging more explicitly the potential role of wider influencers, such as local authority staff in community settings, who could play a key part in raising awareness and providing information.

Equality considerations

Two key themes dominated responses. A recurring view was that the delivery of messages on pregnancy and parenting in young people across the entire local authority school sector is not consistent due to some denominational schools not delivering the information on account of religion or belief.

Another repeated view was that the Strategy requires to set out more targeted action for young people with learning disabilities and other additional needs.

A few respondents considered that the needs of LGBT young people should receive greater attention in the Strategy. Others mentioned addressing the needs of those in forced marriages; females with genital mutilation; gypsy and travelling young people; and young pregnant people who may not necessarily identify as female.

Opportunities emerging in the Strategy for those with protected characteristics were identified. It was felt that because of the Strategy, support staff will be better trained and informed and less judgemental; the needs of young people will be more fully considered; and support for young men will improve.

How to access background or source data

The data collected for this social research publication:

- are available in more detail through Scottish Neighbourhood Statistics
- are available via an alternative route: the responses will be published on the Scottish Government website.
- may be made available on request, subject to consideration of legal and ethical factors. Please contact <email address> for further information.
- cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.



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