

Pregnancy and Parenthood in Young People Strategy

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The Scottish
Government
Riaghaltas na h-Alba

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Ministerial foreword

Pregnancy at an early age can be really positive for some young people. It can be a planned choice and a new beginning. For others it can increase the likelihood of poverty and reduce or compromise life chances, and this cycle can then repeat from one generation to the next. This inequality in young people is something that is not inevitable. It can be improved by continuing to work together to help all young people achieve their aspirations and ambitions.

Over the past six years the rates of pregnancy in young people in Scotland have been reducing consistently. This reflects the hard work of professionals and our approach of using evidence-based and effective interventions aimed at young people. However, we cannot be complacent. We need to continue to work collaboratively in order to narrow the gap in inequalities, to ensure young people have equality of opportunity and access, in a positive and supportive culture.

Pregnancy in young people is a complex matter, and supporting young people requires many different agencies to work together both at a national and local level. We know change in this area cannot be achieved by health interventions alone. That is why this Strategy aims to better acknowledge the role that deprivation, inequality and lack of aspiration and opportunity can have. The impact that Community Planning Partnerships can make for young people, particularly with regard to their role in supporting young people to stay connected with education, training or employment, and supporting young parents around health and social care and housing, has never been more important. Working in this connected way on the real underlying causes of pregnancy and parenthood in young people can ensure that we will get it right for every young person.

Through the development of the Strategy we heard from lots of young people on what was important to them, what they liked and what they would like to see change. It is vital that we continue to listen to young people throughout the implementation of the Strategy to ensure we are continue to meet their needs and support them to achieve all they can be. We commit to doing that.



Aileen Campbell
Minister for Children and Young People



Maureen Watt
Minister for Public Health

Introduction

The *Pregnancy and Parenthood in Young People (PPYP) Strategy* aims to drive actions that will decrease the cycle of deprivation associated with pregnancy in young people under 18. The Strategy will also provide extra support for young parents, particularly those who are looked after up to age of 26 in line with the *Children and Young Peoples (Scotland) Act 2014*³⁹. Some young people require little or no additional support, whereas others need intense, targeted support. For all, it is essential we continue to put the young person at the centre of action to help them achieve their potential both as individuals and as parents.

This is the first Scottish Strategy focused on pregnancy and parenthood amongst young people. It aims to increase opportunities available to young people to support their wellbeing and prosperity across the life course. Evidence shows that having a pregnancy at a young age can contribute to a cycle of poor health and poverty as a result of associated socio-economic circumstances before and after pregnancy (as opposed to the biological effects of young maternal age). The Strategy therefore addresses the fundamental causes of pregnancy in young people and its consequences, with actions focused on the wider environmental and social influences and individual experiences which effect inequalities of this particular group.

This document is both a Strategy and a practical plan for action. It works its way systematically through what we must do to improve outcomes for young people underpinned by the United Nations Convention on the Rights of the Child (UNCRC)⁵¹; the Scottish Government national approach: Getting it right for every child (GIRFEC)⁴⁹; and through the following five guiding principles:

Young people at the heart of actions	• Young people are at the centre of decisions about their needs and are supported to be safe, healthy, achieving, nurtured, active, respected, responsible and included.
Applying the social determinants of health model	• Focus on the wider causes of pregnancy in young people and how these influences impact on their future.
Multi-agency approach and leadership	• Builds on existing structures around sharing resources, skills and effort to achieve young people focused support in the most efficient, effective way and championed through strong leadership.
Creating positive opportunities	• Encouraging and supporting young people to exercise their rights and achieve their potential in terms of parenthood choice.
Evidence-informed	• Defined contributions and actions aligned to a strategic, evidence-informed approach to support young parents and giving young people more control.

Background, Rationale and Context

Background

Pregnancy in young people is often a cause and a consequence of social exclusion³² and should not be seen narrowly as a health challenge. Reducing levels of pregnancy in young people helps to reduce the likelihood of poverty and a recurring cycle from one generation to the next¹⁹. The Institute of Fiscal Studies concluded that to significantly reduce levels of teenage pregnancy you cannot concentrate on high risk groups alone; a proportionate universalism approach is needed to ensure the needs of all young people are met⁵. Universal services*, across all agencies, have an important role to play in identifying and supporting the needs of young people. These responsibilities will be strengthened through the commencement of the provisions and duties in relation to the *Children and Young People (Scotland) Act 2014*³⁹. The Act will further the Scottish Government's ambition for Scotland to be the best place to grow up by placing children and young people at the heart of planning and services and ensuring their rights are respected across the public sector.

The rate of pregnancy (defined as all conceptions i.e. live births and abortions) in young people has been decreasing in Scotland but it is still high compared to other comparable western countries and remains a concern for policy makers and communities (appendix C). Between 2007 and 2013, Scotland experienced decreases in the pregnancy rate in the under 20, 18 and 16 age groups. However, the gap in inequality is increasing. The data shows that young people living in the most deprived areas are 4.6 times more likely to experience a pregnancy and nearly 12 times more likely to continue the pregnancy as someone living in the least deprived areas of Scotland²⁰.

This strategy focuses on two particular groups: **young people**, and **young parents**.

Young people

Young people can experience a wide range of cognitive, biological and emotional changes as well as unique social transitions²⁸. All of these factors can impact significantly upon their health and wellbeing as many behaviours adopted during this time continue into later life. Promoting a holistic approach to health and wellbeing at this transitional stage and empowering young people to improve their own health and address the social determinants of health can help set them on a positive path into adulthood.

Why young people need support from services²⁸:

- Youth is a unique and critical period of life, a major developmental transition from childhood to adulthood.
- Young people experience key biological, cognitive, emotional and social changes which bring challenges and opportunities for both the individual and society.
- Young people are influenced by social, economic and cultural factors which are different to those experienced during the early years.

* By services, we mean all services in public, private and third sectors together with communities working to deliver shared outcomes.

- Young people are tomorrow's workforce, parents and leaders. Any limitations on the potential of young people in Scotland will impact on their ability to contribute productively as citizens, family members and employees/employers.
- Young people participate in risk-taking and experimentation as they learn to manage new capabilities and greater freedom.
- Common patterns of adult risk taking behaviour start during youth.

Groups who may need extra support are young people:

- who are looked after and accommodated or care leavers
- who have poor attendance at school
- who have low educational attainment
- living in poverty and/or areas of deprivation
- who are disabled
- who have learning disability
- who have experienced abuse and violence
- who are in contact with the justice system
- whose parents had children when they were young
- who are, or at risk of, homelessness

Young Parents

Parenthood can be both exciting and daunting at any age. Young people who are at higher risk of becoming parents tend to have poorer health and social outcomes compared to older parents³, and these are generally intensified as a result of becoming a parent. Such disadvantages underlie many of the additional issues that young parents face. Taking action on these issues will impact the inequality that exists between young and older parents. Providing young people with the ability to consider their aspirations and ambitions for the future can increase their opportunities and choices; and help achieve their potential as an individual. Younger mothers who exhibit child nurturing behaviours, such as reading to their child/children, promoting a healthy lifestyle and who provide a secure and stable environment have similar chances of raising children with positive outcomes as older mothers who do the same. Whilst mothers aged 20-24 are relatively advantaged when compared with their younger counterparts, they are still at a significant disadvantage when compared with older parents (25+). Whilst the needs of each young parent will vary and such needs should be considered on an individual basis, there are some groups that professionals should be aware of as requiring additional and likely on-going comprehensive interagency support.

Why young parents need support from services:

- Young parents tend to have poorer perinatal health outcomes (later engagement with services, lower birth weights, less likely to breastfeed, higher infant mortality and higher rates of postnatal depression)²².
- Young mothers experience poorer mental health and are at a higher risk of mental health issues, such as postpartum depression in the first three years after giving birth than older mothers. Postpartum depression, if unchecked, can have long-term consequences for both the mother and her child²⁶.
- Young mothers also have higher than average feelings of isolation and low self-esteem. Failure to support those with mental health difficulties can have negative effects on parenting practices and can affect the mother's ability to bond with her child. Also, little or no support with daily stress, family

difficulties and emotional issues can impede adjustment and development of good coping abilities²⁶.

- Young mothers have poorer health behaviours during pregnancy such as higher smoking rates and drug misuse and lower breastfeeding rates²².
- Young mothers often experience problems in their relationship with the father of their child; these problems sometimes lead to the involvement of police, legal advisors and social services³¹.
- The circumstances and experiences of young mothers show that they face significant socio-economic disadvantage in terms of lower educational qualifications, lower employment levels and lower income³.
- Young fathers have double the risk of being unemployed aged 30, even after taking account of deprivation.
- Young fathers tend not to engage with health and social services as well as young mothers. Highlighting the role of fathers, both as a partner and as a father, helping them to feel welcome to engage with services, is key to improving support for young parents³¹.

Groups who may need extra support are young parents who are:

- living in social/economic deprivation
- homeless or at risk of homelessness
- care experienced young people
- in contact with the justice system
- not engaged with education/employment/training

The policy landscape

The *Pregnancy and Parenthood in Young People Strategy* covers many complex areas that are influenced by a large number of policies, legislation and guidance across the Scottish Government as shown on the following page. It is therefore important that the Strategy compliments existing policy and practice.

The supporting document *Pregnancy and Parenthood in Young People Strategy Policy Mapping* sets out the policies, legislation and guidance that impact directly in this area. Most of the policies have similar ambitions and goals, with key themes such as equality and fairness at the heart. It is not a definitive list but it provides an overview of the key policies that link to the strategy and impact upon services across Scotland.

The PPYP Strategy policy landscape



Governance, Monitoring and Evaluation

Good governance will ensure processes are in place for implementing the actions in the Strategy and is crucial to success. A clear structure of Governance, with Ministerial and Government engagement at the top, and with clearly identified and accountable leads nationally, and locally (through Community Planning Partnerships), is proposed (Figure 1 below). In addition mechanisms to provide independent scrutiny of progress, and to monitor and evaluate activity will be established.

Government

As set out on the previous page, the *Pregnancy and Parenthood in Young People Strategy* covers many complex areas and exists in a landscape of a large number of policies, legislation and guidance across Government. It is, therefore, important that, at the national level, the Strategy compliments existing policy and practice and the actions are used to strengthen current plans and approaches for young people.

In order to help achieve this there will be Cross-Ministerial engagement for the Strategy from:

- Minister for Children and Young People
- Minister for Learning, Science and Scotland's Languages
- Minister for Public Health
- Minister for Sport, Health Improvement and Mental Health

Figure 1: Governance and engagement overview for the pregnancy and parenthood in young people Strategy



National Lead for Pregnancy and Parenthood in Young People

The Scottish Government's National Lead for the *Pregnancy and Parenthood in Young People Strategy* will provide national strategic leadership in the implementation of the Strategy. The National Lead will be responsible for the overall delivery of the Strategy, engaging with local and national organisations, ensuring the consideration of up to date evidence and policy, monitoring and reacting to progress and enabling sharing of experience and best practice across Scotland. The Lead will provide the national link across Scotland as well as providing advice and updates to Ministers and an annual progress report to Ministers, the Scottish Parliament and the Independent Advisory Group on progress, both locally and nationally.

Community Planning Partnerships

The actions set out in the *Pregnancy and Parenthood in Young People Strategy* cover areas which can be most influenced by the Scottish Government in partnership with others from across the public sector. Community Planning Partnerships (CPP) in particular have a key role to play, with the Scottish Government providing support, advice and policy direction and linking with young people directly. CPP will be expected to identify an accountable person to take on responsibility for ensuring the delivery of their responsibilities under this Strategy.

Independent Advisory Group for the Pregnancy and Parenthood in Young People Strategy

In addition to the organisations and individuals involved within the Governance structure for the Strategy, there will also be an Independent Advisory Group (IAG). This will consist of individuals from across sectors and organisations who may have a role in delivering the Strategy, an academic interest and/or have an interest in decreasing inequality in young people. This group will champion the Strategy and encourage work in this area. The Group will also receive the annual progress report from the National Lead on the progress of the Strategy and may respond with their views on the implementation progress of the Strategy, highlighting issues that they may feel requires Ministerial attention. The English Teenage Pregnancy Strategy had a similar group which was described as a particular key strength of the English Strategy.

Evaluation and Monitoring

A national Evaluation and Monitoring Group (EMG) has also been established to assess how well the Strategy is being implemented and whether its outcomes are being met over time. Led by the National Lead and SG Health Analytical Service Division, the EMG will help to develop a monitoring and evaluation plan for the first five years of the strategy. It will take account of the recommendations of the an evaluability assessment. Monitoring and evaluation outputs will support the formal annual process of reporting to Ministers and the Scottish Parliament.

Further guidance for the Strategy around reporting will be published by the National Lead in 2017.

Initial Actions

While all of the actions set out in this Strategy will help us towards our long term outcomes, some key actions are included in Figure 2, which summarises what needs to happen in the first two years in order to achieve these outcomes.

Community Planning Partnerships are being tasked with providing leadership and coordinating local effort towards fulfilling the Strategy's actions.

Scottish Government has a significant role, through the National Lead, to provide early leadership and drive in taking forward action.

Figure 2: Actions for Community Planning Partnerships 2016-17

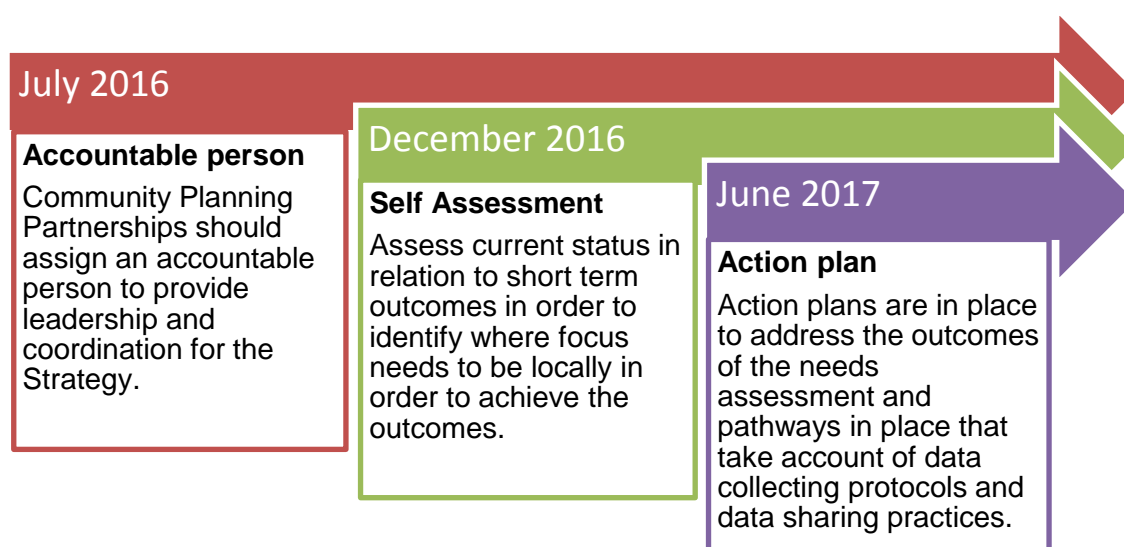


Figure 3: Actions for Scottish Government 2016-17



About this Strategy

A collaborative approach was used to develop this Strategy through an outcomes framework, in order to target the areas where specific actions are needed based on evidence of the current landscape. The PPYP outcomes framework³⁴ was created to support and inform policy makers, planners, evaluators and researchers whose work involves, or is linked to, pregnancy and parenthood in young people. The aim of supporting policy development in this way is to help make it more systematic, explicit and targeted. Having clear outcomes will help with the monitoring of the Strategy's progress at both national and local levels.

As part of the outcomes framework a strategic logic model was produced (appendix A), along with detailed logic models for each strand. The following sections of this Strategy cover each of the four strands from the logic model, with key actions highlighted in each strand. These are:

- Strand 1: Leadership and accountability
- Strand 2: Giving young people more control
- Strand 3: Pregnancy in young people
- Strand 4: Parenthood in young people

A summary of the actions from each section are included at the end of each chapter, and all actions are summarised in appendix B.

Strand 1: Strong leadership and accountability

Improved service co-ordination, informed by local data, identifying 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 and be more responsive to what young people need and want. But this will require clear leadership and accountability.

Local Leadership

Evaluation of the Teenage Pregnancy Strategy in England showed that strong, high-level, leadership at the local and national level is essential if progress is to be made^{24,12}. It is vital that there is an accountable person in each Community Planning Partnership (CPP) (**action 1.4**) who can encourage, enable and support local multi-agency partners in delivery as well as monitoring and reacting to performance management outcomes.

National Leadership

The Scottish Government will appoint a National Lead (**action 1.3**) for the *Pregnancy and Parenthood in Young People Strategy*. This new role will provide strategic leadership in its implementation. The Lead will have policy experience; will be professionally qualified and engaged with the evidence around teenage pregnancy and young parenthood; and will be able to provide the national link across Scotland as well as providing advice and updates to Ministers on progress. The National Lead will be responsible for the overall delivery of the Strategy, engaging with local and national organisations, ensuring the consideration of up to date evidence and policy, monitoring and reacting to progress and sharing of experience and best practice across Scotland. The National Lead will also provide an annual update to the Scottish Parliament on progress against the strategy. This update will also be an opportunity to consider any new or updated evidence (academic or practice based), ensuring this Strategy is continually up to date and relevant.

Local Planning

Part 3 of the *Children and Young People (Scotland) Act 2014* places a duty on each local authority and the relevant health board to jointly prepare a Children's Services Plan for the area of the local authority. These three year plans should be prepared with a view to achieving the aims of providing children's services and related services in the area, in a way which best safeguards, supports or promotes the wellbeing of children; ensures that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising; is most integrated from the point of view of the recipients; and constitutes the best use of available resources. Such plans should be updated to reflect this Strategy, and local needs assessments should be undertaken, reviewed or updated (**action 1.1**).

Data

In order to ensure that the Children's Service Plans are meeting the needs of the young people they should be informed by "live", local data (**action 1.5**). The use of local data is essential for understanding local circumstance in relation to pregnancy and parenthood in young people. Where appropriate, agencies should share data and assess risk as part of a joined-up Strategy, particularly to understand the needs of the local population i.e. those potentially at risk of a pregnancy at a young age,

and young parents.. Through the development of the strategy it is apparent that there is limited evidence around some particular groups of young parents such as young fathers, young parents with disabilities and young parents who have been in the care system. If, despite a revision of local needs assessments and local data, there still remains a gap research should be undertaken to examine in more details the needs of these groups (**action 1.6**).

Workforce Development

Workforce development activities across the range of different services working with young people will enable staff to have the appropriate knowledge, attitudes and skills to understand the needs of young people and to work effectively with them. Multi-agency training and education of the workforce will be essential in order to enable professionals to respond to all aspects of pregnancy and parenthood in young people, and this should be supported by a national resource on the evidence that is available (**action 1.2**). Such training should include evidence around pregnancy in young people; should relate to local data and circumstance; should acknowledge the local needs and views of young people; and should acknowledge local data sharing and safeguarding procedures.

Overview of Actions:

Strong Leadership and accountability		
Links to short term outcome:		
Improve understanding of the need of young people		
1.1	Local needs assessments for young people should be reviewed and updated to reflect the actions in the Strategy.	Community Planning Partnerships
1.2	A national training resource produced based on the evidence around young people at risk of pregnancy, linking with wider issues and practical actions for supporting young people.	Scottish Government
1.3	A National Lead will be appointed to provide national leadership and to help drive implementation of the Strategy.	Scottish Government
1.4	Assign an accountable person to provide leadership and coordination for the Strategy.	Community Planning Partnerships
1.5	Action plans are in place to address the outcomes of the needs assessment and pathways in place that take account of data collecting protocols and data sharing practices.	Community Planning Partnerships
1.6	Assess and commission further research around particular groups of young parents (such as young fathers, young parents with disabilities and young parents who have experienced the care system) to examine in more detail what support they may require.	Scottish Government

Strand 2: Giving young people more control around pregnancy

A key aim of this Strategy is to enable and empower young people so that they feel a sense of control over their own lives, allowing them to build self-efficacy and providing equality of opportunity for the future.

Positive Outcomes and Educational Engagement

Evidence shows that education and engagement with learning are key interventions which help young people to plan for their future – including pregnancy and parenthood. Supporting aspiration and ambition amongst young people is vital as poor attendance at school, low attainment or achievement, few or no aspirations and free school meals entitlement are key indicators for risk of teenage pregnancy⁵.

The Scottish Government's ambition is to raise attainment for all of Scotland's children and young people and to reduce inequalities of outcome. We are clear that good attainment is dependent on certain key foundations of learning, namely literacy, numeracy and health and wellbeing. We want all children and young people to build solid foundations in these three crucial areas, supported by Curriculum for Excellence. However attainment is more than just exam results or test scores, it includes wider achievements. Schools can help improve the life chances and outcomes for all children whatever their background or circumstances, to give them the skills, knowledge and attributes they need to succeed whatever they choose to do when they leave school. Enabling young people to work toward achieving positive outcomes is important for developing self-esteem and self-confidence, building toward a sense of equality of opportunity.

The flexible provision of learning which is tailored to the needs of the individual is key to preventing, or delaying, pregnancy at an early age. Completion of secondary school provides great benefits for adolescents, improving health and wellbeing; increasing their capacity and motivation to prevent pregnancy; and empowering them to take responsibility for their own lives and for improving the lives of others⁵². We also know that parents, carers and families are by far the most important influences in a child's life, and parents who take on a supportive role in their child's learning make a big difference in improving achievement and behaviour.

Maintaining or re-engaging young people in education is therefore a fundamental intervention for reducing the risk of pregnancy (**action 2.8**). Young people who feel supported by their school and family and who feel confident about their future careers are less likely to view early parenthood as a way of finding meaning and gaining respect from their peers². Equally, supporting young mothers and young fathers back into school or learning environments is important for preventing a rapid subsequent pregnancy and ensuring better future outcomes for mother and child. Appropriate early childhood and educational interventions in all settings, targeted at young people at risk of poor educational outcomes, will contribute to improved educational attainment and connectedness with education. This will support young people to develop their aspirations and skills for the future and ultimately contribute to an increased likelihood of remaining in education or gaining training opportunities or employment as well as a reduction in unintended pregnancy.

School absenteeism is linked to a number of adverse outcomes, including pregnancy in young people. It is generally recommended that intervening early to address problematic non-attendance produces the best outcomes for the young person concerned. Deterioration in the academic performance of young women aged between 11 and 14 is a strong predictor for those young women to become pregnant while still a teenager and once pregnant, to continue with the pregnancy⁵. Thus, transition from primary to secondary school is an important time for young women in particular, with some evidence showing the benefits of a nurture approach for those who are potentially vulnerable during this time. Support needs may fluctuate with the changing needs of the young people, and therefore appropriate sharing of data and information between services and agencies is important.

Supporting Positive Relationships and Sexual Wellbeing

In 2014, 75% of young people aged 15 surveyed in the Health Behaviours of School Aged Children (HBSC) survey reported they had *not* had sexual intercourse⁷, compared to 65% in the previous survey in 2010⁶. This difference is almost entirely due to a change in reported behaviours from young women^{5,8-9}. Evidence from the Natsal²⁵ report also shows that the younger the age of first intercourse the lower the level of sexual competence. Ensuring the sexual health and wellbeing of *all* our young people is essential not only to reduce pregnancy at an early age but also to support mutually respectful and consensual relationships⁸.

This begins in early childhood when positive experiences and learning can enable resilience into adolescence, early adulthood and beyond. Such relationships include peers, boyfriend/girlfriends, parents and carers. Establishing connected relationships with parents/carers have been shown to have an important protective factor for young people. Parents, who are aware of their child's activities, have adolescents who are less likely to engage in sexual risk behaviours [and] teenage pregnancy²⁹ and data show that young people who talk to their mothers/fathers are less likely to have sex before the age of 16⁷.

Whilst partner violence can affect both young men and young women, research has shown that the impact of partner violence is indisputably differentiated by gender; girls report much higher levels of negative impact than do boys²⁷ and are also disproportionately perpetrated against¹. It is important that young people are informed about the different aspects of abuse, including coercive and controlling behaviours, emotional and mental abuse and not just physical harm.

The Scottish Government's *Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls*⁴⁴ also shares these same outcomes and work is underway to develop a risk assessment for young people at risk of domestic abuse, which should promote healthy and safe relationships in young people. Such approaches are also important in helping children and young people identify when they are vulnerable to exploitation. Clearly, child sexual exploitation (CSE) and sexualisation of young people is insidious and difficult for children and young people to identify. It is therefore essential that professionals across different agencies actively promote healthy relationships, as well as being able to identify children and young people who may be at increased risk.

Activities to improve social and emotional wellbeing contribute to positive changes in: aspects of psychological wellbeing (self-efficacy, locus of control), confidence (self-concept, self-esteem), emotional wellbeing (anxiety stress and depression, coping

skills) and social wellbeing (good relations with others, emotional literacy, antisocial and pro-social behaviour, social skills). These will contribute to young people developing safe, healthy and equal relationships which in turn will contribute to increased positive sexual behaviour. Universal programmes to address social and emotional wellbeing should be delivered effectively and consistently in all settings as part of the Mental, Emotional, Social and Physical Wellbeing organiser of the Health and Wellbeing curriculum area of Curriculum for Excellence. This also links with the *National Youth Work Strategy*¹⁴ which has an outcome to ensure young people are well informed and encouraged to make positive choices.

In order to communicate effectively with all young men and young women across Scotland about the importance of healthy, respectful, consensual and safe relationships, key messaging should be developed by the Scottish Government to support communications activities and this aspect of this Strategy (**action 2.1**). These messages will be cross-cutting, will reflect current evidence, and will be relevant and available to multiple agencies – including the Scottish Government, NHS Scotland, Local Authorities, the Third Sector and Police Scotland.

Relationships, Sexual Health and Parenthood (RSHP) Education

The provision of Relationships, Sexual Health and Parenthood education is acknowledged as a key intervention²⁵ to support positive relationships in young people and to reduce rates of pregnancy in young people. RSHP education aims to encourage equality and mutual respect from an early age, as formal education is the only way of ensuring that all young people are provided with the knowledge they need from reliable sources²⁹. For all of these reasons, all young people should receive high-quality education on relationships, sexual health and parenthood in order to respect, protect and fulfil their human rights as they grow up (**action 2.3**).

In December 2014, *Guidance on the Conduct of Relationships, Sexual Health and Parenthood Education in Schools*⁴⁶ was published. This Guidance will help schools, and other educational settings, to create a positive culture, equipping children and young people with the knowledge, skills and values they need to make informed and positive choices about forming relationships. The Guidance also states that staff teaching RSHP education programmes are provided with appropriate training, and initial and career-long professional learning and support to ensure that they can deliver high-quality RSHP education with confidence to support children and young people's learning. The *Sexual Health and Blood Borne Virus Framework 2015-2020 update*⁴⁵ also highlights needs for more comprehensive, consistent and inclusive RSHP education in schools.

The young people, who participated in the Young Scot engagement exercise for this Strategy, told us that they would like to see their RSHP education delivered alongside wider life and relationship education⁵⁴. This reiterates the results of the Health and Wellbeing Curriculum Impact Report which found that in secondary schools, young people would like to be asked more often about what and how they would like to learn within health and wellbeing¹⁵. It is also important that parents and carers take a role in discussing relationships and sexual wellbeing with their children to help the continuous discussion both in school and at home. A review of parental involvement in relationship and sexual health education suggest there is good evidence that school, home and community based programmes involving a parenting

component can have a positive impact on young people's knowledge and and/or attitudes and improved parent-child communication⁵³.

Responsibility for RSHP education extends beyond schools and involves all those working with children and young people in Scotland. Strong partnerships between schools, youth work and community learning are therefore essential and should be in place. (**action 2.2**). Evidence shows that youth development programmes which include a study or learning component and voluntary service in the community can have positive impact on pregnancy rates of young women and also have a positive impact on academic achievement³⁴.

Peer education can also be an effective way to engage young people in relationships, sexual health and parenthood education. Many young people involved in the development of this Strategy expressed a desire for more peer education, so that it is based upon real life experiences from a young person's perspective⁵³, particularly in relation to the delivery of RSHP education. Additionally, evidence shows that the provision of peer-led programmes may be effective in reducing teenage pregnancy and delaying sexual initiation³⁴. However, it is important that any peer education programme is implemented effectively, consistently and over a sustained period and is not seen as a substitute for trained educators or a whole school approach. The input of young people into the programme and their training and supervision is key to success.

Young people should be adequately prepared for parenthood, whether that is potentially imminent or sometime in the future – if that is a choice they make. Learning about nurture and attachment can equip young men and women to understand the needs of their children and the impact their interaction and communication has on the development of that child. The Relationships, Sexual Health and Parenthood experiences and outcomes section of Curriculum for Excellence asks that all young people be taught about parenthood. Education on future parenthood is important for empowering young people to make choices about whether and when they would wish to become a parent in the future. Of the young people who participated in the Young Scot engagement exercise for this Strategy, only 51% had received education on parenthood, in comparison to relationships and contraception (76%)⁵⁴. This is a missed opportunity to help young people to consider their role and responsibilities as a potential future parent. For these reasons, a collaborative approach to preparation for future parenthood, including an understanding of the impact of the parent on child development, should therefore be implemented locally. (**action 2.4**).

Sexual and Reproductive Health Services

Interventions such as sex and relationships education (RSHP) should be combined with high-quality sexual health services and the provision of effective contraception in order to help reduce numbers of pregnancies in young people¹⁰.

Sexual and reproductive health services for young people are provided by all Health Boards in Scotland, either directly or in partnership with other partners¹⁷. Despite this, some young people have reflected that they feel anxious about accessing some services, notably for contraception⁵⁴. Of those surveyed, 25% reported that they think there are difficulties for young people in accessing contraceptive services. This included a sense of embarrassment, of being judged and perceptions of [a lack of] confidentiality. It is essential that young men and young women are comfortable and

confident in accessing sexual health services and those services are youth friendly and sensitive to their needs, acknowledging the unique circumstances of young people's biological, cognitive and psychosocial transition into adulthood.

All those offering sexual and reproductive health (SRH) services to young people should ensure a youth-friendly approach which reassures young people about confidentiality and tackles any potential embarrassment. In order to help ensure this approach, the Scottish Government will work with stakeholders to ensure young people know their rights around confidentiality in different services (**action 2.3**)

Schools and other learning establishments have an important role to play in signposting to such services and in working with colleagues to support young people who may feel anxious about accessing sexual health services. Practitioners in health and other non-educational services should be well informed about local SRH services and proactively support young people to access early help (**action 2.6**). This is particularly important for more vulnerable young people who may have a trusted relationship with a non-health practitioner, e.g. youth worker.

As set out in the *Sexual Health and Blood Borne Virus Framework update (2015-2020)*⁴⁵, NHS Boards should work with their Local Authority colleagues to ensure that drop-in clinics are situated in, or close to, schools so that young people can access health, including sexual health, advice and can be signposted to specialist services dependent, on the advice and support they require (**action 2.7**). The location should reflect the views of young people.

Some young people who access sexual health services may have other health, relationship, social or economic concerns that are affecting their lives. Providing a holistic service, with appropriate and relevant integrated care referral pathways (**action 2.5**) to other health and social care services, is vital for ensuring that young people receive the care, advice and support they need.

It is important that young people are aware of the full range of contraceptive options that are available and how to access these locally. Particularly important is the ability to easily access longer acting reversible contraception (LARC)[†]. Recent data has shown an increase in reliance on 'the withdrawal method' to prevent pregnancy and that the use of condoms has reduced⁷. This shows that some young people are not fully informed on how to prevent pregnancy and STIs. It is absolutely essential that both young men and women have a comprehensive understanding of the effective methods of contraception for preventing pregnancy and sexually transmitted infections; that they know how and where to access such contraception; and they are able to access such contraception when needed.

During our engagement with young people, young mothers discussed the impact of contraceptive failure, that they hadn't considered that this could occur and that they didn't have the information about what to do if it does. Some young mothers reported that they had been using contraception when they conceived, and didn't understand why the contraception had failed. The young fathers we engaged with expressed a desire to know more about contraception. Schools, youth services and health services should ensure that young men as well as young women are provided with

[†] The intrauterine device (IUD) and intrauterine system (IUS) and the implant

comprehensive information on the importance of effective methods of contraception for avoiding pregnancy.

In Scotland, women can access emergency contraception (EC) from a number of services including community pharmacies, sexual health services and primary care, free of charge. Evidence suggests that amongst some young people, knowledge about emergency contraception is limited, "*there is no information told about the morning after pill, only that it exists*"⁵⁴. In addition to longer term methods of contraception, young people should be provided with accurate information on where and when EC can be accessed. EC should be provided in an accessible and consistent way by respectful and non-judgemental staff.

Overview of actions:

Giving young people more control		
Links to short term outcome: Young people have a better understanding of what healthy, safe, consensual and equal relationships are		
2.1	Develop key messaging to promote understanding of consent and healthy relationships in young people.	Scottish Government
2.2	Demonstrate partnership working to support the Relationships, Sexual Health and Parenthood (RSHP) education guidance locally.	Local Authorities Third Sector NHS Boards Parents and carers
2.3	Demonstrate how young people are aware of their rights and how they are acting on them.	Local Authorities Third Sector NHS Boards
Links to short term outcome: Young people have increased knowledge of nurture, attachment, preconception and parenthood		
2.4	Implement a collaborative approach to preparation for future parenthood including an understanding of the parent's impact on child's development.	Local Authorities Third Sector NHS Boards
Links to short term outcome: Young people have increased knowledge and skills around contraception and sexual negotiation		
2.5	Develop appropriate and integrated routes into other health and social agencies to respond to the health and social care needs of young people.	Community Planning Partnerships
2.6	Provide young people with clear signposting to services. Service responses are in line with the user group, reviewed on a regular basis and additional steps are being taken to reach out to non-attenders.	Local Authorities Third Sector NHS Boards
2.7	Determine the appropriate provision of contraceptive services out with the health environment, dependent on the needs of the local population.	Local Authorities Third Sector NHS Boards
Links to short term outcome: Improved attitudes to and experience of education		
2.8	Early educational interventions for young people are delivered in all settings and are proportionate to need.	Local Authorities Third Sector NHS Boards

Strand 3: Pregnancy in young people

Young people who have conceived should be provided with objective, and non-judgemental information and support to be able to make an informed choice regarding how they proceed with their pregnancy.

Early Identification of pregnancy

Data show that young women who do become pregnant, particularly those aged under 16, access antenatal booking and abortion services later than the general population²². Accessing either maternity or abortion services at an earlier gestation in pregnancy supports better health outcomes for the woman concerned (**action 3.3**).

For example, in Scotland in 2012/13 only 42% of pregnant young women aged under 16 booked for antenatal care prior to 12 weeks gestation (compared with 81% of all women). For those young women choosing to have an abortion, 55% of young women aged under 16 accessed abortion services early, compared with 69% of women of all ages.

Young women, particularly those in their earlier adolescent years, may not appreciate the typical symptoms of pregnancy or recognise them for what they are. Additionally, the likelihood of another pregnancy soon after childbirth may not be recognised by those who have already had a birth. Evidence also shows that young people in Scotland have limited knowledge on abortion, which was also presented by the young people as a barrier to accessing services¹⁶.

The provision of information on the signs and symptoms of pregnancy, and the potential for contraception failure can be helpful for enabling young women to recognise pregnancy or risk of pregnancy. However, some young women may not access services due to extreme anxiety and desires over their pregnancy, rather than a lack of recognition. Such anxiety and distress can result in non-disclosure of pregnancy until a later stage. It is important that young women are helped to understand who they can approach in confidence, should they require support and advice about a pregnancy, and that such support should be accessed as early as possible for their own wellbeing (**action 3.1**).

Young parents engaged in the development of this Strategy asked that 'more visible support' be made available for young women disclosing a pregnancy (whatever the preferred outcome)⁵⁴. It is therefore essential that young women have the information they need to identify that they are pregnant at an early stage (for example, understanding the 'typical' signs of pregnancy, the possibility of contraceptive failure) and that they are able to disclose the pregnancy to a trusted individual, and access services as early in the pregnancy as possible (**action 3.2**).

Professionals working with a young pregnant woman must assess whether there are any child protection concerns, both in relation to the young woman herself and her unborn child. Decisions on intervention, support offered or compulsory measures required to protect children and young people up to the age of 18 are dependent on professional analysis of accurate, as well as relevant information and robust decision making. The *National Risk Framework to Support the Assessment of Children and Young People (2012)*⁴¹ aims to support and assist practitioners at all levels, in every agency, in these tasks. The *National Guidance for Child Protection in Scotland*,

published in 2014³⁷, provides a national framework within which agencies and practitioners at local level – individually and jointly – can understand and agree processes for working together to support, promote and safeguard and the wellbeing of all children. It sets out expectations for strategic planning of services to protect children and young people and highlights key responsibilities for services and organisations, both individual and shared. It also serves as a resource for practitioners on specific areas of practice and key issues in child protection.

Professionals should be aware that an unintended pregnancy and/or sexually transmitted infections (STIs) are possible indicators of sexual abuse or sexual exploitation. Anyone who works with a young pregnant woman and has concerns that the pregnancy is a result of abuse must make a referral in accordance with child protection procedures set out in Part 3 of the national child protection guidance.

Pathways of care

It is essential that clear, multi-agency referral pathways are in place to provide guidance for professionals and support rapid referral for young people who become pregnant (**action 3.4**). Such pathways should be accessible to enable confidence when referring young people for additional support and thus enabling young women to access services as early as possible. Both young people and professionals who contact them should be made aware of such pathways. Where appropriate and with the consent of the young person, professionals should be able to refer confidentially into services having discussed the situation with the young person concerned.

Pregnancy options

As with all decisions around pregnancy, young people should be given appropriate information and the opportunity to discuss all available options with a trusted person. There are three options when pregnant; continue the pregnancy and keep the baby, have an abortion or continue with the pregnancy and place the baby for adoption.

Young women aged under 20 are more likely to book 'late' for antenatal care (i.e. after the 12th week of gestation)[‡]. This may be for a variety of reasons, including not realising that they are pregnant, or taking time to come to terms with a pregnancy. For those with more chaotic lifestyles, they may prioritise other issues such as housing/homelessness or income may make attending appointments and maintaining contact with services difficult¹¹. Barriers to accessing antenatal care are not only attitudinal. In some areas, young parents may experience financial or transport issues that make travel to appointments difficult or impossible. In such cases, local services should work with young parents to consider how access to appointments and peer support services can be facilitated (**action 3.6**). Delayed access to antenatal care risks poorer pregnancy outcomes including higher rates of maternal and infant death and morbidity in women. It is essential that young women who choose to proceed with their pregnancy are enabled to access maternity services as early as possible¹¹. Local pathways of care are vital to this.

For first time mothers aged under 20, accessing midwifery services enables rapid referral to local Family Nurse Partnership (FNP) teams⁴⁸. This allows the Family

[‡] Data from 2012/13 show that 80.7% of all women achieved the target, whereas none of the young women in the 'teenage' age groups (<20, <18, <16) achieved the target. This was notable for the under 16 age group, of whom only 41.9% were booked for antenatal care by 12 weeks. Available at http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Publications/2014-08-26/mat_bb_table9.xls

Nurse to initiate contact with the young women and discuss how the programme can provide support.

Additionally, it allows NHS services to provide timely referral to local support groups so that links with other young parents can be made, as well as to any other services that the young woman may require, for example housing. As set out in the *Refreshed Framework for Maternity Care in Scotland*⁴⁷ antenatal care services should be tailored and proportionate to local population need. Research has shown that some young fathers struggle to attend antenatal appointments due to work/college commitments³¹. Additionally, they can experience negative experiences with maternity/health services and feelings of exclusion or marginalisation are reported³¹. Supporting the father's involvement in their partner's pregnancy and childbirth helps to enable a sense of shared responsibility between parents. Mothers aged under 20 are also less likely to attend antenatal classes³. Young parents have reported that they have chosen *not* to access antenatal classes because of a perception that the classes would not be relevant to them – due to their age – and that they would be 'judged' by older mums and dads⁵⁴, preferring classes targeted at their own age group¹³.

Evidence also suggests that provision of antenatal classes designed specifically for young women appears to improve contact with antenatal care. Therefore, local areas should consider how best to provide antenatal classes that address the needs and anxieties of young mothers and fathers, helping them also link in with antenatal care (**action 3.6**). Given the particular needs of young parents in relation to maternity services[§], a guide for midwives, doctors, maternity support workers and receptionists will be developed in collaboration with the NHS and young parents based on the Public Health England guide *Getting maternity services right for pregnant teenagers and young fathers*. This will help those working in maternity services to better understand the particular needs of pregnant young women and their partners (**action 3.7**).

In terms of abortion, all local areas should have clear referral pathways into abortion services in line with existing *Sexual Health and Blood Borne Virus Framework update (2015-2020)*⁴⁵. Information on local gestational time limits should be clear and made easily accessible to all health service providers as well as to women accessing services³⁰, as the earlier an abortion is performed, the lower the risk of complication. In line with existing policy and NHS HIS standards, services should offer arrangements that minimise delay in providing a safe abortion, whilst also allowing sufficient time for reflection to consider other options¹⁷. Information about the immediate return of fertility after abortion and advice on effective methods of contraception should be made available to all women accessing abortion services. All abortion services should offer effective methods of contraception post-abortion and, wherever medically possible and when acceptable to the women, provide such methods prior to discharge from the service⁴² (**action 3.5**).

The vast majority of women do not require counselling post-abortion. However, it may be helpful for some women and fathers. In particular, where there are concerns about the situation in which the young woman found herself to be pregnant (for example if there was coercion, an inability to understand how a pregnancy occurred

[§] maternity services refers to the specialist care provided by midwives, obstetricians, anaesthetists, neonatologists, paediatricians

etc.). This is important for ensuring the safety for these young women and to address any circumstances which may have led to the pregnancy. Lack of such counselling may compromise the safety of the young woman if left unresolved and also may result in another unintended pregnancy. Support may also be required for instances where abortion is required on medical grounds, young parents may require support around mental wellbeing to help them prepare for future pregnancies.

Overview of actions:

Pregnancy in young people		
Link to short term outcome: Young people make early and informed choices following conception		
3.1	Information on pregnancy should be available in places frequented by young people and should consider the needs and concerns of young people, particularly concerns around confidentiality.	Local Authorities Third Sector NHS Boards
3.2	Accurate and up to date information on pregnancy and local services is made available on local sexual health websites and other websites aimed at young people.	Local Authorities Third Sector NHS Boards
3.3	Determine where delays into services have occurred, what barriers exist and feed into local information provision and referral pathways.	Local Authorities Third Sector NHS Boards
3.4	Young people are involved in assessing the appropriateness of the pathway (at key transition points) to their experiences and needs.	Community Planning Partnerships
3.5	All abortion services to offer and, where appropriate, provide effective contraception and counselling post abortion.	NHS Boards
3.6	Demonstrate how young parents are given information on and are able to access, antenatal classes and support groups locally.	NHS Boards Third Sector
3.7	A guide for midwives, doctors, maternity support workers and receptionists will be developed in collaboration with the NHS and young parents based on the Public Health England guide ' <i>Getting maternity services right for pregnant teenagers and young fathers</i> '.	NHS Boards

Strand 4: Parenthood in young people

Although parenthood is a positive experience for many young people, it is associated with increased risk of a range of poor social, economic and health outcomes for some. 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. This in turn will contribute to improved health and social outcomes for young parents and their children. Young parents need³⁴.

- Tailored information and advice about opportunities for education, training, employment and careers, childcare, money and benefits and housing
- Individualised plans for return to education and employment which consider the wider costs and benefits of such a return (including flexible childcare)
- Advocates to help young parents approach services and/or co-ordinate cross agency support to better match young parents needs
- Interventions to reduce domestic abuse and improve relationships

Promoting positive attitudes to young parents

Young parents have expressed that one of the greatest challenges they face is the stigma and judgemental attitudes that they experience because of their age⁵⁴. This is from professionals, friends, peers and even from their own family. All young parents and their babies should be provided with person-centred, safe and effective postnatal care. Such care should ensure that effective communication and liaison processes are in place across agencies (maternity teams, primary care staff, health visitors and local authority services) to ensure the holistic needs of young parents are taken into account (**action 4.1**).

Age and pregnancy are protected characteristics under the *Equality Act (2010)* and therefore it is prohibited to discriminate against or treat someone less favourably than their peers. Experiencing negative attitudes is harmful to young parents and can also prevent them feeling that they can ask for help and support. Young parents told us “*if I ask for help I am seen as weak and they will use it against me*”, “*they think I’m stupid*” and “*they don’t listen*”. For many young people the fear of having their child removed from their care if they are seen not to be coping or because of their previous care-history, can act as a significant barrier to seeking early advice and support.

As part of the *Children and Young People (Scotland) Act 2014*³⁹, coordinated support through a child’s plan, ensuring that both the parent (if under 18) and child have a separate plan, will ensure both needs are met. If a child is considered to be at risk child protection procedures will be instigated to protect that child and actions integrated into the holistic Child’s Plan. For those whose child requires to be accommodated away from home, support should be in place to address the circumstances that led to the child being accommodated and consider what support the mother/father may require in order to cope. Careful consideration needs to be given to accommodation needs and how the young person can be positively supported, particularly in the ante-natal period, to understand the stages of pregnancy and how they can begin to prepare emotionally and practically for the arrival of their baby. For some young people who have had a care-history, becoming a parent may raise particular issues about their own upbringing and how they were

parented. Professionals should be mindful of this and provide appropriate counselling / emotional support.

During our engagement work with young parents, relationships with professionals were frequently and particularly mentioned. Whilst some relationships were positive and valued, others were identified as problematic and which prevented them accessing services, “[it’s] hard to build a trusting relationship with professionals in the community”. Professionals working with young parents should be aware of this and consider how to adapt practice to inform and reassure potentially anxious young people. Continuing professional education programmes using local data for frontline staff should address these issues and assist in planning services to meet the needs of young people (**action 4.2**).

Antenatal Support and Maternity Services

For young pregnant women and their partners, maternity services are often their first experience of statutory services as a potential young parent. Young pregnant women are more likely to have complex social needs including socio-economic deprivation, current or recent experience of being looked-after, homelessness, poor engagement with education and involvement in crime. Such factors are also associated with lower levels of access to and use of services³⁴. Young parents are less likely than older parents to access maternity care early on (average gestation at booking is 16 weeks), and are less likely to keep appointments. They can feel discouraged from accessing services due to a range of factors including:

- Unfamiliarity with care services
- Practical problems making attendance at antenatal services difficult
- Difficulties communicating with healthcare staff
- Anxieties about the attitudes of healthcare staff

Young fathers specifically may not attend due to:

- not knowing about maternity services or thinking they are only for mothers
- fear of being judged, ignored or not taken seriously by health professionals
- feel embarrassed about their knowledge
- feel like they will be blamed for the pregnancy (especially if under 16)

The *Refreshed Framework for Maternity Care in Scotland*⁴⁷ is designed to address all care from conception throughout pregnancy and during the postnatal phase. It aims to get maternity care right for every woman and baby in Scotland – including young mothers. A named professional in maternity services who provides continuous care through pregnancy and beyond has been shown to have particular benefits for young mothers³⁴. Some young mothers particularly value the provision of a ‘link midwife’. Such support can ensure that young parents are more likely to access and maintain contact with services and have their needs met. Young mothers report that they often don’t know what support services are available in their area. Statutory and Third Sector agencies should work together to inform young parents about available services and help young parents to access such services (**action 4.6**).

NHS services should use local data to understand numbers and characteristics of births in young women in their area and ensure that services provided are relevant and supportive to the particular needs of young mothers and fathers. By working closely with other agencies, including the Third Sector, local areas should be able to

provide services that address the needs of young parents, providing them with health and social support.

Peer support can also be a valuable tool. Evidence from practice across Scotland and from young parents themselves has indicated the positive benefits that come from peer support or peer mentorship, for the parents as well as the mentors themselves. Peer mentors can provide support during pregnancy and beyond, supporting new parents to negotiate the challenges of parenthood, providing advice, support and experience.

Family Nurse Partnership (FNP) is a preventive programme for young first time mothers under 20 in Scotland⁴⁸. The programme offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until the child is two. FNP has three aims: to improve pregnancy outcomes; child health and development; and parents' economic self-sufficiency. Some young parents may be offered support through Family Nurse Partnership (FNP). For those who choose not to take up this offer, and for the general population, the Universal Health Visiting Pathway will be available. The *Universal Health Visiting Pathway*³⁶ promotes progressive universalism but also supports communities, parents and families in need of additional support, achieving equity, addressing early identification, intervention and reducing inequalities. Health Visitors have an important role in supporting all parents. All young parents in Scotland will be supported further through the implementation of the *National Parenting Strategy*³⁸ and the *Children and Young People (Scotland) Act 2014*³⁹.

Support to control reproductive health and pregnancy spacing

Rapid, repeat pregnancy (i.e. within two years) is associated with an increase in adverse health outcomes, and inter-pregnancy interval of less than one year is particularly associated with preterm birth and neonatal death⁴.

Scottish data (2011) show that approximately 25% of mothers aged under 20 will have a subsequent conception within two years (with around 7% conceiving again within one year). Percentages for under 18s are similar (24.9%) however, rapid subsequent pregnancies amongst those aged under 16 are notably lower (5.9%).

Ensuring that young women and their partners understand how quickly fertility returns after giving birth, and have access to contraception post-partum, will help young mothers to control their reproductive health (**action 4.3**). Contraception should be discussed with young women and their partner in the antenatal period to enable them to consider their options, and whether contraception post-partum is acceptable to them (**action 4.4**). Their preference should be recorded in their notes, and where acceptable/feasible, contraception should be provided prior to discharge from hospital⁴². Whilst vital, provision of post-partum contraception is not the only intervention to help young women and their partners avoid unintended rapid repeat pregnancy. Enabling young mothers to stay/re-engage in education, attend college and find fulfilling employment are important interventions for helping to address family spacing.

Education, training and employment

The Scottish Government is committed to ensuring that all young people achieve their potential, and are able to access learning, training or work. For most young people, S4 is the last compulsory year of schooling. Through *Opportunities for All*⁴³,

all young people aged 16 – 19 are entitled to an appropriate offer (or more than one offer if necessary) of learning or training. This applies equally to young parents, as to all young people, and is particularly vital for ensuring that young mothers and fathers are enabled to build a future for themselves and their families. The entitlement to support from a Named Person under the *Children and Young People (Scotland) Act 2014*³⁹ should help many young people under 18 obtain the advice, support and help that they need to secure appropriate and desirable education, training and employment.

Career and educational interventions are particularly appropriate to the needs of young parents as they improve access to relevant and tailored information about options. They also raise the employment and career aspirations of young people, increasing positive long term outcomes for themselves and their families.

Young mothers and young women who become pregnant should be supported to remain in school or college until at least 18 years of age, where they should be able to access education that fits with their skills and aspirations (**action 4.8**). Flexible and appropriate childcare is central to this and evidence suggests that those programmes with support for childcare (both education and career development) are the most effective.

It is vital that young parents have a positive educational experience as their child will be entering the education system within four years. There is good evidence that such experiences and values are passed from generation to generation. A whole family approach to increasing educational aspiration is also important as a mother's low educational aspirations for her daughter aged 10, is a risk factor for pregnancy before 18. For those young women (and their partners) who become parents whilst of school-age, a positive school environment is essential in allowing them to remain in education.

In the first instance, both before and after the birth, young people should be encouraged to remain in their own school where they have established relationships with teachers and peers and have a chosen course of study. Local Authorities should develop guidance for schools to ensure that support and planning processes are in place to allow this to happen (**action 4.9**).

Where a young person cannot or will not re-engage with their current school, alternative learning provision needs to be identified. In some areas there is the option to attend a school that has an integrated young parents' support base on-site. Currently, Scotland has three such schools where young mothers can access education with on-site childcare and parenting support;

- Smithycroft High School, Glasgow
- The Wester Hailes Education Centre, Edinburgh
- Menzieshill High School, Dundee

These centres are situated in areas where higher than average rates of young parenthood enable such centres to be established. This Strategy does not recommend such models as the only option, and services need to be planned dependant on local circumstances and need. However, it is strongly recommended that young mothers are actively enabled to stay in the school of their choice (some may wish to stay at their local school and not to go to a unit for young mothers or

may chose an alternative one to fit their circumstances) and that across Scotland, Local Authorities consider the most appropriate model of childcare for their young people.

Evidence suggests that a focus on employment and provision of jobs and higher earning for young mothers is associated with improved long-term self-sufficiency. There is no published data currently as to how many young mothers remain in education, training and employment, but our ambition is that no young mother has to leave education, training or employment as a direct consequence of a pregnancy.

A focus on young fathers continuing with education/training is important given their high risk of later unemployment. Services report that once they find out they are becoming a father, young men often feel they should bring money into the family and drop out of education. Often this means entering low paid work which then contributes to family and child poverty.

Childcare funding

Where young women have expressed a desire to remain in their current school, flexible childcare is essential for the young women to finish their education (**action 4.10**).

Colleges are allocated childcare funding annually by the Scottish Funding Council (SFC) as part of college student support funds. This funding has two elements; the Lone Parent Childcare Grant (LPCG) and the Discretionary Childcare Funds. Young parents have identified that accessing funding for childcare when in college can be challenging. Work will be undertaken to provide information to young parents on the funding which will help them to complete their time at College. This information should be provided to young parents locally via statutory and Third Sector services.

The *Children and Young People (Scotland) Act 2014*³⁹ has increased, early learning and childcare entitlements. From August 2014, children are eligible for 600 hours/ year (the equivalent of around 16 hours/ week during term time) early learning and childcare. Once a child becomes entitled to early learning and childcare, they will stay entitled even if their parent becomes employed, or their situation with parent or carers changes.

Housing

Pregnant young women and young mothers make up about one in twenty of all applications for housing and homeless assessments in Scotland³⁵. For young people, leaving home is associated with greater autonomy and freedom to act as they choose³. For some young parents, particularly those of a younger age, staying in the family home offers a secure environment for parent and child. However, for many young parents (be they as lone parents or as a couple) independent living enables them to develop self-efficacy and skills they require. They often need help and support to learn independent living skills. Secure, permanent housing that is situated in their community is essential in enabling young parents to build a network of support and to provide a positive family environment for themselves and their child/children.

In Scotland, all those assessed as unintentionally homeless by local authorities are legally entitled to settled accommodation. A person should be treated as homeless even if they have accommodation, if it would not be reasonable for the person to

continue to occupy it (for example, if it is an unsuitable environment for a family or pregnant woman).

The Scottish Government is working with partners from local government, health and the Third Sector to put in place policies, guidance and legislation to prevent and alleviate homelessness and to ensure that every homeless person is able to receive information, advice and support according to their needs. For Corporate Parents involved in housing and homelessness, this follows earlier work on the guidance on *Housing Options Protocols for Care Leavers*⁴⁰. This will continue to be a good practice tool and will be refreshed in light of the provisions in the 2014 Act.

Young pregnant women / young parents may not always understand how to access housing *“I went down the homeless route but I did not have the right information or support when I went through it”* and thus should have the help and support they need to understand their rights in this area (**action 4.5**).

Income Maximisation and Support

Young mothers under 20 are considerably more reliant on state benefits and tax credits than older mothers – a position that remains the case as the child ages³. Through our work with young parents, it is clear that many find accessing the welfare and income to which they are entitled confusing and difficult.

On-going work in the Scottish Government to ensure income maximisation will be essential in providing support for young parents. However, it is clear that the situation that young parents find themselves in is extremely complex, and depends on a variety of personal circumstances. In light of this, the Scottish Government will work with professionals and young parents to build resources to provide the information they need in the language and media they prefer and understand (**action 4.7**).

Overview of actions:

Parenthood in young people		
Link to short term outcome: Young parents have increased knowledge about local services and are confident using them		
4.1	Ensure everyone working with young parents communicate effectively, across multiple services, putting the young parent(s) and their needs at the centre.	Community Planning Partnerships
4.2	Use local data to understand local population and ensure the provision of local services are relevant to the needs of young parents.	Community Planning Partnerships
4.3	Understand more comprehensively the factors that may have influenced a rapid subsequent birth.	NHS Boards
4.4	Ensure all pregnant women aged under 20 are consulted about their contraception preferences antenatally and that these preferences are provided early in the post-natal period.	NHS Boards
4.5	Local data is used to map if young parents have the health and support they need to ensure relevant and secure housing appropriate to their need.	Community Planning Partnerships
4.6	Agencies (national and local) webpages aimed at young people or young parents have information on support for young parents around social and health needs.	Local Authorities Third Sector NHS Boards
4.7	Develop a resource for young parents which provides up to date information and support on accessing welfare and includes help and support to understand their housing rights.	Scottish Government Local Authorities Third Sector NHS Boards
Link to short term outcome: Young parents are supported to stay in education, training or employment		
4.8	Assess that all young parents' choice to continue in education is supported and in an appropriate education setting.	Community Planning Partnerships
4.9	Local Authorities should develop guidance for schools to ensure that support and planning processes are in place to allow young people who become pregnant to remain in their own school.	Local Authorities
4.10	Educational and training agencies can demonstrate acknowledgement of the impact of parenting and support flexible childcare for young parents staying in education, training and employment.	Local Authorities Third Sector NHS Boards

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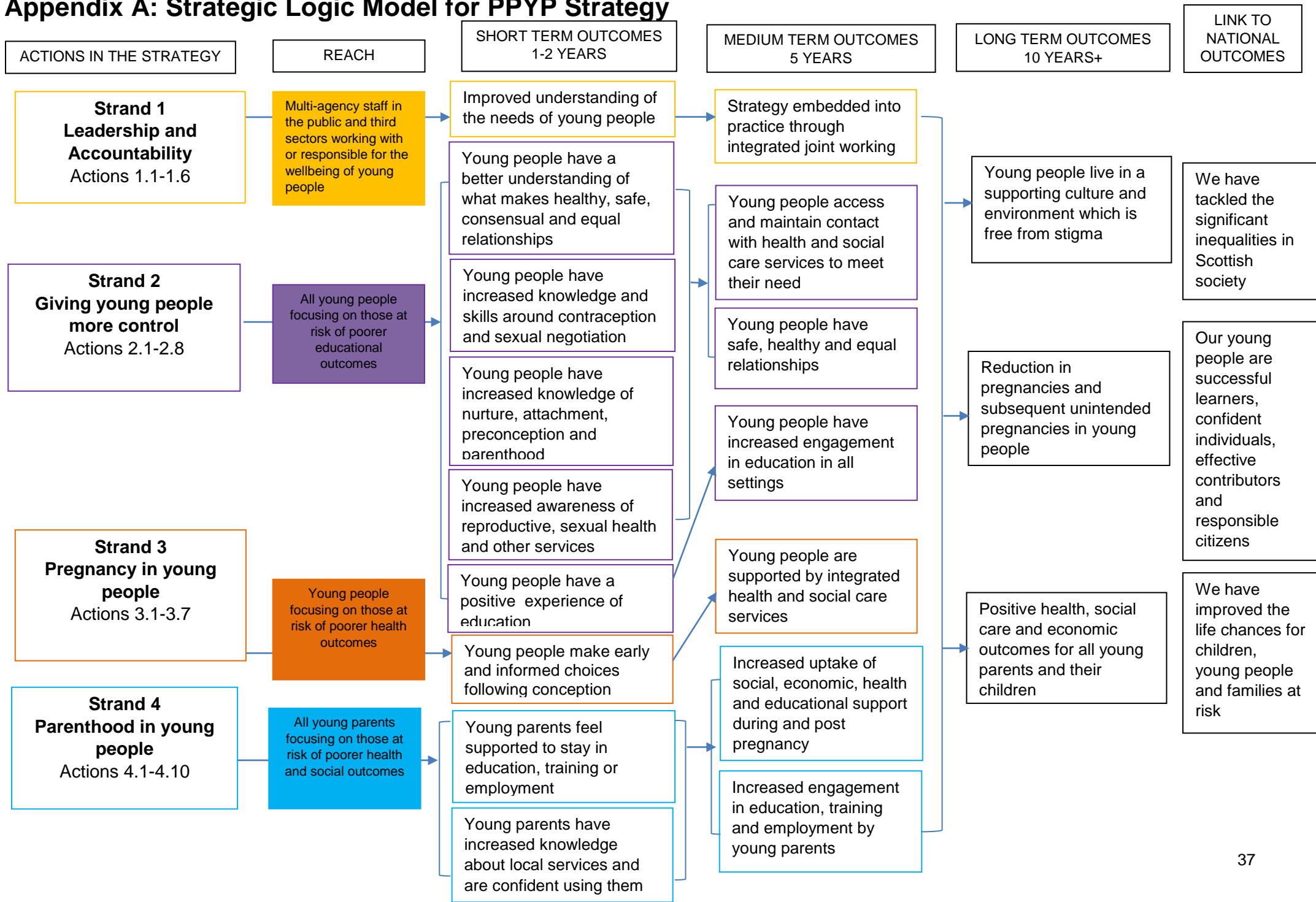
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Appendix A: Strategic Logic Model for PPYP Strategy



Appendix B: Overview of Actions

Action number	Action	Responsibility
Strand 1: Strong Leadership and accountability		
Links to short term outcome: Improve understanding of the need of young people		
1.1	Local needs assessments for young people should be reviewed and updated to reflect the actions in the strategy.	Community Planning Partnerships
1.2	A national training resource produced on the evidence around young people at risk of pregnancy, linking with wider issues and practical actions for supporting young people.	Scottish Government
1.3	A National Lead will be appointed to provide national leadership and to help drive implementation of the Strategy.	Scottish Government
1.4	Assign an accountable person to provide leadership and coordination for the Strategy.	Community Planning Partnerships
1.5	Action plans are in place to address the outcomes of the needs assessment and pathways in place that take account of data collecting protocols and data sharing practices.	Community Planning Partnerships
1.6	Assess and commission further research around particular groups of young parents (such as young fathers, young parents with disabilities and young parents who have been in the care system) to examine in more detail what support they may require.	Scottish Government
Strand 2: Giving young people more control		
Links to short term outcome: Young people have a better understanding of what healthy, safe, consensual and equal relationships are		
2.1	Develop key messaging to promote understanding of consent and healthy relationships in young people.	Scottish Government
2.2	Demonstrate partnership working to disseminate the Relationships, Sexual Health and Parenthood (RSHP) education guidance locally.	Local Authorities Third Sector NHS Boards Parents and carers
2.3	Demonstrate how young people are aware of their rights and how they are acting on them.	Local Authorities Third Sector NHS Boards

Links to short term outcome: Young people have increased knowledge of nurture, attachment, preconception and parenthood		
2.4	Implement a collaborative approach to preparation for future parenthood including an understanding of the parents' impact on child's development.	Local Authorities Third Sector NHS Boards
Links to short term outcome: Young people have increased knowledge and skills around contraception and sexual negotiation		
2.5	Develop appropriate and integrated routes into health and social agencies to respond to the health and social care needs of young people.	Community Planning Partnerships
2.6	Provide young people with clear signposting to services. Service responses are in line with the user group, reviewed on a regular basis and additional steps are being taken to reach out to non-attenders.	Local Authorities Third Sector NHS Boards
2.7	Determine the appropriate provision of contraceptive services out with the health environment, dependent on the needs of the local population.	Local Authorities Third Sector NHS Boards
Link to short term outcome: Improved attitudes to and experience of education		
2.8	Early educational interventions for young people are delivered in all settings and are proportionate to need.	Local Authorities Third Sector NHS Boards
Strand 3: Pregnancy in young people		
Link to short term outcome: Young people make early and informed choices following conception		
3.1	Information on pregnancy should be available in places frequented by young people and should consider the needs and concerns of young people, particularly concerns around confidentiality.	Local Authorities Third Sector NHS Boards
3.2	Accurate and up to date information on pregnancy and local services is made available on local sexual health websites and other websites aimed at young people.	Local Authorities Third Sector NHS Boards
3.3	Determine where delays into services have occurred, what barriers exist and feed into local information provision and referral pathways.	Local Authorities Third Sector NHS Boards
3.4	Young people are involved in assessing the appropriateness of the pathway (at key transition points) to their experiences and needs.	Community Planning Partnerships
3.5	All abortion services to offer and, where appropriate, provide effective contraception and counselling post abortion.	NHS Boards

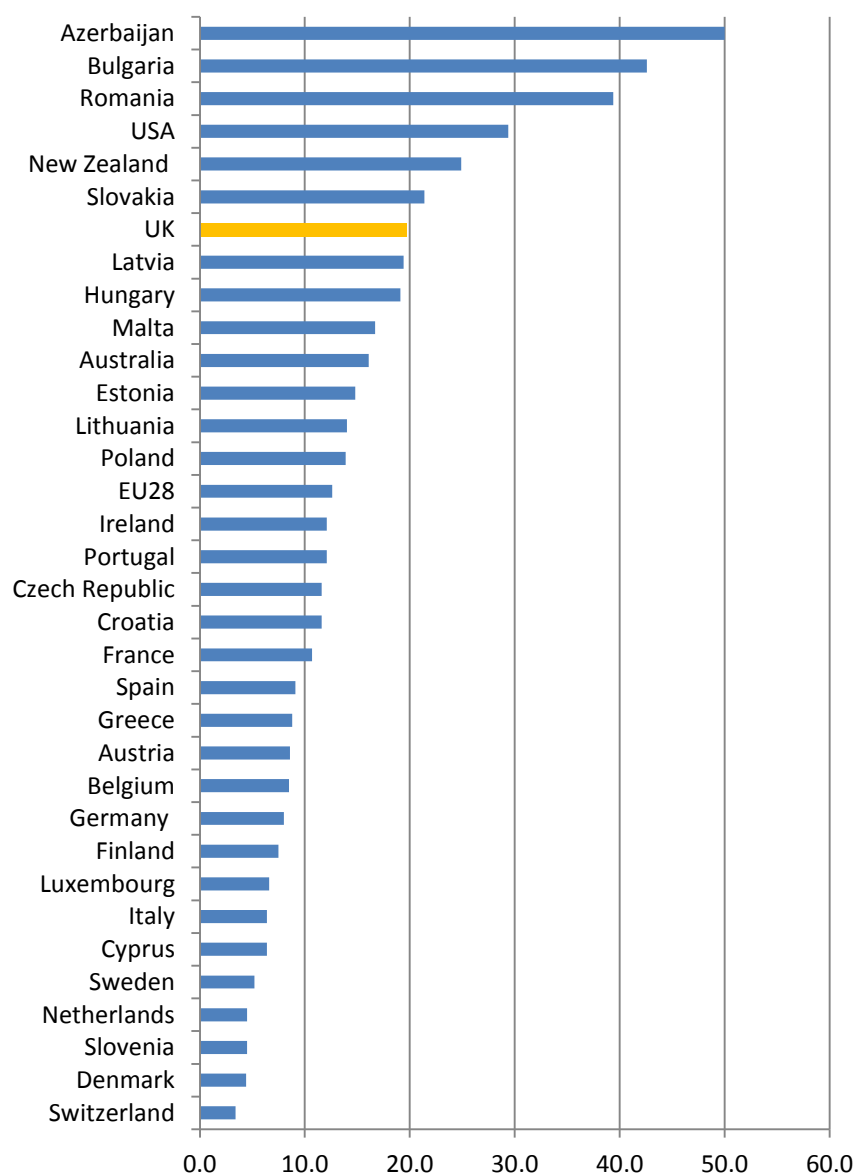
3.6	Demonstrate how young parents are given information on and are able to access, antenatal classes and support groups locally.	NHS Boards Third Sector
3.7	A guide for midwives, doctors, maternity support workers and receptionists will be developed in collaboration with the NHS and young parents based on the Public Health England guide ' <i>Getting maternity services right for pregnant teenagers and young fathers</i> '.	NHS Boards
Parenthood in young people		
Link to short term outcome: Young parents have increased knowledge about local services and are confident using them		
4.1	Ensure everyone working with young parents communicate effectively, across multiple services, putting the young parent(s) and their needs at the centre.	Community Planning Partnerships
4.2	Use local data to understand local population and ensure the provision of local services are relevant to the needs of young parents.	Community Planning Partnerships
4.3	Understand more comprehensively the factors that may have influenced a rapid subsequent birth.	NHS Boards
4.4	Ensure all pregnant women aged under 20 are consulted about their contraception preferences antenatally and that these preferences are provided in the post-natal period.	NHS Boards
4.5	Local data is used to map if young parents have the health and support they need to ensure relevant and secure housing appropriate to their need.	Community Planning Partnerships
4.6	Agencies (national and local) webpages aimed at young people or young parents have information on support for young parents around social and health needs.	Local Authorities Third Sector NHS Boards
4.7	Develop a resource for young parents which provides up to date information and support on accessing welfare and includes help and support to understand their housing rights.	Scottish Government Local Authorities Third Sector NHS Boards
Link to short term outcome: Young parents are supported to stay in education, training or employment		
4.8	Assess that all young parents' choice to continue in education is supported and in an appropriate education setting.	Community Planning Partnerships

4.9	Local Authorities should develop guidance for schools to ensure that support and planning processes are in place to allow young people who become pregnant to remain in their own school.	Local Authorities
4.10	Educational and training agencies can demonstrate acknowledgement of the impact of parenting and support flexible childcare for young parents staying in education, training and employment.	Local Authorities Third Sector NHS Boards

Appendix C: Conception data of young people in Scotland and Europe

Birth rates for 15-19 year olds in the European Union and further afield⁵
 Although rates in both the UK and Europe have been decreasing, the UK still has high numbers of births in 15-19 year olds. Please note that we can only compare births due to the variation in recording data in the various countries. Note: EU28 is the 28 European Union countries average.

Birth rate (per 1000 women) among women aged 15-19 year old in selected countries, 2012

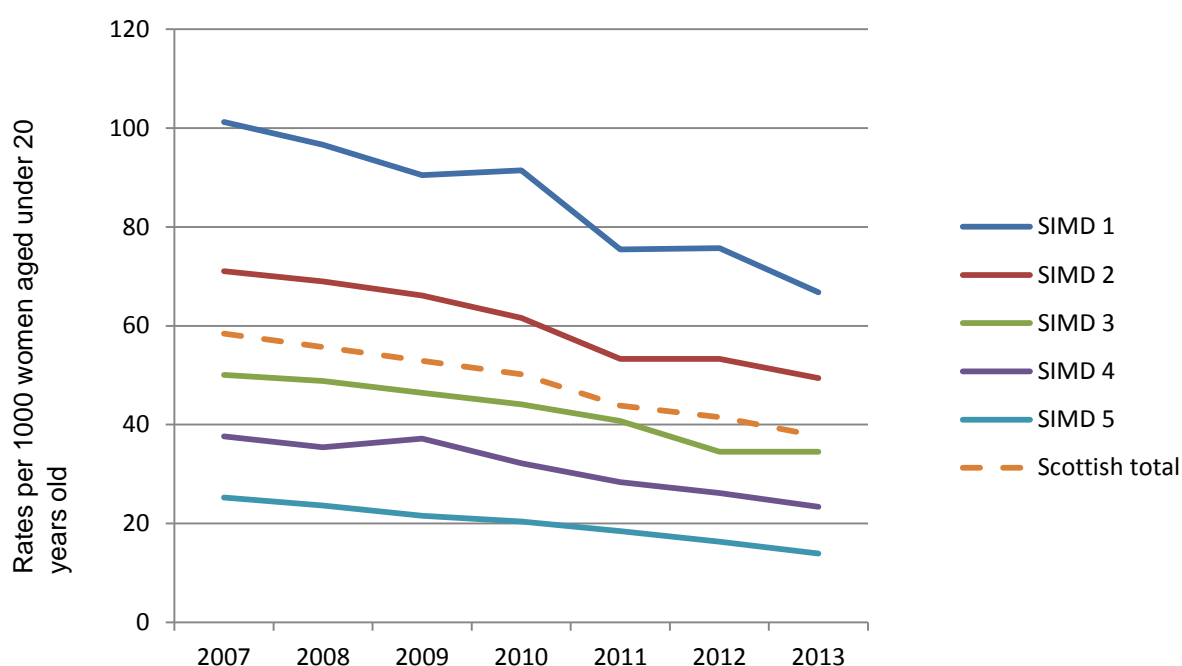


The rate of pregnancy (this is defined as all conceptions i.e. live births and abortions) in the under 20s age group is decreasing in Scotland although it is

⁵ Source: Eurostat data, compiled by the Office for National Statistics
<http://www.ons.gov.uk/ons/rel/vsob1/births-by-area-of-usual-residence-of-mother--england-and-wales/2012/sty-international-comparisons-of-teenage-pregnancy.html>

still high compared to other countries, including comparable western states (appendix 1). Between 2007 and 2013, Scotland has seen a 34.7% decrease in pregnancy rates in the under 20s. This shows that high rates can be influenced with effective interagency joint working and evidence informed approaches. However, these rates are still high compared to other countries in the European Union and further afield (appendix 1) and some of this can be explained by the challenge posted by the gap in inequalities (figure 1). Females aged under 20 years old and living in a deprived area are 4.6 times more likely to experience a pregnancy and nearly 12 times more likely to continue the pregnancy as someone living in the least deprived areas of Scotland. Reducing levels of pregnancy in young people helps to reduce the likelihood of poverty and a recurring cycle from one generation to the next⁶.

Figure 1: Rates of teenage pregnancy under 20 years old in Scotland by deprivation quintile (SIMD)⁷ 2007-2013⁸



⁶ International comparisons of teenage births (2014) Office of National Statistics, available at <http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2015-02-24>

⁷ The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying those places in Scotland suffering from deprivation. In this context, deprivation is defined more widely as the range of problems that arise due to lack of resources or opportunities, covering health, safety, education, employment, housing and access to services, as well as financial aspects.

⁸ ISD (2015) Teenage Pregnancy - Year ending 31st December 2012 [online] (Accessed May 2015) Available from: <http://www.isdscotland.org/Health-Topics/Sexual-Health/Publications/data-tables.asp?id=1256#1256>

Appendix D: Developing the Strategy

In 2013, the Health and Sport Committee held an inquiry into teenage pregnancy in Scotland. One of the recommendations from the inquiry was for a stand-alone Strategy for Scotland to further progress teenage pregnancy, moving the focus away from a solely health-based agenda, and to continue to act on the wider determinants. In order to address this complex area, the Strategy was developed using a collaborative approach as described below.

Strategy Steering Group

The *Pregnancy and Parenthood in Young People Strategy* Steering Group was an advisory group to the Scottish Government, providing recommendations on the content and development of the Strategy based on their expert knowledge, experience and evidence. The Strategy Steering Group supported the development; approved content of the draft Strategy, provided strategic leadership and guidance to develop a multi-disciplinary Strategy with full partnership engagement. Membership of the Steering Group can be found at Annex 1.

Involving Young People

The *Pregnancy and Parenthood in Young People Strategy* has been developed both with and for young people. Young Scot carried out a 'co-design' process which sought the views of young people and young parents through an online survey and through four focus groups (supporting document). To supplement this, the Scottish Government also linked with other local parenting groups, including young fathers in Her Majesty's Young Offenders Institution Polmont, in order to obtain the views and attitudes of wide range of young people and young parents (supporting document). The results of these engagement exercises, along with the views of professionals and high level evidence, have been central in informing the content of the Strategy.

Outcomes Framework

A Strategic logic model and nested models were developed to help determine the short, medium and long term outcomes of the Strategy. This is designed to support and inform policy makers, planners, evaluators and researchers. The Strategy was developed using review level evidence to inform an outcome framework. A summary of review level evidence can be found in appendix 4. It should be noted that for a variety of reasons we do not always have 'good' review level evidence for all the links in the logic model. This lack of evidence, however, does not necessarily mean there is no link between two components in the logic model nor that evidence of effectiveness does not exist, it may be that it has not been reported or evaluated. Similarly, lack of evidence should not always prevent us from acting. In some instances plausible theory has been drawn on to explain the links in the model. An outcomes triangle and results chains have not been fully developed but are still being considered.

Annex 1 Pregnancy and Parenthood in Young People Steering Group Membership

Chair:

Professor John Frank (The Scottish Collaboration for Public Health Research & Policy)

Members:

Alison Hadley OBE (Director of the Teenage Pregnancy Knowledge Exchange, University of Bedfordshire)
Alison Hardie (Young Scot)
Andrea Priestley (Centre for Excellence for Looked After Children in Scotland)
Anita Morrison (Scottish Government)
Ann Milovic (Scottish Government)
Ann Eriksen (NHS Tayside)
Anne Mullin (Deep End GPs)
Carolyn Wilson (Scottish Government)
Carrie Lindsay (Fife Council)
Catherine Calderwood (Scottish Government)
Chloe Swift (Scotland's Commissioner for Children and Young People)
Christine Boyle (North Lanarkshire Council)
Christine Greig (Scottish Government)
Clare Burns (Centre for Excellence for Looked After Children in Scotland)
Clare Simpson (Parenting Across Scotland)
Dawn Archibald (Association of Directors of Education in Scotland)
Dona Milne (NHS Lothian)
Ewan Ross (Centre for Excellence for Looked After Children in Scotland)
Felicity Sung (Scottish Government)
Fiona MacDonald (Scottish Government)
Gareth Brown (Scottish Government)
Heather Sloan (NHS Greater Glasgow and Clyde)
John Higgins (Education Scotland)
Kathryn Dawson (Rape Crisis Scotland)
Kerri Todd (Strategic Youth Health Improvement Leads)
Liz Fergus (Scottish Government)
Pauline McGough (Sexual Health Lead Clinicians)
Marian Flynn (Glasgow City Council)
Moiria Niven (Association of Directors of Education in Scotland)
Nicky Coia (NHS Greater Glasgow and Clyde)
Rebecca Wade (NHS Borders)
Ruth Johnston (Scottish Government)
Shirley Windsor (NHS Health Scotland)
Thomas Lynch (Father's Advisory Panel)

Appendix E: Executive Summary of Review Level Evidence⁹

Evidence and/or evidence-informed recommendations informing the outcome framework was drawn primarily from six key health related sources:

1. National Institute for Health and Care Excellence (NICE) public health guidance (and relevant NHS Health Scotland Commentaries/Scottish Perspectives)
2. National Institute for Health and Care Excellence (NICE) clinical guidance
3. NICE and Health Development Agency (HDA) public health briefings.
4. Publications from the World Health Organization (WHO).
5. Key systematic reviews identified largely through the Cochrane Collaboration, the Evidence for Policy and Practice Information Co-ordinating Centre (EPPI-Centre) and the Campbell Collaboration
6. Reviews and reports commissioned by the Scottish Government, the UK Government and national organisations and collaborations.

We refer to this as ‘highly-processed evidence’. Highly processed evidence was used as it provides a summary of high quality International evidence (including from Scotland and the rest of the UK where this is available) that has been quality assured and therefore less subject to bias.

As a consequence of the international nature of the research and more limited highly processed evidence based on UK studies, much of the evidence. Much of the evidence is drawn from evaluations of studies in North America and other countries where the health, social care and education systems are different to those in Scotland, Where the evidence is largely from outside Scotland the applicability of the evidence to the Scottish context should be considered carefully as results may not replicate in a different context.

For a variety of reasons, we do not always have ‘good evidence’. This lack of evidence, however, does not necessarily mean there is no link between two components in a logic model nor that evidence of effectiveness does not exist. The research may not have been done or findings reported or reviewed alongside other similar studies. Similarly, lack of evidence should not always prevent us from acting or testing new approaches, however we may proceed with more caution than where there is good highly processed evidence.

The full evidences statement and references and the logic models can be found on the NHS Health Scotland website.

Strand 1: Strong leadership and accountability

- Young people face both personal and service related barriers that influence their access to services. These include embarrassment about discussing sex and using services, perceptions of trust and legitimacy of services; accessibility of services in terms of location/opening hours and the attitudes of staff.

⁹ Teuton J, Johnson R, Windsor S. Outcomes framework and supporting evidence for the Pregnancy and Parenthood in Young People Strategy in Scotland. Edinburgh: NHS Health Scotland; 2015

- NICE recommend that contraceptive services are informed by the views of young people and local data and are co-ordinated and comprehensive.
- NICE recommend the use of local data and the views of young people to tailor antenatal services and, partnership working to improve access to and continued contact with antenatal services.
- Staff training is key to delivery of reproductive health, antenatal and other service provision as well as the delivery of RSHP programmes for young people and can increase access to services by young people.
- Young parents have varied preferences in relation to health, social and educational needs. More co-ordinated services may help them access appropriate information and advice to make choices appropriate to their needs and circumstances.

Strand 2: Giving young people more control

Positive outcomes and educational engagement

- Early childhood interventions and social development projects in primary school targeted at those who experience social disadvantage can have a positive impact on pregnancy and/or birth rates, reduced sexual activity or increase safe sexual behaviour and contribute to reducing unintended teenage pregnancy as well as educational and longer term social outcomes.
- Youth development programmes addressing non-sexual risk factors for unintended teenage pregnancy as well as those incorporating services to address sexual risk factors can have a positive impact on unintended teenage pregnancy as well as academic outcomes. A UK adaptation of one approach reported negative impacts though these may be explained by the study design and poor implementation fidelity therefore transferability to the UK requires further research.
- There is promising evidence that universal youth work may contribute to improved educational attainment, employability and health and wellbeing however the highly processed evidence is limited. A number of characteristics of universal youth development programmes were identified as important for positive outcomes.
- A range of school, community and afterschool interventions in primary and secondary schools are effective in reducing school dropout and increasing school attendance and targeted school-, court- and community-based interventions have a modest impact on school attendance.

Supporting positive relationships and sexual wellbeing

- Limited highly processed evidence was identified for the effectiveness of programmes to address gender based inequalities and violence. Whilst some primary prevention approaches are promising, there is not currently sufficient evidence to recommend any particular adolescent dating violence prevention programme over another.
- A range of interventions to address the social and emotional wellbeing of children and young people in schools can be found in the Mental Health Improvement Outcomes Framework (MHIOF)

Relationships, sexual health and parenthood education

- Comprehensive sex and relationship (SRE) programmes are effective in contributing to positive sexual behaviour and there is no evidence that they increase risky sexual behaviour. Few studies have examined the impact on pregnancy however a small number of studies have found a positive impact. Comprehensive SRE programmes are more likely to be successful if they include a theoretical basis, are delivered by trained professionals and provide specific content focusing on sexual risk reduction. The available evidence points to a number of common characteristics that are associated with the effectiveness of interventions in terms of the development, content and delivery of SRE programmes.
- Programmes that are multimodal and incorporate education, skills building and condom promotion may reduce pregnancy and sexual activity.
- There is promising but mixed evidence about the effectiveness of peer-led SRE programmes. Poor implementation of programmes may explain the mixed results.
- The effectiveness of abstinence based programmes is inconclusive and is based on a smaller number of high quality evidence. Better quality studies suggest these programmes are not effective in reducing sexual activity or pregnancy.
- A small number of studies indicate that general health education programmes which involve a community component are effective in reducing sexual risk behaviour. Promising evidence from one study suggests that whole school approach may have impact on sexual behaviour in the long term.
- No highly processed evidence was identified for the effectiveness of parenthood programmes on improving knowledge around parenting, delaying pregnancy and improving health and social outcomes for parents and children in the long term.
- School, home and community based Sex and Relationship Education (SRE) programmes which involve parents can have a positive impact on young people's knowledge and attitudes and improve parent-child communication.
- There is limited highly-processed evidence about the effectiveness of SRE programmes including a parenting component in reducing risky sexual behaviour. Programmes that are intensive, focus on parental monitoring or regulation and help parents model the desired behaviour, are the most promising. There is reasonable evidence to suggest that intensive programmes have a positive impact on child-parent interactions.

Sexual and reproductive health services

- Young people experience a range of personal and service barriers to accessing service. Youth friendly services can increase access to services and, based on more limited evidence, may contribute to reduced sexual risk behaviour.
- School Based and School Linked Health Centres are not associated with increased sexual activity and may contribute to reduced levels of sexual activity and delay sexual initiation. On-site dispensing of condoms is associated with greater provision/uptake of condoms though impact on use has not been fully evaluated.

- A range of personal and service based factors influence access and use of services by young people. Based on the available evidence key characteristics have been proposed to inform service development and evaluations.
- Targeted intensive community based interventions which include sexual health services can be effective in improving sexual behaviour and reducing pregnancy. A UK adaptation of one approach reported negative impacts though these may be explained by the study design and poor implementation fidelity therefore transferability to the UK requires further research. Targeted outreach programmes, some specifically targeting socially disadvantaged young people, can increase access to services. Little highly processed evidence was identified about the effectiveness of tailored and targeted services for young people who are in looked after accommodation, are homeless or from Black and Ethnic Minority communities.
- Young people have gaps in their knowledge about sexual activity, contraception, including emergency contraception (EC), and where to access contraception. They may also have negative views about EC and the trustworthiness of services.
- Long Acting Reversible Contraception (LARC) is the most effective and cost-effective form of contraception. NICE guidance outlines a range of recommendations for the provision of LARC.
- Adding outreach programmes to mainstream services can increase access and maintained contact with contraceptive service though the extent to which this impacts on sexual health behaviour and pregnancy is unclear. A small number of studies found comprehensive multicomponent programmes are effective in reducing repeat pregnancy however the provision of LARC is particularly important.
- Interventions that include discussion and demonstration of condoms are effective in engaging young people in services and increasing use of condoms. There is evidence that some interventions that use additional services to increase contraceptive use may be effective.

Strand 3: Pregnancy in young people

- Pregnant young women are less likely to access services early in pregnancy. Late engagement with services is associated poorer health outcomes for mothers and their offspring and, in relation to abortion services, can result in reduced choices for young women.
- No highly processed evidence was identified about effective ways of supporting young people to make early informed choices following conception.
- Young women experience a large number of personal and service barriers to accessing antenatal care. There is promising evidence that specialist service which emphasise early initiation of care and multifaceted community based service, including home visits by trained lay advocates increase early booking.
- Antenatal classes designed for young people, home visiting and assistance with transport costs, specialist antenatal services and continuity of care for young women help young people maintain contact with services. There is conflicting evidence about the most appropriate

additional services and limited evidence about what additional information is need to support young women.

- NICE PHG 51 includes guidance about the provision of advice and effective contraception in abortion services for young people and CMO (2015) 19 letter recommends targets for the provision of advice about effective contraceptive advice (including LARC), for women, particularly vulnerable women prior to discharge from abortion services in Scotland.

Strand 4: Parenthood in young people

Antenatal support and maternity services

- Pregnant young women are less likely to access services early in pregnancy. Late engagement with services is associated poorer health outcomes for mothers and their offspring and, in relation to abortion services, can result in reduced choices for young women.
- Young women experience a large number of personal and service barriers to accessing antenatal care. There is promising evidence that specialist service which emphasise early initiation of care and multifaceted community based service, including home visits by trained lay advocates increase early booking.
- Antenatal classes designed for young people, home visiting and assistance with transport costs, specialist antenatal services and continuity of care for young women help young people maintain contact with services. There is conflicting evidence about the most appropriate additional services and limited evidence about what additional information is need to support young women.
- Enhanced home visiting beginning pre-natally and extending up to 18 months by professionals (such as the Family-Nurse-Partnership) can reduce rapid repeat pregnancy and increase the spacing between first and second births. FNP (based on studies of the Nurse-Family Partnership model) can have a range of positive short-, medium- and long-term benefits for mothers and their children, in particular cognitive and language outcomes for children

Support to control reproductive health and pregnancy spacing

- NICE provide guidance about the provision of advice and effective contraception in maternity for young people. CMO (2015) 19 letter is a key driver for the provision of advice about effective contraceptive advice (including LARC), for women, particularly vulnerable women, prior to discharge from maternity services in Scotland.
- Enhanced home visiting beginning pre-natally and extending up to 18 months by professionals (such as the Family-Nurse-Partnership) can reduce rapid repeat pregnancy and increase the spacing between first and second births.
- The effectiveness of community based interventions in reducing repeat pregnancy is inconclusive. Some studies of home visitor programmes and peer support programmes showed a positive impact on reducing repeat pregnancy whilst others found no effect of repeat pregnancy. Single studies have found that sibling pregnancy prevention programmes and generic programmes may be effective in preventing repeat pregnancy and subsequent birth.

- Intensive care management, a school based programme, delivered by culturally matched social workers as part of a multicomponent intervention can have a positive impact on reducing repeated pregnancy.
- Curriculum interventions which include community outreach can be effective in reducing pregnancy rates and some evidence suggests that this may be particularly the case for teenagers who are already parents.

Education, training, childcare, housing and income maximisation

- Young parents experience a range of problems with housing, childcare, finances, education, training and employment. Common themes include diverse needs and lack of choice; stereotypes of teenage mothers; reliance on family; consideration of the cost and benefits of education and employment; continuation of social problems prior to pregnancy. Actions to meet these needs may contribute to improved life courses for teenage parents
- Education and career development programmes, alongside welfare sanctions and bonus programmes are effective in improving in education and training though the former are more effective and may be more appropriate to the needs of young parents. Neither type of programme had a long-term impact on employment rates. Education alone is unlikely to improve employment prospects. A focus on employment and provision of jobs and higher earning for teenage mothers is associated with improved long-term self-sufficiency. Holistic programmes address many of the needs identified by young parents however, the effectiveness of these programmes in terms of improving participation in education, training or employment has not yet been established.
- Education and career development interventions and holistic programmes had a positive but non-significant effect on emotional wellbeing and had a non-significant impact on reducing further pregnancy.
- Enhanced home visiting can be effective in increasing maternal employment as well as reducing use of welfare and arrest/convictions.
- Day care for young children is associated with improved prospects of education, training and employment for mothers, including teenage mothers. The Abecedarian Project, an early childhood intervention targeted at teenage parents was associated with improvements in high school completion, participation in training and employment as well as a reduction in repeat pregnancy.
- There is limited highly processed evidence about the experiences of young fathers and how to effectively and appropriately engage them in services to improve outcomes for themselves, their partners and their children. There is promising evidence from evaluations of FNP and Sure Start Plus which begin to address this area.



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