

Inquiry into teenage pregnancy

Glasgow City Council

1. Introduction

- 1.1 Glasgow City Council both welcomes this inquiry into teenage pregnancy and the opportunity to contribute to this process.
- 1.2 As the Inquiry has already heard in evidence, teenage pregnancy is a complex issue that is closely associated with inequality and deprivation. Whilst Glasgow's teenage pregnancy rate has been decreasing in recent years, in line with national trends, the Council recognises the slow pace of this downward trend and that teenage pregnancy and its consequences have significant impact on individuals, communities and society as a whole. Glasgow City Council is committed to working with its local and national partners to address the range of issues involved.
- 1.3 In providing this response, it is noted that the purpose of the Inquiry is:
 - a) To assess whether the action being taken in Scotland is sufficient to bring about real and sustained reductions in unplanned teenage pregnancy and
 - b) To explore what further action may be required to ensure that those young people at risk of pregnancy at a young age, or who have a baby when they are very young, are able to gain access to appropriate support and services.
- 1.4 With this in mind, this response will deal with the specific questions set out by the Inquiry for written submissions.

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

- 2.1 The introduction of 'Respect & Responsibility' in 2005 was a significant landmark. Not only was it the first national sexual health strategy to be published but, more importantly, it attempted to present a holistic model of sexual health and well being that moved away from a previously medical-orientated agenda around sexual activity and contraception. This enabled the debate to move to a wider agenda that looked at learning, prevention, relationships, the parental role etc. This re-focusing enabled non-health professionals to engage with the subject matter and to begin to think-through the contribution that their service could make to improve young people's sexual health and well being.
- 2.2 In subsequent years, and most recently with the Sexual Health & Blood Borne Virus Framework 2011-15, it feels as if the balance of the debate at national level has tipped back to a very clinical agenda, with its emphasis on disease, epidemiology and medical interventions. It has also become a more adult-focused agenda. In this environment, with this range of competing demands, the needs of young people and preventative work get less attention and finance. It would be helpful if

this could be reviewed – after all, many of the attitudes and behaviours that lead-on to sexual ill-health outcomes begin to be formed in early childhood and adolescence.

2.3 Just prior to the development of above Framework, LTS produced a resource entitled Reducing Teenage Pregnancy: Guidance and self – assessment tool (2010) and it was announced that Local Authorities were now the lead agency to take this forward. Although lengthy, the document was comprehensive and incorporated much of the learning from the 10-year strategy that had been adopted in England. However, there are a number of issues about the publication of this document that has led to its effect being limited:

- The re-emergence of ‘teenage pregnancy’ as the short-hand for positive, holistic work around young people’s sexual health and relationships is seen as a backward step that serves to narrow the debate about young people’s needs. Pregnancy is but one outcome of young people’s sexual activity that needs to be addressed.
- ‘Teenage pregnancy’ is also a very loaded concept in our society. The term is often used pejoratively and has the effect of stigmatising and marginalising that group of young people who come to parenthood at an early age.
- There was no process that involved Local Authorities in discussions around the production of the document and how the learning could be embedded into existing planning structures.
- There were no additional resources made available to Local Authorities to pump-prime activity as happened with Health Boards when the sexual health strategy was first initiated.

2.4 Glasgow City Council, through the Young People’s Sexual Health Steering Group (YPSHSG), took a conscious decision to move away from using the term ‘teenage pregnancy’ to drive its work in this subject area. Importantly, it has adopted an approach about sexual health and well being that is more than what is delivered through sexual health services. It has also sought to re-frame learning around sexual health and relationships as a child development issue, that is relevant throughout childhood and applicable to all, irrespective of whether a young person is sexually active or not. This has allowed for a much wider discussion with a range of professionals and, more crucially, has led to a more meaningful engagement with parents.

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

3.1 Local, national and international evidence shows a strong link between pregnancy in the teenage years and socio-economic inequality. Such evidence, at times, can be quite overwhelming, particularly in a city like Glasgow, that records such high levels of deprivation. What this suggests is that economic and employment policies and the targeting of resources, particularly towards youth unemployment, contribute as much to reducing unintended pregnancies as clinical provision.

- 3.2 It is also known that young people from more deprived backgrounds are more likely to engage in sexual behaviours at an earlier age, less likely to use protection and are much more likely to proceed with a pregnancy to birth. In addition, aspiration, having a stake in the future and having a locus of control / sense of control over your future life-path assists young people to make positive choices. This evidence indicates that:
- Wider interventions around, for example, raising educational attainment, early years initiatives, parenting work and youth engagement all have a role to play in this agenda.
 - The importance of agencies working together to ensure that there is a joined-up approach.
 - The need for both universal **and** targeted interventions.
- 3.3 Interestingly, some of the largest reduction in teenage pregnancy rates in England occurred in some of the most deprived areas, including inner-city parts of London. This demonstrates that with focused leadership, considerable financial input and judicious targeting of resources significant reduction rates can be seen. Whether these reductions can be sustained in the long-run remains to be seen.
4. **What are the barriers and challenges to making progress in achieving positive change that might lead to reductions in levels of teenage pregnancy?**
- 4.1 There are numerous barriers and challenges in this sphere of work, none more so than the subject itself. Our culture does not lend itself to being open about sexuality and sexual development, a fact heightened further when the needs of children and young people are being discussed. At all levels and strata in society and within organisations, promoting a positive sexual health agenda is hard work and takes time. In addition, sexual health is competing with a whole host of other priorities that frequently get more attention. What therefore happens is that the pace of change is slow and piecemeal.
- 4.2 The lack of initial pump-prime funding prevents a strategic, coherent plan being put into operation. For a strategy to work there is a need to both re-orientate and review existing services to bring them into line with organisation goals. In this area of work, there also needs to be recognition that there are significant gaps in provision which require new approaches. At a time of economic strain, the call for financial resources will not be a popular one however change processes, even at their most basic, take time and money. The progress that was seen in England was achieved, in part, following multi-million investment over a sustained period. There is also a need for better co-ordination in the development of services and in the allocation of finances across all partners at national and local level.

4.3 A significant challenge across this area of work is the issue of measuring impact and success. Given the complexity and entrenched nature of the factors that influence this subject area, teenage pregnancy statistics, in themselves, are limited and are a crude measure of the improvement in young people's sexual health and well being. In addition, robust external evaluation is very costly and the trend towards randomised control trials do not always lend themselves to measuring 'softer' and more qualitative outcomes.

5. 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?

5.1 Considerable work has been undertaken in Glasgow to improve the supports available to young parents. The writer is aware that the Committee recently visited the Young Parents' Support Base, an initiative that is the end result of a long process in Glasgow of demonstrating the need for young parents to have age appropriate, integrated and accessible services. The Council has put considerable emphasis into ensuring that all young women remain engaged with or re-engage with learning during their pregnancy and after the birth of the baby. This has proved very successful with many students remaining at school into 5th and 6th year. Research evidence indicates that not only does this approach improve the life circumstances of the parent but that the parent will engage more positively around the child's learning once they engage with the formal education process.

5.2 Despite this success, there is considerable work still to be done on supporting older teenage parents. In many respects, for some older teenage parents, greater difficulties can occur where they have had a disrupted upbringing and are now coping with a new baby, with little family support, in their own tenancies. Also, social isolation and loss of confidence can make returning to education, training or employment a lengthy process.

5.3 More broadly, more thought needs to be brought to bear around the needs of young parents when initiatives are being developed and delivered. Getting services right for this age group would make a significant contribution to wider strategies addressing poverty. Key issues that need to be addressed are:

- Teenage parents are not an homogenous mass: they have differing needs, abilities and vulnerabilities. A one-size-fits-all approach is not helpful and does not make the best use of resources.
- Teenage pregnancy is more often than not a euphemism for teenage motherhood. Whilst educationally, teenage pregnancy affects young women more than young men, too often young fathers are sidelined and / or their involvement is an afterthought.
- On the whole and in the first instance, teenage parents engage better with services that are tailored to their age group and developmental stage. Once their confidence as a young person and

as a parent is established they can then move on to engage with mainstream services.

- It is more productive if services have an element of peer contact. Some of the most subtle but strongest learning comes from seeing how those similar to you have made progress.
- The needs of young parents should be prioritised in Child & Maternal Health strategies. Where appropriate, extended midwifery contact in the post-natal period or health visitor contact in the ante-natal period should be in place. In addition, contraception and protection should be a routine discussion throughout pregnancy and should be in place soon after the birth of the child. Only providing contraceptive advice is not sufficient.
- Youth employment strategies need to take into account the needs of young people who have caring responsibilities.
- Although initially costly, educational, training and employment initiatives need to have child-care facilities available if they are to attract and sustain the involvement of young parents.
- The level of stigma still attached to being a parent at an early age can be debilitating to young parents and should not be underestimated. An approach that works on the positives and emphasises people's talents and abilities goes a long way to countering such negative effects.

6. Are there specific initiatives that you would wish to highlight to the Health & 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?

6.1 In Glasgow, the partnership YPSHSG, provides strategic leadership around the sexual health and well being of children and young people and is one of the planning groups that feed into the Children's Services Executive Group. Working from an identified set of principles, the overarching aim of the group is to promote a positive approach to young people's sexual health and well-being in which young people themselves learn to make confident and respectful choices in their lives. This is summarised by the need to help young people:

- Gain accurate knowledge that is age appropriate
- Discuss and develop values/morals about sexual health and relationships
- Develop skills to keep themselves and others safe
- Access support, advice and sexual health services as and when they require.

6.2 Working from an asset-based approach and including a key theme of assisting children and young people to develop critical thinking skills, there are a number of specific initiatives that are worth highlighting, namely:

a) The school-based Sexual Health & Relationships Education programme

- This is and P1 – S6 programme that is delivered in all mainstream, non-denominational schools. New materials were developed.
- The programme is now being adapted and is being rolled-out to the Additional Support for Learning schools
- The programme is more than what is delivered in the classroom and attempts to engage parents in their children's learning
- The programme is delivered by an identified team of teachers in each school who have undergone a 2-day training programme.

b) Talk 2

- This is a service that works with parents to encourage them to talk with their children about growing up, puberty, relationships and sexual health
- The shape of the service was heavily influenced by the views of parents and has a range of methods by which parents can use for advice, information and support
- The service has engaged particularly well with parents in areas of deprivation and from BME communities.

c) Corporate parenting – looked after and accommodated children

- The development of guidance
- Considerable work-force development with staff from Residential Services, Families for Children and Leaving Care Services
- An on-going adapted version of the parenting programme is being delivered to all foster carers.

d) Young Parents' Support Base at Smithycroft

- As above

7. 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?

7.1 As noted above, considerable more co-ordinated action needs to take place around improving the supports available to older teenage parents.

7.2 Insufficient attention has been given to the findings of the governmental review report that was undertaken by Linda Papadopoulos on the sexualisation of young people (2010). Incorporating a strong gendered analysis, the review highlights a number of significant issues that need to be addressed around the harm that children and young people are exposed to and their implications in shaping young people's attitudes and behaviours. Such work fits well within a 'prevention' and 'delay'

agenda and could be specifically targeted towards those at greatest risk of abuse and exploitation.

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