The Scottish Government
Riaghaltas na h-Alba

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

HEALTH AND SOCIAL CARE

social research

Contents

Executive Summary

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 informed by the recommendations of an expert 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 available to them which will support their wellbeing and prosperity across the life course.

On 7 July 2015 the Scottish Government launched an open consultation on the draft *Pregnancy and Parenthood in Young People Strategy,* with written responses invited by 29 September 2015. Sixty-six responses were received and a summary of the views expressed in those follows. The views are those of the respondents to this consultation and do not necessarily represent the views of a wider population.

Delaying pregnancy in young people

Respondents considered that key approaches to ensuring agencies are co-ordinated in their approach to taking forward the actions aimed at delaying pregnancy in young people are to: ensure all parties are providing consistent messages and share the same understanding of the issues; 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 develop to take forward the actions. A general view was that whilst local systems are in place, some need to be strengthened and formalised in order to be more effective.

Many examples were provided of local initiatives which respondents considered had potential for taking forward the actions in the draft 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 towards the outcomes.

Many respondents identified areas which they perceived to be missing from this section of the draft Strategy. Amongst these 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.

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 to implement 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 in working. Inter-agency joint training was recommended by several respondents as a way of co-ordinating approaches to delivering actions on pregnancy. 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 shared view.

Existing integrated local frameworks and structures were identified which respondents considered facilitated joint working between agencies in taking forward the actions. Some local authorities highlighted liaison work with local schools which they envisaged would contribute to delivering this section"s actions.

A recurring view was that whilst relevant local systems are in place, some need to be strengthened to enhance their effectiveness in taking forward the Strategy"s actions.

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

A key topic identified repeatedly as omitted from the pregnancy section was information on abortion and in particular the potential impact of abortion on the physical and psychological health of the mother in particular.

Third Sector respondents requested additional actions relating to 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 structure for ways of working within and between agencies which will help to ensure there is a co-ordinated approach to taking forward the actions in this section. Some respondents shared the view that more could be made of the potential contribution of Third Sector organisations in realising the Strategy in relation to parenthood in young people.

Respondents identified national frameworks such as Integrated Children‟s Services Plans (ICSPs), the Named Person and the FNP as systems to take forward the actions in this section, in addition to a host of local systems and services.

The actions were considered generally to link to the outcomes in the accompanying 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, fathers was 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 requiring inclusion in the Strategy in the parenthood section.

Leadership and accountability

The majority of those who addressed the issue of leadership and accountability supported the proposals that CPPs be responsible for leadership in planning and delivering the Strategy at a local level. A recurring view was that this would promote a holistic approach to addressing the issues and would broaden what some considered to be the current overly narrow focus on health. 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 related to dovetailing with the Health and Social Care Integration Boards.

Some respondents focused on barriers to local data collection and sharing with the most commonly identified barrier being lack of compatibility between the datasets 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 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 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 parents.

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 themes dominated responses about potential impacts of the Strategy on equalities. 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 particular 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, informed and non-judgemental; the needs of young people will be more fully considered; and support for young men will improve.

To counteract any potential negative impacts on equality respondents recommended: ongoing consultation and engagement with young people and their representative bodies; tailored guidance for specific groups; ongoing staff training to keep them abreast of issues; additional resourcing for special circumstances such as using interpreters; and ensuring national policy is consistently applied, regardless of individual schools‟ religious beliefs.

Evidence and research

Many respondents identified what they perceived to be additional high level evidence for consideration alongside that already supporting the draft Strategy. The key topics addressed in the material cited were: school-based sex education; parental involvement in young person‟s sexual health; young fathers; young people at transitions; methodological approaches on researching the themes of the Strategy; influence of home-visiting support; wider influences on early pregnancy; young parents and babies in prison; and the wider economics of early pregnancy.

1. Introduction

In 2013 the Health and Sport Committee of the Scottish Parliament held an inquiry into teenage pregnancy in Scotland.[1] One of its recommendations was for a stand-alone Strategy for Scotland which would address the issue of teenage pregnancy often being seen as too narrowly a health issue. The Strategy should also aim to address wider social and economic determinants which mean some young people are much 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 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 Scottish Government launched a consultation on the draft *Pregnancy and Parenthood in Young People Strategy* on 7 July 2015 with written responses invited by 29 September 2015.[2] The Strategy proposed a number of specific actions in relation to the following themes:

- Delaying pregnancy
- Pregnancy
- Parenthood
- Leadership and accountability
- Engaging with young people
- Equalities

The consultation also asked respondents to identify topics which were missing from the draft, examples of good practice which could facilitate implementation and be useful to others, and evidence to underpin the Strategy and its implementation.

Accompanying documents were a policy mapping, outcomes framework and supporting evidence, and feedback from engagement with young people. The responses to the consultation will inform the refinement of the draft and will help to identify how successful implementation can be achieved.

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

[1] http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/58031.aspx

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

The outcomes framework with four nested logic models was developed to help to articulate short, medium and longer term outcomes of the Strategy which was underpinned by review level evidence to inform the outcomes framework.[3]

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 involve working across Scottish Government 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 providing equality of opportunity for the future.

Consultation responses

The Scottish Government received 66 written responses to the consultation. Table 1 shows the distribution of responses by category and a full list of respondents is in Annex A. The category applied to each respondent was agreed with the Scottish Government. Where respondents did not fit obviously into one category, a decision was made on the closest match and a consistent policy followed.

Table 1: Distribution of responses by category of respondent

Category	No. of respondents	% of all respondents*
Third Sector	18	27
NHS Body	11	17
Joint/Multi-agency	10	15
Professional Representative Bodies	7	11
Local Authority Education/Children/Young People's services	4	6
Academic	3	5
Faith	2	3
Other	1	2
Total organisations	**56**	**85**
Individuals	10	15
Grand total	**66**	**100**

*Percentages may not add to totals exactly due to rounding.

[3] http://www.gov.scot/Publications/2015/07/3144/12

Eight-five percent of responses were submitted by organisations; 15% were from individual respondents. The largest category of respondent was Third Sector organisations comprising 27% of all respondents.

Content from the responses was entered onto a bespoke electronic database to enable comparison of views and analysis.

Analysis of responses

The analysis of responses is presented in the chapters which largely follow the order of the questions in the consultation paper.[4] The consultation contained 20 questions all in an open format. The analysis is based on the views of those who responded to the consultation and are not necessarily representative of the wider population.

Throughout the report quotes taken directly from responses have been used to illustrate specific points. These were selected on the basis that they enhance the analysis by emphasising specific points succinctly. Quotes from a range of sectors were chosen where the respondents have given permission for their response to be made public.

Respondent categories have been abbreviated in the report as follows:

Academic	Acad
Joint/Multi-agency	Joint
Local Authority Education/Children/YP Services	LA
NHS Body	NHS
Third Sector	Third
Other	Oth
Professional Representative Bodies	Prof Rep
Individuals	Ind

[4] Question 16 of the consultation is out of order in a later chapter to reflect its general nature. Question 13 asked respondents to identify evidence which should be considered in addition to the references in the review of high level evidence which accompanied the consultation paper. References are listed in Annex B.

2. Delaying Pregnancy in Young People

One of the long-term aims of the Strategy is a "Reduction in teenage pregnancies and subsequent unintended pregnancies". The proposed associated actions for this strand of the Strategy explore ways of delaying pregnancy in young people. They focus on providing young people with the knowledge and services they need so they can make informed choices; and preparing young people for potential parenthood.

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

Forty-four respondents addressed this question. Four main themes emerged from their responses.

Ensuring all parties provide consistent messages

Respondents across a range of sectors highlighted the importance of all relevant parties from strategic groups and multi-disciplinary networks such as Joint Health Improvement Teams, to frontline staff such as teachers and health visitors, sharing the same understanding of the issues and being aware of the key messages to transmit. Several respondents emphasised their view that consistency in approach and communication is crucial to aid a co-ordinated approach within and between agencies.

The wide range of organisations and personnel coming into contact with young people and with the potential to play significant roles in taking forward the actions was acknowledged by many respondents, with some advocating joint training across different disciplines to help ensure standardised approaches. Training relating to delivering RSHPE was highlighted specifically in this regard.

Effective delivery of sexual health education in schools

Delivery of sexual health education in schools was identified by a few respondents as an area with potential for improvement in terms of content and consistency. One respondent (NHS) suggested that teachers require more knowledge and confidence in this area; another commented that education frameworks for RSHPE in their area have been beneficial in guiding teaching staff to learning outcomes (Joint). Despite a general agreement that consistency in delivery is important, a few respondents cautioned that sensitivities associated with the beliefs and faiths of different groups exist and these need to be addressed if consistency is to be achieved.

One respondent (NHS) argued for local authority Directors of Education to be tasked with ensuring a co-ordinated and standardised approach to the delivery of RSHPE, allowing for age and stage appropriate discretion to be applied.

Examples were provided by local authority and NHS respondents of current effective joint working between NHS and education colleagues (e.g. in NHS Tayside). One local authority respondent referred to the involvement of guidance teachers in signposting to relevant NHS services, such as their pop-up clinics.

Although supporting an emphasis on school contexts for delivery of messages, one respondent (Prof Rep) urged that consideration is also given to engagement with and delivery of messages to those attending school infrequently.

Joint working and planning between agencies

Another common theme to emerge was that multi-agency working in a collaborative manner will help ensure that there is a co-ordinated approach to taking forward the Strategy actions. Mention was made of existing joint working by CPPs, Integrated Children"s Services Plans, GIRFEC groups and Sexual Health Strategy Groups.

Whilst the existence of these groups was acknowledged as providing potentially effective frameworks for co-ordinating approaches, several respondents emphasised the need for the groups to communicate and liaise in order to work efficiently in relation to delivering the actions. Examples were provided of a sexual health strategy group reporting to a Children"s Services Executive Group; and the inclusion of the Children"s Health and Social Care Services in North Ayrshire"s Health and Social Care Partnership which was viewed as:

> "…a key strength to us in taking forward the actions of section one as it enhances opportunity for joint working, increased accountability, integrated planning and co-ordination of actions which are young people centred" (North Ayrshire Health and Social Care Partnership).

One individual respondent suggested that groundwork, including mapping of relevant local services and agencies, should precede the establishment of collaborative networks. Joint planning and multi-agency working were viewed as enabling joint plans and shared commitment towards agreed goals and vision.

A few respondents highlighted what they perceived to be the need for a communication strategy to be developed alongside multi-agency working to strengthen and underpin its effectiveness.

Involvement of young people

Nine respondents across a wide range of sectors specifically recommended involving young people in aspects of multi-agency working, such as planning strategy or providing feedback. One respondent (Joint) referred to their strategic plans containining explicit commitment to working with young people. Another (NHS) advocated local authorities developing ways of enabling young people to have an input into how RSHPE is delivered in the classroom. One local authority body commented:

> "NHS Borders has an excellent working relationship with the voluntary youth sector and are proactive in our approach to improving outcomes for young people who may be more at risk of poor sexual health outcomes or unwanted

pregnancy. The Joint Health Improvement Team have a Service Level Agreement with YouthBorders to deliver some of the more operational aspects of this work which enables us, in partnership, to capitalise on the relationships that the youth work organisations have with the young people who engage with them. Often these are young people who do not engage with services through more formal methods and enables us to take a more targeted approach" (Scottish Borders Children and Young People"s Leadership Group).

One respondent (Third) recommended exploring communication tools such as social media as a means to engage with young people and their representative organisations.

Other themes

Several other suggestions were made for ways of working to enable a co-ordinated approach across agencies:

- Strong leadership (3 mentions).
- Articulation of the precise role of the Third Sector in multi-agency working, for example, which organisations would be involved and would new ones be required. Strengthen the partnership between the Third Sector and statutory organisations (2 mentions).
- More explicit links to be made with related legislation and policies (e.g. Children and Young People (Scotland) Act 2014 and the new Looked After Children"s Strategy) (2 mentions).
- Greater use of websites/forums/public information (e.g. to raise awareness of pharmacist expertise) (2 mentions).
- Ensure a joined-up approach with the Named Person service (2 mentions).
- Physically co-locate senior managers across relevant disciplines such as education, health and social services in order to provide greater opportunity for planning; ensure access to relevant records is shared across agencies (1 mention).

Question 2: Are there local systems in place to take forward these actions?

Thirty-four respondents addressed this question. Whilst one respondent (Prof Rep) commented that the existence of local systems to take forward these actions will vary according to Health Board and local authority priorities and budget, several others considered that national frameworks such as Curriculum for Excellence, the Children and Young People (Scotland) Act 2014 and GIRFEC provided overarching structures within which local systems could develop. Two respondents (both Joint) highlighted CPPs as supporting the existence of local systems; mention was also made of the newly formed Health and Social Care Partnerships in this regard.

Partnership working

Several respondents provided examples of what they considered to be effective partnership working in their area which provided vehicles to deliver the actions. One respondent remarked:

> "Dumfries and Galloway has a long history of good partnership working and links are well established" (Dumfries and Galloway Teenage Pregnancy Working Group).

Included amongst more specific examples of integrated partnership working were: Lanarkshire's Sexual Health Service (Third); NHS Tayside's Sexual Health and Blood Borne Virus Managed Care Network (BBVMCN) and its subgroups (NHS); Perth and Kinross Sexual Health and BBV Strategy Group which reports to and is guided by NHS Tayside's Sexual Health and BBVMCN (NHS); East Lothian's Children's Services Partnership (LA); and The Corner (jointly funded by Dundee City Council and NHS Tayside) (Joint).

A few respondents made especial mention of existing links between education and NHS in the context of local systems. One individual respondent highlighted Local Learning Community Partnerships, comprising local council, primary and secondary school, voluntary and NHS partners. A local authority body also cited NHS and school links as effective in their area.

Specific initiatives

Several respondents identified specific initiatives and organisations within their areas which they considered had potential to support implementation of the actions and which might offer models for others to look to. Examples included:

- Moray Parenting Model (to be reviewed by Wave Trust with discussions about how to take this forward).
- Sandyford Services in NHS Greater Glasgow and Clyde.
- Children and Adolescent Mental Health Services (CAMHS).
- Funding of two dedicated nurses to work with the most chaotic and vulnerable young people across North and South Lanarkshire.
- West Lothian Supporting Young People Service (the "Chill Out Zone").
- Roll-out of the Sexual Health and Relationship Education plan in Glasgow, a sex education programme delivered to pupils from P1 to S6.
- Programmes offered in Scotland's Catholic schools ("God's Loving Plan" in primary schools and "Called to Love" in secondary schools).

Systems which engage with young people

Many respondents highlighted local systems which aim to engage with young people. Mention was made of initiatives supported by partnership working between the local council and Save the Children (Joint). Joint work between the National Society for the Prevention of Cruelty to Children (NSPCC) and Barnardo's with

young offenders in HMP Polmont was described as “inspiring” (Prof Rep). One individual identified the local Youth Strategy Implementation Group which brings together a wide range of local partners. The involvement of young people in delivering NHS Lanarkshire‟s Sexual Health Service was mentioned as was the CPP Youth Alliance (Third).

Joint working with young people in development of the relevant curriculum was identified (Joint); another respondent (Third) reported the involvement of young people in decisions on how to approach RSHPE teaching in schools.

One local authority described a pilot in two West Lothian schools in which staff have been trained to deliver a primary programme of study for RSHPE. The programme is now ready to roll out to all primary schools, with a secondary school programme also developed.

Another respondent (NHS) outlined joint working between the Dumfries and Galloway Health and Well Being Unit and education colleagues to support RSHPE.

Local systems identified as having potential for improvement

A general theme across several responses was that whilst local systems are in place which could support the actions, some need to be strengthened and formalised in order to be effective. Mention was made of weak electronic infrastructure where work is required to join up systems and allow for sharing of information (Third); clearer reporting “pathways” were called for to ensure shared accountability between health, social care and education (Ind); stronger mechanisms for accountability for monitoring work towards the actions were requested (Prof Rep).

Gaps were identified in advising and educating supported carers in providing relationship and sexual health advice to young people staying with them (Joint). One respondent (Third) considered that CPP and local systems do not have the necessary relationship expertise to take forward the actions.

Calls were made for local RSHPE to be based on more standardised information (NHS, Ind). One respondent (Prof Rep) reported the challenges which some NHS Health Boards are having in providing generic and sexual health information and clinical services in or near schools, one issue being acquiring premises for delivery. Another (Third) identified a gap in support which can be offered to vulnerable 16 and 17 year olds who require sexual health services or pregnancy services. It was argued that if they have not previously been engaged with the child protection system this creates a gap in service provision.

Question 3: Do you think the actions meet the outcomes in the logic model?

Thirty-six respondents addressed this question. Overall there was much support for the actions and their relationship with the outcomes in the logic model. Fifteen respondents across a wide range of sectors were clear that they considered the actions do meet the outcomes, however, one respondent (Joint) felt it was difficult

to link them directly with each other. Specific praise was given to what was perceived to be the emphasis on inter-agency working as opposed to focusing solely on health (Joint). Three respondents singled out for praise the action for schools, youth work and local authorities to engage young people in the develpment of the RSHPE curriculum in schools.

A few respondents argued for greater national action to underpin local actions towards the outcomes. Calls were made for national level influence over the content of core training content within teacher training courses to embed relevant health topics (two NHS respondents and one Joint respondent). Another respondent (Joint) recommended national leadership around RSHPE and curriculum developments and a stronger national preventative message.

Several respondents across a range of sectors cautioned that the effectiveness of the actions in meeting the outcomes would depend on factors such as leadership, level of support, financial underpinning, robust monitoring, review and enforcement. One commented:

> "...we do need to ensure that we have the funding and resources to deliver these objectives in health education, justice and the third sector. The logic model is a fantastic approach but only if it becomes a working model and just not an undeliverable aspiration" (Royal College of Midwives).

One respondent (Joint) urged that allowances must be made for local judgement based on local circumstances and needs.

Three respondents (NHS, Acad, LA) perceived a lack of specificity in the actions to potentially threaten their effectiveness. One commented that many of the activities are:

> "....primarily statements, rather than actionable activities that will result in achieving short, medium or long-term outcomes" (MRC/CSO Social and Public Health Sciences Unit, University of Glasgow).

Greater consistency in language across the outcomes framework and strategy was called for by one respondent (Joint) in order to make the actions to outcomes pathway clearer.

Views on ways to improve the actions

Many respondents suggested additions or revisions to the actions which they considered would improve them and their impact on outcomes. The following were documented by three or fewer respondents:

- Actions relating to engaging with young men.
- Acknowledgement that engagement with young people in a school setting should not be exclusive to teaching professionals, but multi-agency teams can also undertake this.

- Action which fully engages parents and encourages conversations between children and adults (the Talk Together initiative in NHS Greater Glasgow and Clyde was mentioned in this regard).
- More information on sexual abuse and domestic violence to be delivered by schools and their partners.
- More action needed relating to tackling stigma.
- Clarity required on the rights of all children and young people to high quality RSHPE regardless of educational setting.
- Greater emphasis on causes and responses needed in the logic model, for example, the importance of mental, emotional, social and physical wellbeing in terms of delaying pregnancy.
- Action on expert training for practitioners so that they can educate and develop young people.
- Clearer recognition and acknowledgement of the contribution of the voluntary sector in prevention and in supporting young parents.
- Action to empower all young people (not just those attending school) to understand the options available.

Question 4: Is there anything missing in this section?

There were 42 responses to this question. Of these, two (Acad, Joint) considered nothing was missing from the section; all but one of the others highlighted general or specific areas which they perceived as either missing altogether or which required to be strengthened or amended; one respondent requested deleting one part of the section.

General views

A few respondents recommended that the Strategy take cognisance of the wider context of social health and health inequality determinants (Joint); wider evolutionary theory (Ind); unconscious bias and influence (as opposed to focusing solely on what the respondent perceived to be a "rational actor" model) (Ind); and broader resilience and protective factors such as access to leisure and culture (NHS). One respondent called for reference to experience and lessons learned from other countries (Joint). Another (Prof Rep) highlighted local and individual factors which they felt could inhibit the implementation of the national Strategy (such as religious views; parental pressures; school and local authority policies) and called for more information on what support may be needed at local level to overcome these.

There was a shared view amongst a few individual respondents that the Strategy presented a negative view of pregancy amongst young people and missing was consideration of the potentially positive aspects for some, such as personal choice (perhaps underpinned by local culture or religion), access to services and help. Two respondents (LA, NHS) referred to the need to challenge myths which arise, for example, from the way young parents may be portrayed in the media. One

respondent (NHS) argued for better use of social media to deliver the Strategy‟s messages.

Other views on general aspects of the Strategy which could be strengthened at this point were:

- Mention of methods of communication for vulnerable groups of young people such as those with disability, cultural and language differences, looked after children, lesbian, gay, bisexual and transgender (LGBT) young people, those with mental health concerns (NHS, LA).
- Information on how the actions will be resourced (particularly by Third Sector organisations) (Prof Rep, Joint).
- Greater recognition that preventative work should be a high priority (NHS).
- Evidence of clear, cross-department leadership from the Scottish Government (Joint).

Identification of general aspects missing from the section

A few respondents identified topics which they considered had been overlooked in the draft and required inclusion in the section on delaying pregnancy. These included:

- Tailored sexual education for young people in alternative educational settings and looked after young people (Acad, Joint).
- Consistent and appropriate advice about contraception for young people who are in faith schools or independent school settings (LA, NHS).
- Highlighting early in the section the association between sexual behaviour and current/previous sexual abuse and exploitation in order, for example, to inform age and stage appropriate conversations (Acad).
- Acknowledgement and information on the role of grandparents as role models and educators (Third).
- Awareness raising of Foetal Alcohol Spectrum Disorder (Third).
- Importance of marriage and relationship stability and impact of family breakdown (Third).
- Actions around preventing and tackling gender-based violence (NHS).
- Role that faith communities and wider values education can play in reducing teenage pregnancy (Third).

A few respondents requested clarity on concepts and terms used in the section with “sexual competence”, “creating a positive culture” and “youth friendly” the key ones highlighted. Their view was that elaboration on these terms was missing at present and the Strategy should provide greater meaning in order to strengthen their use.

Where more detail is required

A recurring theme was that the section needs to recognise more explicitly the role of parents as key educators of children and young people and the implications this has for delivering preventative messages. Calls were made for parents to be involved in discussions about RSHPE, included in conversations about their children"s risky sexual behaviour, and for the potential of parents to deliver preventative messages to be explored further. One respondent (NHS) recommended that the section identify potential wider influencers on young people, for example, adults within sports contexts. A few (NHS, Joint) suggested that the role of the voluntary sector in prevention and supporting the Strategy required more detail overall as this did not appear to be sufficiently recognised in the current draft. Two respondents (Prof Rep, NHS) requested that more be made of the place of General Practice in delivering educational messages and collaborative working with others.

Another repeated theme emerging from respondents across a range of categories was that the Strategy needs to place greater emphasis on ensuring consistency in school RSHPE delivery and quality of message. Some requested more information on training of teachers to delivery this education, particularly those still undergoing teacher-training and those attending Continuing Professional Development (CPD). One respondent (Third) recommended RSHPE delivery training for those who come into regular contact with young people but who are not sexual health professionals.

Three respondents (Joint, Ind, Third) identified links to mental health and wellbeing as lacking in the section. Another (Third) recommended more emphasis on those at risk of early pregnancy (e.g. care leavers, those not in education, and so on). One respondent (Oth) suggested that greater focus on the link between early pregnancy and grooming/sexual exploitation and abuse as underlying factors would be appropriate for the Strategy. One Academic highlighted that children and young people who have experienced such adversity will require sensitive handling by professionals and carers and the delivery of standard RSHPE in this context could be challenging.

Recommendations for stronger links

It was considered that more explicit links between the draft Strategy and the *Sexual Health and Blood Borne Virus Framework* should be made (Joint). Clearer links were also requested with community pharmacy, particularly in the context of developing a national youth friendly charter with a role for community pharmacy to provide information and to link with schools (Prof Rep). Others recommended more emphasis on links with:

- Universal maternal and child services around perinatal mental health and wellbeing (Joint).
- Drugs and alcohol policy frameworks (Ind).
- Third sector and community youth services (NHS).

Recommendations for removal from the section

One respondent (Faith) disputed what they perceived to be the assertion that it is necessary to combine RSHPE with the provision of sexual health services and emphasised their view that Catholic schools cannot be required to offer such services or to signpost young people towards them. On that basis, they requested that the proposal that sexual health service drop-in centres be situated "in or close to" schools be removed from the final Strategy.

3. Pregnancy in Young People

The aim of this strand of the Strategy and its associated actions is to ensure that young women who have conceived are provided with objective and non-judgemental information and the support they require to be able to make an informed choice regarding how they proceed with their pregnancy.

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

Thirty-four respondents addressed this question, however six of these simply referred to their response given previously for question one. Several dominant themes emerged and are reported below.

Existing integrated frameworks

A common theme across several respondent categories was that existing integrated frameworks provide the structure for inter-agency working to take forward the actions on pregnancy in section two. CPPs were mentioned as providing broad supporting structures, whilst more targeted partnerships such as the FNP or a local authority teenage pregnancy working party were also cited as providing facilitating structures for inter-agency working.

Other frameworks identified in this regard were GIRFEC, Integrated Care Pathways (seen as providing person-centred frameworks), the legislative vehicle of the Children and Young People (Scotland) Act 2014 and the inclusion of inter-agency activity within ICSPs.

Regular joint meetings bringing together education and NHS agents were provided as an example of a local way of working in one local authority which would help to ensure co-ordination in delvering the section two actions.

Shared information and communication strategy

Respondents from a range of sectors considered that sharing information (on local services available and on young people) between agencies is essential to enable co-ordination in working. They emphasised the need for information to be up-to-date, relevant and readily accessible across agencies. The need for formal communication strategies across agencies and in local areas was raised by two NHS respondents.

One respondent (Third) suggested holding joint information events for young people and parents, with input from across professional services, including local police and social services.

Joint training across agencies

Inter-agency joint training was recommended by several respondents across different categories as a way of co-ordinating approaches. One respondent (Third) emphasised their view that such training should be delivered at all levels, including school support staff and school nurses. The importance of high quality training for those implementing these actions was stressed (Prof Rep).

Shared understanding and approach

A common approach and understanding was viewed as particularly important in executing the actions at section two. Key themes were ensuring confidentiality and not stigmatising young parents. One respondent remarked:

> "Confidentiality will always remain an issue for young people. Again there are discrepancies in how different agencies operate and view matters" (Action for Sick Children Scotland).

One respondent (Joint) commented that communication between staff working with young people and the young people themselves could be improved; another (Prof Rep) called for more open and encouraging approaches. One Faith respondent envisaged that their congregations could provide a place where young people can feel safe, listened to and properly supported in a non-judgemental manner.

An NHS respondent emphasised the importance of confidential pathways for reporting concerns about child protection issues.

Other themes to emerge

Several other suggestions were made for ways of working to enable a co-ordinated approach across agencies:

- Adequate resourcing of inter-agency work (3 mentions).
- Clear lines of responsibility for different actions (1 mention).
- Strong local guidance and leadership (1 mention).
- Effective signposting to appropriate agencies (1 mention).
- Clear monitoring and reporting systems (1 mention).
- Use of user feedback to inform local inter-agency strategy (1 mention).

Question 6: Are there local systems in place to take forward these actions?

This question was addressed by 28 respondents although two just referred to their previous responses; one (Joint) stated simply that local systems are in place; and three (two Professional Representative Bodies and one Third Sector respondent) considered that the existence of relevant local systems varied by authority or school.

Six respondents across several sectors highlighted integrated local frameworks and structures which they considered faciliated joint working between agencies in taking forward the actions. These partnerships were viewed as having the potential to support joint arrangements for training, referrals and so on. One respondent (LA) described a one-off seminar on teenage pregnancy, attended by relevant agencies in which evidence, frameworks and actions were discussed.

Five respondents including three local authorities highlighted systems set up in local schools which they perceived as suitable for delivering the actions on pregnancy. Effective referral pathways and links with NHS services were identified in particular, with a few suggesting that by formalising the Named Person service, such systems would be strengthened.

Examples of local systems and services

Examples of local systems and services which respondents considered would support implementation of the actions included:

- Sure-Start (involving both young mothers and fathers) (LA).
- Special needs in pregnancy service in which young people with complex needs can get co-ordinated support (Joint).
- Local multi-agency Teenage Pregnancy Pathway which supports access to services (NHS).
- Sexual Health website with access from school premises (NHS).
- Dedicated midwife for vulnerable families (NHS).
- Community-based support programmes co-ordinated with midwifery services (Joint).
- Support for local implementation of the FNP (Joint, LA).
- Arrangements for prompt referral outwith area where local abortion services are not available (e.g. due to number of weeks of gestation) (Joint).
- Prompt referral from sexual health nurse to hospital for termination, which does not require doctor referral; prompt referral to midwife if a young person is continuing with their pregnancy (LA).
- Local mandatory training on child protection for all NHS staff (NHS).
- Clear child protection pathways to be followed (NHS).
- Deployment of voluntary “befrienders” for young people with mental health issues to provide emotional support through their pregnancy and beyond (Third).

Challenges to local systems in taking forward actions

A recurring view, largely amongst Joint respondents, was that whilst local systems are in place, some need to be strengthened to make them more effective. Enhanced local leadership and guidance underpinned by adequate resourcing was called for (Joint, NHS); and more efficient referral mechanisms were recommended, for example between schools and GPs, Sexual Health Clinics and maternity services (Joint).

One respondent (Third) considered that effective communication and engagment of all relevant organisations was challenging in their area. Another commented:

> "We are aware that there are links in place across a range of services however we feel that there is scope to improve these to fully ensure young people can access the full range of appropriate support should they find themselves potentially pregnant. There is work to be done around associated stigma for young people, and also scope to strengthen networks of peer support and community based youth networks. We know that young people in those environments often have very strong support and one good adult who they know who may and who will support them in a non judgemental way" (East Renfrewshire Community Planning Partnership).

A Third Sector respondent focused on a potential situation whereby a couple wish to be supported together but they attend different educational establishments. In this situation the respondent considered that alternative arrangements for support should be in place locally, such as youth workers being involved.

One respondent (Joint) suggested that large Health Boards with both centrally and locally managed systems may find it challenging to implement some of the actions on account of geography and distances to travel to access services.

Taking forward actions in local schools was viewed as dependent on the agreement of the relevant headteacher and parents, according to one respondent (Joint); another (Ind) recommended an inspection model in schools to ensure improvement objectives relevant to the actions are met.

Question 7: Do you think the actions meet the outcomes in the logic model?

Thirty-two respondents addressed this question. Of these, 14 across seven different categories considered that the actions broadly met or contributed to the outcomes in the logic model. A further three respondents felt that the actions had potential to meet the outcomes, but only if supported with appropriate leadership, funding and organised implementation. One respondent (Joint) expressed difficulty linking the actions with the outcomes.

Other respondents perceived there to be gaps in the actions. Two recommended more focus on vulnerable young people or those those not in mainstream education

(both Joint respondents); another (NHS) perceived a gap to be supporting pregnant young people within school. Two respondents (LA, Prof Rep) called for actions relating to postnatal contraceptive support; one respondent (LA) considered that the actions should include more emphasis on the input from the Third Sector.

One view (Joint) was that hurdles exist for some young people in accessing the services planned. Examples were provided of difficulties accessing services due to geography and cost of travel and also the additional challenges faced by young people whose English is an additional language in booking ante-natal services.

The action on page 18 of the draft Strategy relating to information on pregnancy being available in venues frequented by young people attracted attention. Three respondents (two Joint, one NHS) identified social networking and media as requiring explicit mention as potential "venues" for information. One (NHS) recommended that the positives of "seeking support" should be emphasised rather than using the word "disclosure" .

Question 8: Is there anything missing in this section?

This question was addressed by 41 respondents. Of these, one (Acad) considered nothing was missing from the section; all but one of the others highlighted general or specific areas which they perceived as either missing altogether or which required to be strengthened or amended.

General views

One respondent (Acad) considered that the inter-agency and multi-agency work required to enact the Strategy is potentially complex and should be underpinned with frameworks of working with clear Lead Professionals and guidelines on information sharing amongst Named Persons and Lead Professionals.

Reference to resource implications was highlighted by another respondent (Prof Rep) as having been omitted in their view.

Two respondents (Third, Prof Rep) recommended that on-going consultation with young people over the relevance and appropriateness of materials and access to information and services should be built into the Strategy.

Two respondents (NHS, Oth) considered that widespread workforce training may be required to address the attitudes of healthcare and other staff towards young parents (including fathers) and to avoid discriminatory practices.

More explicit action was requested by NHS respondents to accommodate the specific issues relating to young parents with additional support needs, learning disability, physical disability, mental health problems, cultural differences and looked after children Two respondents (Ind, NHS) considered that the needs of LGBT parents should receive greater attention in the section.

Information on abortion

Twelve respondents across a range of sectors considered that more information on aspects of abortion was needed within the Strategy. One academic called for the

meaning of abortion within the context of the Strategy to be made clear. A local authority respondent identified what they perceived to be the need for a specific action to address misunderstanding and myths surrounding abortion. An NHS respondent suggested that strictly speaking it is inaccurate to state that the earlier an abortion is performed the lower the risk of complication (p. 19 of the draft), as there are drawbacks to being referred too early for abortion (< 4 weeks).

Concerns were raised by some that not enough attention is given in the draft to the potential impact of abortion on the physical and psychological health of the mother and services available to support her through this. One respondent (Faith) highlighted mention of education and support for young fathers regarding abortion as missing in this section.

A few respondents (two NHS, one Joint) requested a national-level action addressing access to late abortion; one (NHS) called for an action on increasing action to early abortion.

Two respondents (Third) considered that reference to the rights of the unborn child have been omitted from the section.

Greater reference to wider support frameworks

Three respondents (LA, Joint, Ind) considered that the potential role of the Third Sector required to be strengthened within the Strategy at this section. Likewise, one respondent (Prof Rep) referenced Community Pharmacy as offering potential as a health and social care information hub, which could be tailored to the local population and accessible to young people.

The role of Allied Health Professionals was understated in this section according to one respondent (NHS), who cited physiotherapists and dieticians in particular as playing potentially key roles in supporting young people through pregnancy.

One respondent (Joint) recommended greater recognition of the contribution of NHS Education Scotland (NES) as a relevant resource and called for more consistent referencing to NES at appropriate parts of the Strategy.

More respect for the role of parents and wider family as “trusted sources” was requested (Third).

More information and emphasis on the FNP approach was recommended by one respondent (NHS), as a major Scotland-wide intervention to support young people through pregnancy.

Greater reference to financial and other practical assistance

Third Sector respondents requested actions relating to making young people more aware of their maternity rights relating to employment, welfare and housing. A local authority agreed that the section should make more of the financial challenges facing young people who are asked to leave their parental home when pregnant.

Some respondents expressed concern over ensuring young people not in education, employment or training receive relevant information and help, including a Named Person; it was felt that maintaining young women in education and training and supporting them to return to this following birth requires more emphasis in the Strategy (NHS). One respondent (NHS) requested an action aimed at maintaining young fathers in education.

Identification of more specific omissions from this section

A few respondents identified more specific topics which they considered had been overlooked in the draft. These included:

- Support available in relation to miscarriage or other pregnancy complications (Joint).
- Adoption as a viable choice post pregnancy (NHS).
- More consideration of ensuring young parents can access ante-natal classes and support (NHS).
- Action on access to pregnancy testing, including by voluntary organsations/ youth workers (NHS).
- Mention of social media and social networking as vehicles for communicating information to young people (four respondents).

4. Parenthood in Young People

Although parenthood may be a positive experience for some young people, it is often associated with an increased risk of poor social, economic and health outcomes. The Scottish Government considers that good quality, integrated support for young parents and their families will contribute to better engagement with support services and, in the longer term, greater engagement in education, training and employment which will contribute to improved health and social outcomes for young parents and their children.

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

Thirty-eight respondents addressed this question, however six of these just referred to their responses to previous questions.

Existing integrated frameworks

A common theme across several respondent sectors was that existing integrated frameworks provide the structure for ways of working within and between agencies which will help to ensure that there is a co-ordinated approach to taking forward the actions in section three. Four respondents made specific mention of CPPs, one remarking:

> "As a CPP we... have the opportunity to work across the partnership around inequalities and strengthen links with staff working in money advice and income maximisation, early education and childcare, housing and employment" (East Renfrewshire Community Planning Partnership).

Whilst some respondents referred broadly to the need for "multi-agency" and "joined up working", others were more specific in their reference to the FNP (9 mentions); the Named Person initiative (3 mentions); GIRFEC (2 mentions); Children and Young People (Scotland) Act 2014, ICSPs, Link midwife approach (each one mention respectively).

Examples were provided of area plans and groups which worked in a cross-cutting manner: Sexual Health and HIV plan (LA); Young People‟s Sexual Health Steering Group (NHS); Health and BBV Steering Group (NHS).

Links between schools and the NHS were cited as examples of effective inter-agency work with Menzieshill High School and the Young Person‟s Support Base at Smithycroft Secondary School highlighted in this regard.

Recommendations for strengthening links and new initiatives

One respondent (NHS) called for more explicit links between maternity services and health visiting and suggested that although no mention is made of this in the Strategy, the national review of health visiting may inform the links. Another respondent (Third) advocated strengthening the links between childcare funding and young parents‟ choices to remain in education and/or training.

Five respondents shared the view that more could be made of the potential contribution of Third Sector organisations in realising the Strategy. One stated that in their area:

> “....there still needs to be open dialogue and joint planning with services and third sector organisations specifically delivering services local for young parents and families” (Third).

Once again, the acknowledgement of Community Pharmacy as playing an integral part in NHS support for young people was recommended (Prof Rep).

Calls were made for more explicit inclusion of consideration of young fathers in the parenthood section of the Strategy (two Third Sector and one individual respondent).

Two respondents mentioned the potential of area hubs to underpin integrated service provision. One (Joint) referred to the importance of drop-in, informal health and well being hubs which could be delivered at youth projects; the other (Prof Rep) recommended the introduction of post-natal hubs, located strategically to take joined-up services to young people, rather than requiring them to access individual services separately.

Broader context

A few respondents referenced the wider context, one suggesting a need to involve the Department for Work and Pensions and Her Majesty‟s Revenue and Customs at a strategic level to ensure, for example, that young people are not disadvantaged financially by participating in any new initiative (Third). Another view (Joint) was that a national steer would be helpful for more engagement from wider services such as housing. One respondent (Third) recommended that the Scottish Government take a coherent rights-based approach to positive parenting across all legislation and policies.

Three respondents (Prof Rep, Joint, Ind) highlighted the need for adequate resourcing to support the joined-up working and iniatives of this section. Two respondents (Prof Rep, NHS) called for high quality, multi-agency training to support a co-ordinated approach.

Question 10: Are there local systems in place to take forward these actions?

Thirty-one respondents addressed this question. Five stated simply that local systems are in place; and four (three Professional Representative Bodies and one Third Sector respondent) considered that the existence of relevant local systems varied between areas.

A few respondents referred to local delivery of national systems such as ICSPs, Named Person and the FNP as systems to take forward the actions in this section. Others repeated responses to previous questions in which they highlighted strategic and delivery groups within their jurisdictions which link at different levels to provide an integrated approach.

Examples of local systems and services

Examples of local systems and services which respondents considered would facilitate implementation of these actions included:

- Youth Alliance consultation processes (Joint).
- Young/teen parenting groups (NHS, Third).
- Volunteer breastfeeding coaches in NHS GGC (NHS).
- Named midwife service (Joint).
- Childminding services to enable girls to remain at their local school (LA).
- Signposting to local Home-Start (Third).
- Drop-in initative in a shopping centre for ante and post natal advice (Prof Rep).
- Mother and baby unit within an affordable housing complex (NHS).
- Websites and Facebook pages (NHS).
- East Lothian‟s “Support from the Start” initiative – a network of local practitioners and volunteers who give access to information and opportunities for parents of early years‟ children (LA).
- Health services working together to ensure a holistic support to contraception for young parents (LA).
- In North Lanarkshire: First Steps 1:1 supporting first time mothers under 21 years; One Parent Families Scotland Young Parents‟ Progression Pathway; Barnardo‟s Family Support Services; and Family Information Service providing a hub for relevant community information (Third).

Gaps in local systems

The need for champions and clear leads at local level was identified (NHS). One local authority described a pathway in their area to fast-track vulnerable young women for contraception, but perceived this to be an informal arrangement which requires to be formalised (LA).

One respondent (Joint) recommended more opportunities for the workforce to understand the different needs of young parents in wider contexts, not just focusing on their pregnancy. Another (Joint) called for increased provision of appropriate housing for young parents in their local area. Lack of adequate local counselling provision including helplines was identified as a problem by one respondent (Third).

Question 11: Do you think the actions meet the outcomes in the logic model?

Thirty-one respondents addressed this question. Of these, 14 across seven different categories considered that the actions broadly meet the outcomes in the logic model. Two respondents (both Professional Representative bodies) remarked that this depended on whether the actions would be supported with adequate leadership and resources; one (Joint) suggested that this depended on whether the actions would be universally implemented. The view of one respondent (Third) was that the actions did not meet the outcomes in the logic model; a further respondent (Joint) reported difficulty linking them.

One respondent suggested that the actions for implementers were “lightweight” in places. As an example, on page 24 the action relating to professionals working with young parents was perceived to be rather passive in tone. Another respondent (Joint) considered that the action plan could be more reaching in aspiration.

Whilst one respondent (Third) called for more actions involving fathers, another (LA) explicitly welcomed the inclusion of young fathers amongst the actions.

One respondent (Third) cautioned that even with well meaning actions (e.g. those relating to providing information and resources) some young parents will still need more one-to-one support for these these to be useful to them.

The view of one respondent (NHS) was that in the section on Education and Positive Destinations, more could be said about what opportunities are available to help young parents and what strategies are in place to encourage young mums back to school and/or training. In addition, this respondent considered that more emphasis should be made to reflect that delivery needs to encompass the breadth of cross-sector working, especially in terms of approaches and interventions to achieve positive destinations and impact on social determinants.

Question 12: Is there anything missing in this section?

This question was addressed by 37 respondents. Of these, three (Acad, Third, Ind) considered nothing was missing from the section, one stating that it was

comprehensive (Third). Two topics were identified most frequently as omitted from this section. These are detailed below.

Inclusion of young fathers

Nine respondents across four categories (Third, NHS, Joint and LA) identified mention of inclusion and engagement with fathers as missing in this section. Views were that more detail is required on the opportunities available to young fathers and what is expected regarding their involvement in parenthood. Actions relating to supporting young fathers to remain in education were called for.

A few respondents commented that the Strategy should show through its actions what should be done to pro-actively engage young fathers. One respondent remarked:

> "….this Strategy, in places, seems to unintentionally reinforce the current situation of low engagement with young fathers. We would welcome explicit recognition of the role, contribution and support needs of young fathers; it is only with such actions that we will begin to see change and greater engagement of young fathers. We believe this Strategy should be the opportunity to be proactive and to increase the level of engagement of young fathers in their parenting role and life outcomes. We would urge a review of the language of this document to ensure inclusion of young fathers when appropriate or to make an inclusive reference to young parents" (Youthlink Scotland).

Parenting

More detail and actions on different aspects of parenting was called for by a variety of respondents. Six respondents (three of them NHS) considered that the role of the young person's parents and/or grandparents were underplayed in this section. Common views were that they had much to contribute in terms of educating, supporting, advising and indeed potentially providing housing for the young parents and their baby.

Stronger links were recommended between parenting and the early years and parenting policy agenda with national resources such as "Talking to Your Child/Young Person" and Speakeasy courses. One respondent (Third) emphasised the need to make explicit the connection to the Curriculum for Excellence as, they argued, parenthood education is contained within this.

One respondent (Joint) identified the role of corporate parenting as missing from this section.

Identification of other missing topics

A few respondents identified aspects of behavioural change which they considered merited more attention in the Strategy. Breastfeeding was identified by two respondents (LA, Third) in this regard. They felt that actions which targeted support for informed choices over breastfeeding should be included, with explicit links made to the Scottish Government document "Improving Maternal and Infant Nutrition: A Framework for Action".

One respondent (Joint) highlighted action relating to addressing smoking as missing. Another (Acad) identified the benefits of work with young fathers in prison in terms of impacting on behaviour, and called for action towards supporting them on release to build upon this.

Workforce training was cited by five respondents across four sectors, as requiring more attention in the section. They considered that training is required to address the negative attitudes of some staff towards young parents; and that all relevant agencies should support ongoing CPD for staff by facilitating their release from employment to attend this. One respondent (Prof Rep) highlighted Community Pharmacy staff in particular as requiring continued training on topics such as Child Protection.

Two respondents (Ind, Third) recommended that greater prominence be given to access to mental health services and other related services which promote wellbeing (perhaps delivered via peers). Another (NHS) called for inclusion of mention of access to related Allied Health Professionals such as dieticians.

Four mentions (three NHS, one Third) were made of flexible and affordable childcare for young parents, particularly those continuing with school education. Concerns were raised over the practicalities of providing such flexibility, particularly in geographical areas where numbers may be low. Clearer actions and roles relating to these aims were requested.

Other topics were identified:

- Need to link to UNCRC Article 27 regarding the right of every child to a standard of living adequate for the child‟s physical, mental, spiritual, moral and social development (Third).
- Should be stronger linking of information on accessing welfare resources to the wider preventative agenda so that whilst young parents are supported they do not need to rely on state benefits and tax credits and are therefore not disproportionately affected by welfare reforms (Third).
- Need to address the impact of Child Protection procedures on young parents with alcohol and/drug problems who may not come forward for help (NHS).
- The section should make more of the wider context of measures to tackle poverty and social disadvantage (NHS).

Specific concerns regarding aspects of the section

One respondent (Faith) considered the promotion of invasive forms of contraception (LARCs – long-acting reversible contraception) within the parenthood section to be concerning, given the young age of the individuals involved.

5. Leadership and Accountability

The Scottish Government considers that improved service organisation, informed by local data about the needs of young people, and greater partnership working across agencies will contribute to local services being developed in a more comprehensive and integrated way. An accountable person who can support and enable local multi-agency partners in delivery as well as monitoring and reacting to performance management is viewed as vital, with strong leadership, both local and national, seen as essential for the effective implementation of the Strategy. The Scottish Government proposes that each CPP should identify an accountable person at a senior level to take on this executive role at local level. A National Lead for implementation of the Strategy will provide national leadership and be responsible for its strategic delivery.

Question 14: What are the barriers and opportunities for local data collection to ensure the Strategy is intelligence led?

Thirty respondents addressed this question with the most focus being on barriers for local data collection.

Barriers identified by respondents

The barrier most commonly identified (10 respondents across a range of sectors) was a lack of compatibility between the datasets of different agencies. Put simply:

> "Separate data systems still exist that don"t talk to each other" (The Highland Sexual Health Strategy Group on behalf of NHS Highland and Highland Council).

Respondents highlighted different methods of collection of data and record keeping, different data sources and different aspects of information collected as all hampering the sharing of local data across agencies. Some information technology systems were viewed as inaccessible to some staff, not kept up-to-date with latest information and missing key data. Information Services Division (ISD Scotland) data was praised for its usefulness by one respondent (Joint) although considered not timeous enough for local decision-making.

A few respondents considered that staff may be unaware of data available within their organisation and this should be distilled and made accessible to them. One (NHS) recommended easier methods of data collection to facilitate up-to-date information.

Another barrier identified by several respondents (5 mentions) was individual agencies protocols on sharing information on account of confidentiality issues, which prevented data being available across organisations. One example given was the lack of access of Youth Work services to health and education data; another was the lack of wider circulation of unpublished data. Calls were made (Ind, Joint, Other) for the Strategy to include guidance on protocols for sharing data, taking into account data protection issues. One respondent commented:

> "It would be helpful in this section to reinforce the fact that sensitive personal information shared under the Children and Young People (Scotland) Act 2014 should only be shared in line with principles of the Data Protection Act 1998. The young person"s consent should normally also be sought to share such information" (Scotland"s Commissioner for Children and Young People).

Five respondents, from different categories (Joint, Prof Rep, Third, Acad and Ind), highlighted lack of time and resources as challenging for agencies in their collection of local data.

Three respondents (two Joint, one NHS) identified small numbers as creating problems in potentially skewing trend data and threatening anonymity of individuals.

Opportunities identified by respondents

Very few respondents identified specific potential opportunities for local data collection and sharing. One (Ind) considered that this would greatly assist mapping priority needs and informing further actions required. Another (NHS) identified the Child Protection Portal as an opportunity for multi-agency partners to share significant events. Local Child Health Surveillance Systems could be expanded to capture outcome data according to one respondent (Joint). The view of two respondents (Prof Rep, Joint) was that joint leadership and accountability could address some of the data-sharing issues raised.

Two joint respondents recommended a broadening of focus from pregnancy data to wider, contextual data. A few respondents (Joint, Third) suggested that greater acknowledgement of the value of qualitative data would be beneficial, such as views of young people on infant feeding. An academic called for national data on how many young people and care leavers are young parents in Scotland, emphasising that national data on this can begin to inform more local data collection.

Question 15: The Strategy proposes that leadership in planning and delivery at local level should be the responsibility of CPPs. Do you agree with this CPP-led approach?

Thirty-six respondents addressed this question. Of these, 31 respondents expressed their support for the proposal; three raised concerns only; and two provided commentary without indicating whether or not they were in support. Table 2 presents views by respondent category.

Table 2: Views on whether leadership in planning and delivery at local level should be the responsibility of CPPs

Category	Agree	Concerns only	Comments only	Total
Third Sector	4			4
Joint/Multi-agency	6		1	7
NHS Body	6	1	1	8
Professional Representative Bodies	4	1		5
Local Authority Educ/Children/YP services	4			4
Academic	2			2
Faith				0
Other				0
Total organisations	**26**	**2**	**2**	**30**
Individuals	5	1		6
Grand total	**31**	**3**	**2**	**36**

Perceived benefits of the proposal

Several respondents provided reasons to support the proposal. A recurring view was that the proposal would promote a holistic approach to addressing the issues associated pregnancy and parenthood in young people, broadening what some viewed as the current narrow focus on health, to making all relevant agencies aware of their respective roles.

Another advantage of CPP leadership and accountability which was identified by a few respondents was that it would enable sharing of information, resources and skills, possibly utilising sharing arrangements already in place.

Other substantive benefits of the proposed CPP-led approach identified by one or two respondents were:

- Promotes genuine partnership and is the approach used by all of the national Collaboratives.
- Helps to maintain a focus on outcomes.
- Allows for local flexibility to accommodate local needs.
- Will promote the empowerment of young people within our community.

The key concerns raised were over the capacity of CPPs at present to accommodate the demands of delivering the Strategy at a time of significant

competing priorities, particularly related to dovetailing with the Health and Social Care Integration Boards. One respondent commented:

> "As operational developments for Health and Social Care Integration gain momentum, engagement by IJBs [Integrated Joint Boards] with General Practice to date is very variable across Scotland, but generally minimal and RCGP Scotland has concerns about how Community Planning Partnerships will engage General Practice meaningfully in delivering the objectives of the Strategy" (Royal College of General Practitioners Scotland).

One respondent (Ind) argued that rather than implementing the Strategy, the issues of pregnancy and parenthood in young people should be addressed by large-scale improvements in health and education.

Other comments

A few NHS respondents expressed caution over leaving the assignation of a senior accountable person to each CPP. They felt that unless specified otherwise, this position would tend to fall to someone in the health service.

One respondent (NHS) urged that sexual health components of the Strategy should be included in local sexual health strategies too.

6. Engagement with Young People

The development of the draft Strategy involved engagement with young people. The Scottish Government describes an underpinning principle of the Strategy and its actions as empowering and supporting young people to have the skills and knowledge to make their own life decisions. The Government intends that young people should be at the heart of how services for them are designed and delivered.

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

This question was answered by 27 respondents. Responses varied from those providing general commentary to those specifying lists of individual initiatives which they considered could usefully be shared with others as examples of good practice.

Examples of national good practice

A few respondents generally highlighted work around GIRFEC (Prof Rep); and Home Starts across Scotland, providing pre-natal and post-natal support to young parents (Third) as good practice.

NHS Health Scotland identified a number of specific programmes within its organisation which it was felt could support implementation of the Strategy. An example given was the work of its Early Team, in partnership with NHS Education Scotland and Health Improvement Scotland, in developing an Antenatal Parenting Education Syllabus which it was stated could support refinement to respond to the specific needs of young parents.

Other relevant examples proposed by NHS Health Scotland included:

- The work of the Gender Based Violence programme to promote positive relationships to improve self-esteem and reduce negative impacts.
- Resources to highlight issues of smoking in pregnancy.
- Promoting the uptake of longer lasting contraception (LARC) within maternity and termination services

Examples of regional and more specific initiatives

Examples were provided of a wide range of initiatives aimed at aspects of supporting young parents, including:

Peer-led projects:

- Youth Highland Sexual Health Peer Education project .
- Young parents groups, for example, Oasis (mentioned by Dumfries and Galloway Teenage Pregnancy Working Group).

- YouthBorders work on sexual health in partnership with Health Improvement (Scottish Borders Children and Young People‟s Leadership Group).

- Team Parent Mentoring Service (One Parent Families Scotland).

Projects to support vulnerable young people

- Respect ER – a 20 week relationship and sexual health programme working with vulnerable young girls (East Renfrewshire CPP).

- Aberlour Youthpoint Moray work with vulnerable young people (Moray CPP).

- Baby Steps – a peri-natal educaitonal programme for parents who find parenthood difficult due to their previous experiences (National Society for the Prevention of Cruelty to Children Scotland).

- Young Parent and Child Transitional Groups – weekly group-based activities in Cumbernauld, Airdrie and Wishaw for young parents and their children who face multiple barriers and do not have the confidence to activley engage and attend local community provision (One Parent Families Scotland).

Projects to engage more effectively with young people

- Calman Trust provides support for young people to engage in consultation and serivces (The Highland Sexual Health Strategy Group on behalf of NHS Highland and Highland Council).

- Highland Children‟s Forum which has regular consultations with young people; Highland Youth Parliament (The Highland Sexual Health Strategy Group on behalf of NHS Highland and Highland Council)

- Wellcome Trust funded public engagement project using creative media as well as more traditional research methods to engage with young people (https://storify.com/FeelTrack/researchandsong) (MRC/CSO Social and Public Health Sciences Unit, University of Glasgow).

- East Renfrewshire Youth Forum and work with young people who are members of the Scottish Youth Parliament.

Initiatives using social and text media

- Text reminder service offered to young people to remind them to attend for any unmet health needs (The Corner).

- Live updates on Twitter and Facebook regarding the relevant local authority services (Scottish Borders Children and Young People‟s Leadership Group).

Initiatives involving joint work with education

- East Lothian School-Aged Parenting Project supports young people to continue with their education during pregnancy and following the birth (East Lothian Council Children's Wellbeing/ Education).

- Clinical staff support SHARE education delivered at secondary schools (Scottish Borders Children and Young People‟s Leadership Group).

- Joint regional initiatives linked to schools and raising awareness of risk taking and youth issues including teenage pregnancy, for example, Willie Wonka, Big World, Do the Right Thing, The Toon (Dumfries and Galloway Teenage Pregnancy Working Group).

General support schemes

- Sexual health pop-up clinics near secondary schools during school hours (Scottish Borders Children and Young People‟s Leadership Group).

- Young Parents‟ Support Base in Glasgow – an integrated service providing holistic support to teenage parents (CELCIS (Centre for Excellence for Looked After Children in Scotland)).

- “Love and Fertility” programme produced by Fertility Care Scotland to give young people information and postive values towards sexuality (Fertility Care Scotland).

- Home visiting programmes such as Minding the Baby and the Glasgow Infant and Family Team (NSPCC).

- Little Bumps – a 20 week prenatal support programme for young parents, co-delivered with community maternity services; Baby Love – a 12 week postnatal group to support young first time parents (East Renfrewshire CPP).

Schemes aimed at looked-after young parents

- Listen to Us; Looked After Champions Board (Dumfries and Galloway Teenage Pregnancy Working Group).

- Through Care & After Care Health & Wellbeing Programme developed after consultation with young people and support staff. The aim of the program is to introduce, inform and support young people and support staff to national and local services, to increase baseline knowledge, understanding and confidence, on how to access services (Moray CPP).

- The Spark delivers services to young parents including those currently or previously „Looked After‟).

Examples of other initiatives identified

- Barnardo‟s runs a „Five to Thrive‟ programme with young dads in HMYOI Polmont, as well as with adult fathers in HMP Perth. Early Years Scotland also works with adult dads to increase their confidence in parenting, namely

at HMPs Dumfries, Grampian, and Low Moss. The Families Outside prison visitors‟ œentre supports two programmes for fathers of young children at HMP Addiewell, namely the In Tune project with Vox Liminus (music workshops for families) and supporting the work of Dads Rock (Families Outside).

- Brook Scotland‟s “All Different, All Beautiful” aimed at increasing young people‟s confidence and self esteem (The Highland Sexual Health Strategy Group on behalf of NHS Highland and Highland Council).

- Sexual Behaviours Traffic Light Tool which supports professionals working with children and young people by helping them to identify and respond appropriately to sexual behaviour. British Association for Sexual Health and HIV and Brook have launched a new child sexual exploitation (CSE) proforma, Spotting the Signs, to help health professionals across the UK identify young people attending sexual health services who may be at risk of or experiencing sexual exploitation; Brook and the Department of Health have jointly developed an online e-learning tool to help health professionals spot the signs of child sexual exploitation; Combating CSE: an e-learning resource for healthcare professionals has been designed for use by all staff in healthcare settings – from doctors and nurses to receptionists, paramedics, and pharmacists. Developed by Brook and funded by the Department of Health, the tool is designed to help healthcare staff in preventing, identifying and responding to child sexual exploitation http://www.brook.org.uk/our-work/cse-e-learning-tool (Brook Scotland).

- Multi-agency events in West Lothian, East Lothian and North East Edinburgh have been held to share evidence and good practice and have involved young parents talking about their experiences (NHS Lothian).

7. Additional Issues and Good Practice

Question 16: Is there anything else you would like us to consider in the final version of the Strategy?

Thirty-seven respondents identified additional issues or issues which they felt merited more attention in the final version of the Strategy.

Ensuring all young people are covered by the Strategy

Five respondents across three different respondent categories recommended that the target age range for the Strategy be clearer, evidence-based and consistent throughout. Comments included:

> "We would welcome a clear and consistent statement on the target age of this document" (YouthLink Scotland).

> "The strategy would benefit by providing more clarity regarding the age category: there should be some way to differentiate between young people aged 19 and under, from young people who are between 20 and 26 years old" (Centre for Excellence for Looked After Children in Scotland).

One respondent (Third) emphasised the need for the Strategy to encompass support for young people no longer at school or school-based education.

A Third Sector respondent suggested that focusing on engagement with young parents who are in prison could reap benefits in terms of parenthood providing them with a reason to desist from further offending.

Overarching strategic content of the Strategy document

Two NHS respondents and one from the Third Sector called for the Strategy to set out its aims more clearly and at the start. One respondent (Third) recommended the inclusion of a clear statement of the Strategy"s values which could then be taken forward into the remit of CPPs. An NHS respondent requested that the Strategy provide a clearer outline or statement on inequalities, which they considered emerged at various points in the current document, but would benefit from being consolidated into one section.

Two NHS respondents asked for more guidance on the implementation of the actions. One respondent (NHS) felt that further detail should be provided on the reporting and enforcement processes linked to the Strategy.

Calls were made for the Strategy to be more explicit in outlining its links with other legislation and policy (Third) and in clarifying the links to the Sexual Health and Blood Borne Framework (Joint). One respondent (Third) suggested making clearer

links with work on Child Sexual Exploitation, and emphasised the need for messages in the Strategy to be consistent with the guidance provided for medical practitioners on this issue.

Two respondents (both Joint) recommended more detail on the accountability and governance approaches outlined in the Strategy. Another (Joint) request was made for further detail on the measurement of outcomes.

One view (Third) was that the Strategy would benefit from adopting a rights-based approach to young parenthood and pregnancy with more explicit reference to The United Nations Convention on the Rights of the Child.

Addressing gaps in target groups

Five respondents all from different respondent categories shared the view that the role of the father is not adequately covered in the draft Strategy. Calls were made for more actions focusing on young men, particularly those who are looked after or at risk of entering the youth justice system or are already in the criminal justice system.

Three respondents from different categories considered that the Strategy should address the parents of young people at risk of teenage pregnancy and provide them with relevant and advice and support. One respondent (Third) identified foster and kinship carers as warranting more consideration in the Strategy, by virtue of their potential to provide high quality information to those they look after.

One respondent (Third) urged that the Strategy pay more attention to the needs of the most marginalised and vulnerable young parents, for example, those with children already in care and who are themselves involved with child protection services. An academic respondent recommended that the Strategy include more detail on how the particular needs of looked after children and care leavers can be tackled.

Role of wider "influencers"

A recurring theme was the potential role for peer support as a model for provision of information to young people and the need for the Strategy to reflect this. Examples were provided of trained peer support initiatives including a Peer Mentor scheme involving mentors who have been young parents themselves. One respondent (Third) considered that such a scheme would be particularly helpful to communicate messages on breastfeeding:

> "... the importance and value of peer support has been highlighted by the young people consulted and this could be better reflected within the strategy itself. Inclusion of trained peer support/embedding health skills in peer role models should be included at the beginning of the logic model to extend youth friendly activity into realistically accessible outcomes. This could specifically mention infant feeding peer support. The benefits of offering accredited peer support

training to young mothers to support and empower them to develop the skills and confidence to support other young parents could also be included" (The Breastfeeding Network).

One respondent (Joint) suggested there could be benefits from empowering young people to design, develop and run websites which provided relevant information to their peers.

Some respondents identified threats stemming from media portrayal of young people and recommended that the Strategy make specific reference to sexualisation of young people and the potential impacts of pornography.

A few NHS respondents highlighted the need for the Strategy to make explicit that local authority staff working in community settings, and already maintaining positive relationships with young people, could have a key role in raising awareness of local sexual health services. One respondent (NHS) recommended that the Strategy include more detail on the competencies of the wider workforce in relation to delivering the Strategy.

A call was made (Prof Rep) for the Strategy to support all secondary schools in providing professional, qualified counselling services for young people, with alternative community-based provision also available.

Acknowledgement of planned pregnancies

A few respondents (NHS, Ind) felt that the Strategy tended to portray pregnancies amongst young people in a negative light, rather than acknowledging that some are planned (e.g. religious beliefs may support starting families at a young age) and some young people may not need significant support.

Other suggestions

Other suggestions for inclusion in the final version of the Strategy included:

- More explicit information on support for young people with mental health problems including the role of organisations such as Community Attitudes Towards Mental Illness (NHS).
- Addressing issues of rurality and the implications for delivery of parenting programmes and sexual health services in rural areas (Joint, Third).
- Resource implications of the Strategy and how any additional funding and staffing requirements will be met (Joint, Third).
- More detail on the impact of the young person‟s and parental substance abuse. This information was viewed as important in helping Alcohol and Drug Partnerships to contribute to the actions (NHS).
- Greater exploration of the reasons for the fall in pregnancy rate and in particular the co-incidence with the rise in utilisation of LARC (Acad). Another respondent (NHS) recommended raising awareness of LARC amongst professionals who come into contact with young people in contexts

relating to housing and welfare rights, in order to encourage greater use amongst those at risk of early sexual activity.

- Greater coverage of tackling the fundamental causes of pregnancy and parenthood in young people, including socio-economic factors (Acad).

8. Equality Considerations

The Scottish Government is committed to promoting equality. The Strategy proposals are being developed to ensure that any equality impacts for people with a protected characteristic (as defined by the Equality Act 2010) are identified, that young people"s rights become a reality in Scotland and that the wellbeing of young people is promoted. The Scottish Government is undertaking an Equality Impact Assessment and a Child Rights and Wellbeing Impact Assessment of the Strategy.

Question 18: What issues or opportunities do the proposed changes raise for people with protected characteristics?

Two main themes dominated the 29 responses to this question.

Young people in faith-based schools

Ten respondents raised as a problem the delivery of consistent messages across the entire local authority school sector, when some denominational schools may not deliver the information and support outlined in the Strategy due to religion or belief. Two (Third, Prof Rep) suggested that such schools required support to enable them to deliver information in such a manner that it is in line with their beliefs and moral viewpoint.

Two further respondents (LA, NHS) commented that the Strategy needs to take account of cultures where parenthood at a young age is valued.

Young people with disabilities

Ten respondents raised potential issues for young people with disabilities. Several considered that the Strategy needs to set out more targeted action for young people with learning disabilities. One respondent (Prof Rep) called for support for the parents of such young people.

Young people with complex needs outwith conurbations were identified as particularly problematic in terms of specialist service provision and access to support.

Two respondents (Joint, Prof Rep) recommended that the Strategy address more comprehensively the requirements of children with additional support needs.

Other issues raised

Four respondents from three sectors highlighted what they perceived to be the need to include LGBT young people in the Strategy including making RSHPE relevant to their needs. Addressing the needs of those in forced marriages; those with female genital mutilation; gypsy and travelling young people; and young

pregnant people not identifying as female or heterosexual was recommended each by one respondent respectively.

One view (Third) was that the language in the draft tends to assume that young, pregnant women have partners, and needs to take more account of different patterns of parenting such as lone parenting, co-parenting and co-habiting.

Opportunities raised

Six respondents highlighted what they identified as opportunities emerging in the draft Strategy for those with protected characteristics. It was felt that, as a result of the Strategy, support staff will be better trained, informed and non-judgmental (Ind). Two respondents (NHS, Joint) considered that in general the Strategy presents the opportunity to ensure that the needs of young people are fully considered. Two respondents (NHS, LA) envisaged the Strategy resulting in improved support for young men.

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

Twenty-two respondents addressed this question. Three referred to their previous answers and one considered it too early to say. The following main themes emerged from the remaining responses:

- Ongoing consultation and engagement will be required with different groups though formal and informal communication channels and through their representative bodies, to find out how to tailor the measures to meet their needs (5 mentions).
- Strategy to include more detail and guidance on specific groups and tailored measures relating to these (fathers were amongst the groups mentioned in this regard) (5 mentions).
- Ongoing staff training required to make staff aware of the issues and help them (particularly frontline staff) deliver measures appropriately (4 mentions).
- Additional resourcing should be available for tailored measures such as interpreters, e.g. more capacity for the FNP (2 mentions).
- Information to be produced in a range of formats including easy read, with materials assessed for their impact (2 mentions).
- National policy to be consistently applied across all educational establishments regardless of schools' religious beliefs (1 mention).

Question 20: Do you have any other comments or suggestions relevant to the proposal in regard to equality considerations?

Twelve respondents addressed this question. Key omissions from the draft Strategy were identified as: same sex couples aged under 26 years (NHS); gypsy traveler young people (Third); and implications for looked after children and young carers (Joint).

Calls were made for more emphasis on targeted, preventative work with marginalised groups (Joint); and greater allocation of resources in areas of the highest socio-economic deprivation (Prof Rep).

One respondent (Joint) recommended that the Equality and Human Rights Commission provide a guidance document on strategy and interconnected equality implications of the Strategy, particularly for organisations such as the employability agencies who may already provide services to small numbers of pregnant young people and need to accommodate their own policy and the draft Strategy.

Two individual respondents expressed apparently contrasting views, one stating that the Strategy must take into account religious and cultural beliefs, whilst the other recommended that public health issues should take priority over religious beliefs.

One NHS respondent acknowledged that the draft Strategy pays some attention to wider inequalities, but argued that it would benefit from more explicit consideration of the social, economic and environmental determinants that impact on the inequalities experienced by young people. In their view, this would reinforce the strategic and operational responses required, which in turn would help the proposed accountability within CPPs. According to this respondent, aligning the actions more to the determinants and stressors in young people‟s lives would help the Strategy to become more ambitious.

Annex A: List of Respondents

Academic
Centre for Excellence for Looked After Children in Scotland, University of Strathclyde
Midwifery Team, Edinburgh Napier University
Medical Research Council/Chief Scientist‟s Office Social and Public Health Sciences Unit, University of Glasgow

Faith
Scottish Catholic Education Service
The Free Church of Scotland

Joint/Multi-agency
East Dunbartonshire Community Planning Partnership
East Renfrewshire Community Planning Partnership
Glasgow City Health and Social Care Partnership
Lanarkshire Multi-Agency
Moray Community Planning Partnership
North Ayrshire Health and Social Care Partnership
Romanet Multi Agency Group, Glasgow
The Corner, Health Information and Peer Led Services for Young People
The Highland Sexual Health Strategy Group on behalf of NHS Highland and Highland Council
West Dunbartonshire Community Planning Partnership

Local Authority Education/Children/Young People Services
East Lothian Council Children‟s Wellbeing/Education
Schools and Learning – Angus Council
Scottish Borders Children and Young People‟s Leadership Group
West Lothian Council Education Services

NHS Body
Dumfries and Galloway Teenage Pregnancy Working Group
Lanarkshire Sexual Health Steering Group
NHS Greater Glasgow and Clyde Mental Health Allied Health Professionals Advisory Committee
National Education Services (NES) Family Nurse Partnership
NHS Greater Glasgow & Clyde Health and Social Care Partnership, Health Improvement (South)
NHS Health Scotland
NHS Lanarkshire Blood Borne Viruses and Sexual Health Promotion Team
NHS Lothian
NHS Tayside Early Years and Young People Team
Orkney Sexual Health Strategy Group
Perth and Kinross Sexual Health & Blood Borne Viruses Strategy Group

Third Sector
Aberlour
Action for Sick Children Scotland
Brook Scotland
Care for Scotland
Children 1st and Barnardo‟s
Child Poverty Action Group in Scotland
Families Outside
Family Education Trust
Fertility Care Scotland
Home-Start UK
National Society for the Prevention of Cruelty to Children Scotland
One Parent Families Scotland
Scottish Adoption
Scottish Women‟s Convention
The Breastfeeding Network
The Spark
Together Scotland (Scottish Alliance for Children‟s Rights)
YouthLink Scotland

Other
Scotland‟s Commissioner for Children and Young People

Professional Representative Bodies
British Association for Counselling and Psychotherapy
Educational Institute of Scotland
National Pharmacy Association Ltd
Royal College of General Practitioners
Royal College of Midwives
Scottish Committee of Faculty of Sexual and Reproductive Healthcare
Voice Scotland

Individuals
10 individuals

Annex B. Evidence and Research

The consulation on the draft Strategy was accompanied by a review of published high-level evidence. The studies were drawn primarily from health related sources and the review was not intended to be a comprehensive critical review of all the available evidence.

Question 13: Are you aware of any high level evidence which has not been included in this review which the Scottish Government should consider before finalising the Strategy?

Twenty respondents provided a response to this question. Most cited additional high level evidence which they recommended for consideration by the Scottish Government prior to the Strategy being finalised. The information provided is summarised in Table 3. These references have not been verified for accuracy or usefulness but are listed to reflect their inclusion in responses to this consultation.

Table 3: Additional high level evidence cited by respondents

School-based sex education Evaluations: http://www.bmj.com/content/334/7585/133; http://www.bmj.com/content/324/7351/1430 http://www.sciencedirect.com/science/article/pii/S0140673604167226 Healthy Respect – national sexual health demonstration project: http://eprints.gla.ac.uk/82266/ ; http://www.healthscotland.com/documents/4122.aspx Wight, D. and Stephenson, J. (2007) „School based sex education: Evaluating teacher-delivered (SHARE) and peer-delivered (RIPPLE) programmes." In Baker, P, Guthrie, K, Hutchinson, C, Kane, R and Wellings, K (eds) *Teenage Pregnancy and Reproductive Health*. RCOG Press: London.)	**Comments from respondents** These evaluations imply that attempting further improvement is unlikely, in itself, to have much impact on young people"s sexual health.
Parental involvement in young people's sexual health Summary of the review of parental involvement in SRE: http://www.sciencedirect.com/science/article/pii/S1054139X12001760	This review found that the strongest evidence for interventions which modified young people"s behaviour were fairly intensive programmes, all involving parents for at least 14 hours. Attempts to involve Scottish parents in programmes to improve their children"s sexual health have generally failed, as demonstrated in the Healthy Respect project.
Young fathers/Fathering Ongoing research by the Scottish Population Health Sciences Unit, Glasgow University, into fathering in socially disadvantaged circumstances: http://www.sphsu.mrc.ac.uk/	While addressing experiences of men from a range of ages, this study found that young fathers suffered from many of the risk factors identified in the consultation

	report, namely that they: were resident in areas of deprivation; had poor attendance at school; had low educational attainment; were care leavers; and were in contact with the justice system.
Young people at transitions Report of the Ministerial Task Force on Health Inequalities (2013): http://www.gov.scot/Publications/2014/03/2561 Growing Up in Scotland (GUS) survey http://growingupinscotland.org.uk/ Emma Young (2015) *Care Leavers as Young Parents*, CELCIS, University of Strathclyde	Focus on key transitions areas for young people. Relevant learning from this survey should be considered by Community Planning Partnerships to assess children"s progress at key transitions to identify any changes in support needs and to inform appropriate service planning at a community level. CELCIS briefing distils key messages from research regarding young people in and leaving care. It notes that information for this group is limited in the Scottish context.
Methodological approaches Early Years Collaborative: http://www.gov.scot/Topics/People/Young-People/early-years/early-years-collaborative	Practical example of improvement methodology in action.
Influence of home-visiting support Young, E (2015). *Big Hopes Big Future: Evaluation Report*. Leicester: Home-Start UK. Kenkre, J and Young, E (2013). *Building Resilience: volunteer support for families with complex circumstances and needs*. Leicester: Home-Start UK.	Research available on Home Start website which illustrates the possible benefits to parents and children when they receive paraprofessional home-visiting support www.home-start.org.uk
Wider influences on early pregnancy Nettle, D. (2010) „Dying young and living fast: variation in life history across English neighborhoods", *Behavioral Ecology.* 21:387–395 Uggla, C. and Mace, R. (2015). „Local ecology influences reproductive timing in Northern Ireland independently of individual wealth", *Behavioral Ecology* Pickett, K and Wilkinson, R. (2009) *The Spirit Level.* London: Allen Lane.	Draws on accumulated international evidence to demonstrate the harmful effects of inequality, and the 2015 paper argues that causation can be established. Their proposed mechanism is that inequality increases the social distance of status between people, and that

	status, or social class, is the underlying determinant of outcomes.
Young fathers/mothers/babies in prison Parenting Across Scotland has information about this topic: http://www.parentingacrossscotland.org/ NSPCC (2014) Baby Steps in a Prison Context. NSPCC (2014) An Unfair Sentence All Babies Count : Spotlight on the Criminal Justice System.	Research in 2010 indicated that within the prison population of Polmont Youth Offenders Institution, one in three young men were actual or expectant fathers.
Economics Paton, D (2002), „The Economics of Abortion, Family Planning and Underage Conceptions", *Journal of Health Economics*, 21 (2, March):27:45. Adverse Childhood Experiences study: www.acestudy.org	Ongoing collaborative work with relevant findings regarding the relationship between good practice in early years and later state intervention costs.
Others Paton, David and Girma, Sourafel: Research Excellence Framework, REF2014 - Impact Case Studies, Influencing public debate and government policy in adolescent sexual health. NHS GGCdata RCGP Child Health Strategy 2010 to 2015: http://www.rcgp.org.uk/~/media/Files/CIRC/Child-and-Adolescent-Health/CIRC_RCGP_Child_Health_Strategy_2010_2015_FINAL.ashx The Centre for Social Justice: http://www.centreforsocialjustice.org.uk/ "Underage conceptions and abortions in England and Wales: the role of public policy". *Education and Health*, 30 (2): 22-24. (Paton, D. 2012)	NHS GGC produce a range of relevant, high level data which would supports this strategy development. Extensive research showing benefits of stability in families and adverse effects of instability on teenage sexual behaviour. David Paton suggests that the easy availability of contraception and access to abortion services reduces the perceived "cost" of early sexual activity. He concludes that widespread availability to such services is counterproductive as it leads to an increase, rather than a decrease, in sexual activity.

General comments

Whilst one respondent (Joint) explicitly welcomed the high level evidence review accompanying the draft Strategy as useful, another (LA) considered its usefulness limited due to what they perceived to be an over focus on the North American context with its higher pregnancy rate and different healthcare system. A few respondents called for more evidence on life history theory (Ind); access to information in Scandinavian countries (NHS); and stigma and discrimination relating to young people and pregnancy, sexual orientation and same sex relationships (Joint).

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: 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.

social research

The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.

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