RESPONSE TO THE CONSULTATION ON THE PREGNANCY AND PARENTHOOD IN YOUNG PEOPLE STRATEGY

September 2015

Introduction

Barnardo's Scotland and Children 1st are submitting a joint response to the consultation on the Pregnancy and Parenthood in Young People's Strategy as both organisations had similar positions on the draft Strategy. We warmly welcome the introduction of the first Scottish Strategy focused on pregnancy and parenthood amongst young people following the Health and Sport Committee Inquiry and the opportunity to provide comments.

We also recognise the attempts that have been made to capture the views of children and young people as the Strategy progressed through the engagement activities undertaken by Young Scot. As the Strategy moves towards implementation we consider it vital that this co-production continues. In our experience the most successful services for young people are those designed and informed by them and where the unique insight that they can offer is taken into account.

Children 1st do not have services that work solely with young people in pregnancy, but many of the families that we work with have experienced pregnancy at a young age or have teenagers who are pregnant. We provide the West Lothian Supporting Young People service (the 'Chill Out Zone'), based in Bathgate for young people in West Lothian. The service offers advice and assistance relating to a wide range of issues including physical, sexual and mental health and includes a confidential counselling room, a medical room and is supported by professionally trained staff and medical staff. It provides the opportunity for young women to be tested for pregnancy and counselled and supported in their decision on how they wish to proceed as well as supporting young women to access antenatal and other relevant services. Our experiences running this service have highlighted to us the multiple complexities that young people who are sexually active or are pregnant face, and the importance of clear and accessible information and advice about making safe, healthy and positive choices.

Barnardo's Scotland provides a range of early intervention services to young women in the pre natal stage. We provide nurture services in a number of areas with a focus on positive attachment based approaches. In Fife, for example we support the most vulnerable families and establish links with existing provision. Staff from four other Voluntary Sector agencies are seconded to Barnardo's to deliver this service (Aberlour, Homestart, Fife Gingerbread and SPPA) as well as a Barnardo's worker. Our Thrive service provides support promoting on-going positive family relationships through attachment sessions for individual families and play activities in HMP Perth as well as supporting and facilitating face to face contact with wider family members to ensure that family links are maintained. This is particularly important when a partner is pregnant when the sentence starts.

Our experience from our long running Paisley Threads Service is that young parents can be socially isolated, more likely to be bullied and discriminated against. They identify a need for increased outreach to enable them to access vital pre and post-natal support. Services such as Family Nurse Partnership programme and midwifery services need to pay particular attention to addressing this isolation and explore opportunities around social and peer learning.

Barnardo's Scotland also runs 3 dedicated child sexual exploitation (CSE) services in Dundee, Edinburgh and Glasgow. In addition we provide a service for Missing young people in Renfrewshire, in partnership with Police Scotland and Renfrewshire Council. Our services are working with children and young people who have been victims of, or who are at risk of CSE. Our services undertake a range of interventions, including working with children, young people, and their families to reduce the impact of child sexual abuse and exploitation, and working with young people to help them to identify exploitative 'relationships'.

Together with Action for Children and Aberlour, Children 1st and Barnardo's also run the Dundee Early Intervention Team (DEIT), which aims to improve outcomes for children and families, addressing problems before they become critical and preventing the need for greater interventions. Many of the people that we work with are young parents, or had children at a young age and require support to overcome vulnerability and trauma.

Our response to this consultation is based on our experiences providing these services. We highlight the importance of ensuring that the Strategy is firmly rooted in the rights of young people and of working together with NHS Health Boards and local authorities to ensure that there are an adequate number of high-quality and accessible sexual health and parenthood services across Scotland. In order to assist with the development and implementation of the Strategy we make the following points.

Scope and aims

We agree with Youthlink Scotland's submission that the scope and aim of the Strategy is not always clear—it would be beneficial to have a clear and consistent aim stated and repeated throughout. For example, on Page 2 the Strategy states that the aim is "to increase the choices and opportunities available to young people which will support their wellbeing and prosperity across the life course" while on Page 5 it is to "drive actions that will decrease the cycle of deprivation as associated with pregnancy in many young people under 18 and provide extra support for young parents, particularly those who were looked-after up to the age of 26 in line with the Children and Young People (Scotland) Act 2014." On Page 10 it states that it is to "work across the Scottish Government policy actions that will enable and empower young people so that they have sense of control over their own lives…"

We also note that the actions and activities set out in the logic model do not seem to correspond with the actions and aims set out in the Strategy and would encourage the Scottish Government to adopt a clearer and more cohesive approach.

Throughout the Strategy there is also a significant amount of repetition.

A rights-based approach

We believe that the Strategy would benefit from adopting a rights-based approach to young parenthood and pregnancy. We understand that an earlier iteration of the logic model made explicit reference to children's rights that has now been removed. Although we note that children's rights are referenced in the Strategy with respect to education and housing we think that it would be greatly improved by more explicit reference to the United Nations Convention on the Rights of the Child (UNCRC) throughout. This is particularly important with respect to access to services, standard of living, stigma and discrimination and ensuring that children and young people have their best interests taken into account. There should be much more explicit and consistent reference to Article 3 of the UNCRC, children and young people's voices being taken into account, to ensure that the implementation of this Strategy holds this as a fundamental principle.

We are pleased to see the commitment that this Strategy will be subject to a Child Rights and Wellbeing Assessment and look forward to the outcome of that assessment.

Consistent and appropriate language

We note that the Strategy tries to ensure that the language it uses is appropriate (for example by being clear that parenthood is a positive experience for many young people), however we have some concerns about references to the "causes" and "consequences" of pregnancy in young people. We do not consider this language to be helpful in terms of what the Strategy is trying to achieve and would suggest that this is revised to talk about decision- making, the reasons that young people are making the decisions that they are and the importance of informed, safe, healthy and positive choices.

The Strategy also lists young people who are disabled, have a learning disability, with parents who had children under 20, who are in contact with the justice system, etc. as being at "risk" of early pregnancy without full and clear explanation. In terms of the Strategy's aims to empower young people and not reinforce stereotypes it is not helpful for this list to exist without clear explanation as to the links between potential vulnerability and pregnancy or sexual activity at a young age.

We also note that there are multiple mentions of age throughout the Strategy, including the aim which states "those under 18 and provide extra support for young parents, particularly those who are looked-after up to the age of 26." The definition of 'teenage pregnancy' is stated to be up to the age of 20. We would welcome clarity as to who this Strategy is for and, given the wide age range, would encourage further thinking around appropriate aims and outcomes for different ages. There should also be a clear statement that the UNCRC defines a child as anyone under 18, which is in line with current Scots legislation.

Links with other policy areas

We welcome the links made on page 6 of the Strategy to the National Outcomes, Sexual Health and Blood Borne Virus Framework, the Looked After Children's Strategy and the Public Bodies (Joint Working) Scotland Act 2014. We also welcome reference to the GIRFEC approach and to the Children and Young People (Scotland) Act, but feel it would be helpful to have a more detailed look at the way in which the provisions contained in the Act link to the draft Strategy. Although the draft Strategy references the corporate parenting duties there are also other relevant parts of the Act that should not

merely be referenced but should be fully incorporated into the provisions of the Strategy. For example, how should sexual health services or services for young parents be incorporated into children's services plans in Part 3, how does this Strategy link to the provisions for information sharing relating to the Named Person in terms of identifying which young people may need extra support and what links should be made to provisions in a Child's Plan, under Part 5? Additionally, if children are at risk of becoming looked after (either the young people themselves or the children whom they are parenting), how does this link to the provision of services in Part 12 and the Aftercare and Continuing Care provisions in Part 10 and 11? How does the new definition of wellbeing affect the Strategy in terms of undertaking wellbeing assessments on young people who are considering parenthood or who are young parents?

We would also welcome clearer links to the Scottish Government's guidance on Underage Sexual Activity, the ongoing work relating to a framework on the health of looked after children and the implementation of CEL 16 (2009).

Finally, clearer links must be made between this Strategy and the work on Child Sexual Exploitation. Teenage pregnancy or the disclosure of an unwanted pregnancy, and Sexually Transmitted Infections (STIs), are often signs of unsafe sex and can indicate sex with multiple people, a common occurrence in CSE.

The delivery of 'Scotland's National Action Plan to Tackle Child Sexual Exploitation' will see the development of guidance for medical practitioners on CSE for Scotland. It is very important that this Strategy and forthcoming medical practitioner guidance complement and reinforce the same messages with regard to CSE.

Access to services

Many of the children and families that we work with have spoken about the barriers that they face in accessing services. We hear often about the challenges that they face talking about sexual health at the GP—particularly if they have to explain why they want an appointment to the receptionist at the surgery. This is particularly relevant for children and young people with multiple vulnerabilities and particularly complex problems who find accessing universal services challenging. Although sexual health services are provided by all Health Boards we note that some Health Boards have brought their services 'in-house' and therefore more youth-friendly, confidential services such as Caledonia Youth have been lost. It is important to recognise that specialist young person centred services are the preferred option for vulnerable young people who often struggle to feel comfortable accessing statutory support of the kind provided in 'official' settings. Young women using Children 1st's Chill Out Zone have reported that being seen by staff whose job is to work with young people in the one location has resulted in them raising concerns that they may be pregnant sooner than if they had to access medical services in the 'traditional' manner.

We therefore are pleased to see the statement on page 15 that "all those offering sexual and reproductive health services to young people should ensure a youth-friendly approach which reassures young people about confidentiality and tackles any potential embarrassment." We are interested to hear that the Scottish Government will consider the potential of a 'youth friendly charter' and that NHS Boards and Local Authorities are encouraged to ensure that their drop-in clinics are situated in, or close to, schools.

We would encourage the Scottish Government to consider expanding this action from sexual health services to youth-friendly antenatal services as we are often told that young people find antenatal groups to be stigmatising and embarrassing. They also

identify barriers to antenatal or new baby groups where the majority of other parents attending are older and are not youth-friendly. Although Page 25 discusses these issues in detail the corresponding actions do not address the problem identified, focusing instead on effective communication with young parents and the use of local data.

Finally, the section on sexual and reproductive health services would benefit from greater reference to training in terms of both vulnerability and multiple adversities and relationships and sexual health training for those who come into contact with young people but are not sexual health professionals. We would welcome a collaborative approach to working with the third sector, who often regularly support vulnerable families at home and—with greater training—could provide information and advice about sexual health and parenthood.

Positive choices and aspirations

In our experiences raising aspirations of both young men and women and offering information about safe, healthy and positive decision-making and the range of choices available is key to ensuring that young people are aware of the range of choices available to them. This includes information about sexual health and contraception, college, university and training opportunities and what safe and healthy relationships look like. We therefore welcome the statement on Page 10 of the Strategy that "supporting aspiration and ambition amongst young people is vital to providing positive destinations, and helping young people to plan their futures." Page 7 of the Strategy states that this means "providing young men and women with the knowledge, tools and skills they require to consider where parenthood lies in their future plans." Page 28 sets out actions for the Scottish Government to understand the numbers of young mothers in education, training and employment and for Local Authorities to ensure that flexible childcare is available while we recognise that there is a section on the importance of RSHPE in schools.

However, we do not feel that there are adequate actions in the Strategy to address the need to empower all young people to know and understand the options that are available to them. We think that there should be further thought about how aspirations can be raised, particularly for those young people who do not routinely attend school or engage in universal services. We would encourage some creative and innovative solutions to considering how this might be achieved so that young people are fully informed about the choices that are available to them and do not feel that pregnancy and parenthood are the only option for them. This is particularly the case for some of the young people that we work with who are living in households where there is a significant level of violence and abuse.

We also welcome the links to the guidance on the conduct of Relationships, Sexual Health and Wellbeing Education (RSHPE) (but note that this is not part of the policy mapping document). This guidance is particularly helpful because it highlights the importance of education that is not based solely on the biology of sexual health but on discussing a wide range of issues relating to gender equality, relationships, consent, choice and emotional wellbeing. We are therefore pleased that an action outlined in the Strategy is to communicate this guidance more widely and that schools, youth work and local authorities will engage young people in the development of RSHPE curriculum in schools. This is vital to the overall success of the Strategy, but we would welcome further information about how these important actions will be monitored and how local authorities will be role that the Scottish Government envisages youth work and the third sector more widely having.

Role of fathers

We feel that the Strategy could be stronger in terms of the role of young men and fathers. We therefore echo the comments made by Youthlink Scotland that the Strategy should contain more explicit recognition of the role, contribution and support needs of young fathers. It is important to ensure that we do not accept young men's perceived lack of engagement with services as inevitable and that we seek to provide services that are easy to engage with. Children 1st currently provide the Family Decision Making Service, which sees an unusually high number of male callers engaging with the service—it would be helpful to learn from services like this to establish what changes we can make in order to more successfully engage with young fathers, who have their own rights and support needs themselves.

Vulnerability and multiple complexities

Although the Strategy identifies a need for a particular focus on those who are most vulnerable (Page 4), the document does not seem to expand on particular vulnerabilities and the multiple complexities of many young people. From our experience many young people have experienced significant levels of trauma and have chaotic backgrounds where there are a number of factors that make pregnancy at a young age a significant possibility.

We welcome the assertion in the Strategy that young people "require support that is responsive and holistic to match their life circumstances," but we feel that this should be more fully reflected. For example, we know that there are particular risk factors in terms of children with disabilities and those with learning disabilities, especially those who have experienced abuse and violence, and we would welcome explicit reference to the need for clear relationships and sexual health education for these young people. We know that this is often overlooked because of a perception that they may not be sexually active, but research has demonstrated that this is not the case.

There should also be further consideration of those children and young people who are hard to reach and who do not routinely attend school or engage with universal services—or those who have left school at 16. Page 18 has an action that "information on pregnancy should be available in venues frequented by young people" and this should therefore take these young people into account. We would also welcome further reference to how the Strategy will engage with children and young people in the justice system and particularly young parents who are affected by imprisonment.

We note that there is a wide variation across Scotland in terms of the rates of teenage pregnancies in different localities, particularly with respect to deprived neighbourhoods. It would therefore be helpful for the Strategy to take further consideration of this important point and be clear about the types of services and support that may be needed more intensively in some areas.

We would also welcome clearer reference to the need for a coordinated and multi-sectoral response that brings partners together. For those children affected by multiple adversity or living in chaotic households there may be a need for engagement with several services—such as housing, social work, mental health, etc—as well as the sexual health and parenthood services. The Strategy could be better at acknowledging this.

Children on the child protection register

Although child protection is mentioned on Page 15 in terms of the protocols with respect to child abuse more explicit reference should be made to those children and young people who are currently engaged in the child protection system. We think this should be both in terms of children and young people who require sexual health or pregnancy services in their own right and in terms of any children as a result of a young pregnancy.

We understand that when a young person becomes pregnant the focus moves very quickly onto the child, but we believe that the young person still requires support in their own right, often to overcome trauma and chaotic backgrounds. It should be noted that many children become involved in the Hearings system or the child protection system because of the behaviour of their grandparents, not their parents—young people must be supported to help them understand the processes.

The role of carers—including foster carers and kinship carers—should also be more fully explored in terms of supporting them to provide high-quality information and advice about relationships and sexual health to the young people for whom they are looking after.

Finally, we would welcome consideration of the needs of vulnerable 16 and 17 year olds who either require sexual health services or pregnancy services. If they have not previously been engaged with the child protection system there is a gap in terms of support that can be offered. It may be worth considering reference to Vulnerable Adults registers, such as the one in Glasgow.

RESPONDENT INFORMATION FORM

Please Note this form must be returned with your response to ensure that we handle your response appropriately

1. Name/Organisation
Organisation Name

Children 1st and Barnardo's Scotland

Title Mr ☐ Ms ☐ Mrs ☒ Miss ☐ Dr ☐ Please tick as appropriate

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3. Permissions - I am responding as:

Individual	/	Group/Organisation
☐	Please tick as	*x*

(a) Do you agree to your response being made available to the public? Yes ☐ No	(c) The name and address of your organisation will be made available to the public. Are you content for your response to be made available?
(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis	

Please tick ONE of the following boxes	Please tick as appropriate *x* Yes ☐ No
Yes, make my response, name and address all available ☐ or Yes, make my response available, but not my name and address ☐ or Yes, make my response and name available, but not my address ☐	

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?
Please tick as appropriate *x* Yes ☐No