

Inquiry into teenage pregnancy

Children in Scotland

a. Do you have any views on the current policy direction being taken at the national level in Scotland to reduce rates of teenage pregnancy?

Children in Scotland is pleased to see that the numbers of teenage pregnancies have progressively reduced since 1994. There are probably a number of factors associated with this reduction, but it seems likely that the overall policy direction is having some impact. Having said that, the reduction is relatively small; this could suggest that a broader policy approach is needed if we are to achieve teenage pregnancy ratios more consistent with other European countries.

There have been a number of initiatives specifically directed at reducing teenage pregnancy. At present, however, the issue is referred to either directly or by implication across a number of policy documents rather than being the subject of a specific policy. There may therefore be an argument for considering the development of a policy, and an action plan associated with its delivery, that is designed to address teenage pregnancy specifically. While this should of course cover sexual health, relationships and contraception, it should also examine the fundamental issues associated with teenage pregnancy – such as poverty, low educational and employment aspirations and peer, family and community norms and influences.

Hearing directly from teenage parents, their family and community context, their life experiences, the support and help they may (or may not) have received through education, social work and health services, and the circumstances in which they became pregnant and chose to continue with the pregnancy would provide the committee with an invaluable perspective on the complex and connected reasons why young women become parents at this early stage in life.

b. Do you have any views on the action being taken at the local level by health boards, local authorities and other relevant organisations to reduce teenage pregnancy, particularly in the under 16 age group?

Many of the actions being taken at local level are well-advised and grounded in strong evidence. Despite this, Scotland continues to have the one of the highest rates of teen pregnancy in Europe, so their collective impact is less than we would hope for. The statistics do not show marked enough differences across Scotland to suggest that practice and resources are conspicuously more effective in one part of Scotland rather than another. There are therefore no obvious examples of local 'best practice' that could be capitalised upon. This is almost certainly because behind every teenage parent lies a complex set of individual circumstances and experiences that requires a repertoire of interventions rather than a more limited range of responses. It is vital that methods and approaches

are not seen as mutually exclusive – better sex education is needed, but confidence building, raising educational attainment in disadvantaged families and communities, mitigating, at the earliest life stages, the factors that cause children’s development to fall behind are also of great importance; action on all of these, however, should be set in an overall context of systematically addressing poverty and inequality.

c. What are your views on the relationship between high levels of teenage pregnancy and socio-economic inequality?

While teenage pregnancy is by no means exclusive to young women who come from a disadvantaged background, it is certainly much more prevalent. It is also the case that fewer of those pregnancies result in terminations. It would seem that becoming a parent marks the transition to independent adulthood more commonly in disadvantaged communities than in others. There are many reasons for this and much deeper investigation would be useful, but some of the key factors are likely to involve expectation, aspiration and norms in peers, families and communities.

Becoming a parent in teenage years (as with other life choices such as smoking and early school leaving) is likely to occur more often where teenage parenthood is currently (and historically – many teenage parents are themselves children of teenage parents) widespread. Low aspiration and perceived absence of realistic alternative options for adult life are also important. While many teenage pregnancies are ‘unplanned’, a significant number are not; of those that are ‘unplanned’, many are not unwelcome. Becoming a parent can convey a status, and provide access to resources that support independent adult life, such as housing and income. Getting a job or leaving home to study might mark this transition for many other young people. These options may not appear realistic possibilities for many of the young women who become teenage parents, or at least possibilities that are readily achievable.

Young women who see their life choices in this restricted way are more likely to become parents during their teenage years. Many of them have had difficulties in their lives that have limited their capacity to engage fully and effectively with opportunities to learn and achieve. While such experiences are strongly associated with poverty and inequality, there are many children from poor and unequal circumstances whose life outcomes are much more consistent with the rest of the population. It is the combination of individual circumstance and experience that is significant rather than any individual variable.

d. What are the barriers and challenges to making progress in achieving positive change in communities that might lead to reductions in the levels of teenage pregnancy?

There are a number of positive approaches that could contribute to reducing the levels of teenage pregnancy.

1. Taking action to ensure that children's healthy development and learning is supported and that no children fall behind early in life. Early support to achieve will minimise the number of young women who see few other choices in adult life open to them.
2. Ensuring that there is a range of options available, in school and post-school, that offer meaningful alternatives to parenthood as a way of positively progressing towards adulthood.
3. Continuing with a range of strategies aimed at tackling poverty and inequality such as support for youth employment programmes, economic regeneration and, critically, prevention and early support services.
4. Helping families to understand and support the process of learning for their children and to encourage and reinforce their children's aspirations.
5. Ensuring that the messages children, young people and families receive from professionals is consistently encouraging and supportive. Low expectations, for example in schools, of young people from particular communities (and even particular families) should neither be held nor conveyed.
6. Being aware of the emotional impact of abuse, neglect, trauma and poor attachment. Some young mothers (and this may be more prevalent in young women who have experience of the care system, or who otherwise have little experience of love and concern) see having a baby as a way of achieving the unconditional love that has otherwise been absent from their lives. Professionals working with such young women need to be able to support them in coping with and overcoming the adversity they have experienced in other ways. It is a sad fact that many young women from a background of public care who become parents as teenagers see their children removed from their care, in some cases permanently.
7. Providing education, advice and support services aimed at boys and young men. Too often the father is ignored in teenage parenthood. There is a growing body of material that can both support young men in making informed and respectful relationship choices and in being a good parent should that occur. Children in Scotland's work on gender equality in respect of fathers has resulted in a website with many relevant materials.¹

¹ <http://makinggenderequalityreal.org.uk/>

e. What are your views on the current support services available to young parents/young mothers, e.g. range of services, focus of services and whether services are being delivered in the most appropriate settings?

Teenage pregnancy is not per se a problem. In times past teenage pregnancy was the social norm and, indeed, the wide divergence in age of first birth (as well as the correlation of this with income and education) has largely emerged since the middle of the last century. Concern about teenage pregnancy has arisen largely because of the unfortunately high association of teenage parenthood with problematic parenthood. Scotland has no universal system of parent support or of ensuring that all young children receive the inputs necessary to avoid the early emerging of inequalities. 'Growing Up in Scotland'² has found that divergences in cognitive development are not only emerging before children reach nursery age, but that these divergences are highly correlated with socio-economic status. Developing such universal services, whether through expanding the capacity of health visiting to offer such support, or by developing early childhood education and care, would be a major contribution in two ways – by supporting teenage parents in their parenting capacity but also by promoting their capacity to develop personally in other areas of their lives. Improving universal provision would have the added benefit of reaching other groups of more vulnerable parents.

Children in Scotland recently undertook some research on parent information needs³. Young mothers were one of the three groups whose views were specifically sought. The three key recommendations in respect of young mothers were that

- Opportunities presented by Scotland's *Curriculum for Excellence* (and the emerging National Parenting Strategy) are built upon to increase the quantity and quality of education about and preparation for motherhood. This should include information and support about contraception, family planning, relationships and child health/development.
- Inter-agency training (CPD), for professionals and practitioners around meeting the diverse needs of young mothers is encourage and strengthened. This should include an emphasis on how to successfully engage with this target group.
- Young mothers' access to high quality information and support for continuing their education, enhancing their job readiness, securing employment and dealing well with childcare issues is improved.

² <http://www.crfr.ac.uk/gus/index.html>

³ Exploration of the information support needs of parents (NHS Health Scotland,2011)

The researchers also found that young mothers clearly stated that they preferred to receive, and were more likely to believe and to act on, information from a trusted source. Professionals were not necessarily regarded as such a source.

Children in Scotland has been particularly concerned about the incidence and impact of fetal alcohol harm. There is a worrying degree of coincidence between the factors associated with FASD and those associated with teenage pregnancy:

- School experiences ending with exclusion from school (short or long term), academic failure and/or low educational attainment.
- Arrest, incarceration and recidivism.
- Mental health problems, especially depression.
- Unemployment and socioeconomic marginality.
- Inappropriate sexual behaviour.
- Alcohol and/or drug dependence.

These last two are particularly worrying because they create the preconditions for intergenerational (non-genetic) replication of FASD. An illustration can be found in the case of a young woman with impaired 'executive functions' of the brain (caused by prenatal exposure to alcohol) who has great difficulty with planning (including family planning) and impulse control (including the impulse to drink alcohol and have unprotected sex, as well as to continue drinking during pregnancy). Her child could well end up with fetal alcohol harm, not because of the mother's genes, but because she was never properly helped to control/manage these FASD-influenced behaviours.

f. Are there specific initiatives that you would wish to highlight to the Health and Sport Committee that you consider indicate good practice with regard to reducing teenage pregnancy rates in Scotland, either in the public sector, voluntary sector or in partnership?

We believe that there are many initiatives and services that can demonstrate some positive change. What we do not have is evidence of how these compare with each other and whether more fundamental systemic change might achieve better impact. Good quality sex education is essential, but so are actions that reduce inequality, improve young people's confidence and ability to make positive relationship choices, and offer realistic and attractive alternative routes to independent adulthood. It is vital that this issue is approached holistically – improving sex education, for example, is much more likely to have beneficial impact if other aspects of the matter are tackled simultaneously.

We also believe that, if a young woman does become pregnant, and decides to continue with the pregnancy, the best possible support should be provided to achieve a healthy pregnancy and to help her provide the baby with the emotional and developmental experiences it needs to grow up well.

g. Are there specific approaches to reducing teenage pregnancy that are not currently getting sufficient attention in order to affect positive change for children and young people?

As we have already articulated we strongly believe that prevention is more effective than cure and that preventative approaches often do not go far enough 'upstream'. Much more could be done in this respect. Having said that we also would urge greater investment and wider access to all the services that have been shown to make a difference.

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Children in Scotland is the national umbrella agency for organisations and professionals working with and for children, young people and their families. It exists to identify and promote the interests of children and their families and to ensure that policies and services and other provisions are of the highest possible quality and are able to meet the needs of a diverse society. Children in Scotland represents more than 400 members, including most of Scottish local authorities, all major voluntary, statutory and private children's agencies, professional organisations, as well as many other smaller community groups and children's services. It is linked with similar agencies in other parts of the UK and Europe.

The work of Children in Scotland encompasses extensive information, policy, research and practice development programmes. The agency works closely with MSPs, the Scottish Government, local authorities and practitioners. It also services groups such as the Cross Party Parliamentary Group on Children and Young People (with YouthLink Scotland). In addition, Children in Scotland hosts Enquire - the national advice service for additional support for learning, and Resolve: ASL, Scotland's largest independent education mediation service.