

**Pregnancy and Parenthood in Young People Draft Strategy  
Lanarkshire Multi-agency Response  
collated from Consultation Event held on 10 September 2015  
Dalziel Building, Scott Street, Motherwell**

### **What do you think of the strategy?**

Overall, the group felt that the strategy was a welcome recognition of the issues surrounding pregnancy and parenthood in young people and that it will strengthen the policy landscape for responding to these issues.

### **Response to the consultation**

The group did not feel in a position to respond to each of the consultation questions individually. Therefore this response captures partners' feedback on the document generally.

### **Section 1 - Delaying Pregnancy in Young People**

The following points were raised, some as statements, some as questions. **Key points** are highlighted in bold type: -

- The recommendation to develop a **national communications strategy to promote the understanding of consent and healthy relationships in young people was welcomed** (p12). Key to this will be:
  - The right partners "around the table" making the right decisions. (It is queried whether we have this in place at a local level currently.)
  - Sharing information and learning from/expanding local good practice, e.g. good work by Police Scotland in schools re personal safety.
  - There is enhanced understanding of "free consent" among young people.
- In terms of the Children's and Young People (Scotland) Act, there was a query from local authority partners if we are able to deal with all it means, i.e. legislation re sharing information with named person when young people access services re sexual health. This is one of the elements of the new legislation that all CPPs have concern hasn't been worked through in terms of information sharing and the perceptions among young people regarding the confidentiality of services.
- Similarly, it was felt that the impact of GIRFEC and the named person needs to be considered. Additionally, the variation of age range for services – 15yrs/20yrs/26yrs – is confusing for staff when signposting or referring young people to services.
- There is an intergenerational issue of where the children of young mothers go on to be young parents themselves; and this leads to the cycle being perpetuated. This is particularly true where (further) education has been interrupted and further attainment in social and economic settings has not been achieved. This can lead to attachment issues where young people have little or no role models. The question asked was '*How do we educate young women to keep them engaged in education?*' However this needs to be balanced with providing

young parents with the opportunity to learn to be parents. Therefore, while we would encourage young parents to return to, or continue with, education and employment, they must be given sufficient time to “learn” to be parents. Other parents are given 6-9 months maternity leave with their babies to nurture them and ensure there is a positive attachment.

- Across Lanarkshire the provision of dedicated services for young people have improved in recent years, e.g. the introduction of YP+ clinics in health premises (doctor and nurses present so full range of BBV/STI testing and contraceptive options available).
- It was felt that many of the actions in this section are being met across Lanarkshire and we have received good feedback from Lanarkshire young people who attend services.

#### *Relationships, Sexual Health and Parenthood Education*

- **Sexual health education talks should be undertaken at an earlier stage in secondary schools.** Head teachers say they are delivering on Relationships, Sexual Health and Parenthood (RSHP) but this is to older pupils (S4 and above). Young people mature at different ages and for some they are already sexually active before they receive information on sexual health and relationships
- Health professionals have a better impact on delivery health talks. It is a difficult and inconsistent model for health staff to parachute in and out. This leaves a lack of infrastructure and sustainability; however, teachers can feel uncomfortable delivering RSHP which dilutes the message. Evidence gathered following the talks delivered to S4 – S6 pupils in Lanarkshire re syphilis, suggests that pupil preference is for health professionals to deliver health talks and not teachers. Assuming quality assurance undertaken, appropriately trained community planning partners can also play a role in delivery of RSHPE.
- Overall, it is vital that teachers have the opportunity to attend RSHP training and feel confident to deliver sessions. The recommendation to deliver the RSHPE guidance (p14) helps to support this.
- It was agreed that it is imperative to “keep listening to young people”. Therefore the group welcomes the recommendation to involve young people in the planning of RSHP (p14).

#### **The role of parents was considered pivotal in delaying pregnancy in young people.** The points raised are as follows:-

- The Family Nurse Partnership (FNP) undertake a lot of their initial work with the parents of young people who are pregnant. There is a lack of understanding about the impact of their own lifestyles and choices on the lives of their children. **Therefore, it was felt that education for parents on the impact of their lifestyles, should start as soon as possible, ideally when they find out they are pregnant.** A structure for this is being put in place. Solihull training for staff and the ‘Five to Thrive’ programme are being rolled out across North Lanarkshire with nurture groups for parents and children.
- In terms of engaging with parents, it was identified that some parents will not engage with schools therefore imaginative solutions should be found. In

Bellshill, lunchtime clubs have been set up in the local YMCA in partnership with a local primary school and have been effective in engaging families with upwards of 30 people attending. This is not a group only for young parents or instead of a parent and toddler group, it is for parents of all ages and very inclusive and provides health talks among a range of activities.

- It was noted that parent and toddler groups can be off-putting (to many young people in particular) as they are seen as being run and attended by older mums. This can be for a variety of reasons including older women/parents being considered more experienced, or 'middle-class' (and look down on young parents). However, there wasn't agreement within the group that operating separate groups for young parents was the best way to move forward as we should really be looking for community integration. It is felt there is a lack of integration in general and young people have a lack of self esteem that prohibits them from attending services for fear of being judged. One participant noted that there is new research suggesting we are labelling/stigmatising parents by calling them *young* and they should be called *first-time* mums/dads/parents.
- It was felt that relationships education should be the central tenet and underpin all the work that we do from early years onwards.
- **Domestic abuse is another factor not considered in the strategy in relation to teenage pregnancy. 30% of young women registered with the FNP report domestic abuse.** It is considered that the reality is 80% of these young women suffer abuse of some kind. There is a real lack of recognition around emotional abuse and many young women do not fully understand that they are a victim of this
- There is cognisance that we are creating more inequalities by not addressing the literacy issues that exist within our communities. Poor literacy skills are another factor to consider – how do we signpost, to whom and where would we find resources and support? We talk about and refer people to websites. The reality is, not everyone has the literacy skills to access the internet, nor the financial means to operate a device/s to allow them access. This also leads to the potential of young people becoming vulnerable to online abuse linked to cyber-crime. Therefore it is imperative that workers have accurate and up to date knowledge of the locality they work in so that they can appropriately advise young people seeking employment opportunities, help with literacy, etc.
- There were shared experiences of lack of engagement from teaching staff with participants recounting experiences of some teachers leaving the class when partners were involved in delivering sessions. The benefits of the class teacher participating are manifold and were demonstrated as part of the 'Roots of Empathy' work with primary school children. This is often an opportunity to discover issues some children have that would otherwise not be brought up. Many children have opened up to workers about issues that are of concern and teachers have appreciated the insight into the children's feelings and situations.
- While there are areas that respondents felt were performing well, it was agreed that Lanarkshire Community Planning Partners need to prioritise planning to prevent pregnancy among young people.

## Gaps

- **From a Learning Disability (LD) point of view, the strategy has missed the nuances around the LD communities.** In terms of RSHP, there is little or no education at all. Parental consent is also implicated in this, the pervading attitude is that, if you don't talk about it they won't do it (be sexually active) and there is also the misconception that those who are learning disabled have no desire to be sexually active or understand this desire. It is estimated that around 70-80% of children delivered to parents within the LD communities, are removed with little regard to the parent. This is unsurprising when little or no RSHP education is provided, leaving young people with little preparation for the feelings, emotions and consequences of a sexual relationship. Many of those considered to be learning disabled, live in deprived areas; they bear the burden of low incomes, disrupted family dynamics and a lack of support around child rearing.  
**Therefore we feel the strategy needs to be strengthened in this area.**
- Participants were also concerned that young people not in education or work could miss out on the work of the strategy. They are already a vulnerable group and there is a concern that they will miss RSHP in mainstream school.
- While the recommendation to support planning for future parenthood is supported (p14) there needs to be clear mention of inclusion of preconception information within this as it is paramount for preparing for future parenthood. It is welcomed that the narrative for this action (p13) specifically mentions the importance of attachment and how this impacts on children. Is it possible to include in the recommendation as well so that it doesn't "get lost"?

## Section 2 – Pregnancy in young people

There is agreement that we need to ensure there is sufficient information on pregnancy available for young people and all partners need to be involved in making this happen (actions on page 18).

Pathways of Care (p19) – Lanarkshire already has a pathway primarily aimed at non-NHS partners who are supporting a young person who is concerned they may be pregnant. We would hope that any pathway developed by Healthcare Improvement Scotland would take cognisance of local pathways in place.

Abortion (p19/20) – **There is strong disagreement that with the first sentence of page 20 suggesting that “the vast majority of women do not require counselling post-abortion”.** As far as we are aware, there is no evidence to support this statement. Instead it is suggested that there is an unmet need as (young) women do not know where and how to access such a support service. Therefore we think that this sentence should be rewritten.

## Section 3 - Parenthood

There are many and complex reasons for repeat pregnancies amongst young people. It is noted however, that young women who have some ambitions are least

likely to become pregnant and those with the least ambitions who are most likely to become pregnant.

Barriers that are implicated in the process were identified as follows:-

- Lack of access to specialist services e.g. counselling
- Lack of access to GP appointments
- Lack of access to contraception

There is a lack of acknowledgement that there is often a motivation and willingness for young people to be a good parent and they want their child to have a better childhood than them. However, there was also acknowledgement that for some young women, being pregnant again means that they become 'first again'. A focus is on them rather than just the baby and they become 'looked after'. It was discussed that the theory of FNP is that the child will benefit from the nurturing the mother receives.

The recommendation on p19 for NHS Healthcare Improvement Scotland to develop an integrated care pathway needs to ensure this is done in partnership with CPPs as some areas already have a pathway in place (including Lanarkshire). It was acknowledged locally that it will be a challenge for the CPPs in Lanarkshire to ensure the pathway is well promoted and how its impact can be measured.

The action for professionals to be aware of issues potentially affecting young people's engagement with services (p24) is welcomed and supports work already underway in Lanarkshire where tests of change are targeting young fathers. Young people also report that they feel instructed to attend services, rather than being consulted and agreeing a programme of care. It is also questioned if a barrier might be that young people have to re-engage with education too quickly and they are not allowed sufficient time to focus on being new parents (link to second action on p28).

Discussion regarding the first action on p26 (agencies to ensure they communicate effectively with the young parent(s) at the centre) raised the following points:

- The multiagency approach in LD can cause confusion. Clarity of roles and how we fit together to ensure the best for the baby and parents is required.
- Identification of priority families – sharing the learning, one person being the link (this happened in the Craigneuk area of North Lanarkshire) - examples of good practice to be shared.
- Lack of individuality – using the 'my name is.. .' scheme for people and ask, 'what matters to you?' rather than 'what's the matter with you?'. This is crucial in terms of measuring a person's journey rather than focusing on statistics and quantitative research. True engagement needs to be given time to build relationships, there's no quick fix until we take cognisance of the conflicting influence which impact significantly on people's ability to make informed choices.
- There was a suggestion that we need to get the basics right and focus on one or two key models to allow this to happen. Lanarkshire's Parenting Pathway is a good example of this.

Pregnancy spacing (p26/7)

- It is acknowledged that partner groups/organisations can work together to support this, e.g. FNP/First Steps/OPFS/Barnardo's, in addition to the provision of universal services.

- Not just pregnancy spacing but postnatal maternal health should be included here, e.g. weight management, continued smoking cessation, etc.

Second action on p26 (NHS Health Board to use local data to understand their local population) – acknowledged that data is still missing and it was suggested that a minimum dataset/dashboard be established. A key element of this will be for all CPPs to share information on outcomes of work and services provided.

In terms of supporting young parents locally, it was agreed that having a Parenting Pathway in place is helpful. This focuses on a limited number of effective programmes rather than having an ad hoc range of programmes across both CPPs.

Other points raised: -

- We shouldn't just focus in on the most vulnerable as some young women don't fit the boxes (English evidence). It was realised that if you weren't meeting educational stages aged around 14 years, then this is the period most young people would disengage.
- Education system is flawed – children attend schools at a young age (4-5 years) which may play some part in later disengagement from education. Looking at the Scandinavian model of education, where children go to school aged 6 at the earliest, in relation to their figures for teenage pregnancy, it is found that these countries have amongst the lowest rates of teen pregnancy

#### **Section 4 - Leadership and Governance**

- It was agreed that local leadership should be a strategic level and various options were suggested for this, e.g. Chair of Improving Children's Services in each CPP, local authority Chief Executive or Director of Education (with strong links to CPPs)
- The requirement for local implementation groups for the Children and Young People (Scotland) Act to engage was also highlighted.

Links should be made to the wider agenda for Health and Social Care Partnerships to ensure cohesion.

It was agreed that across Lanarkshire there should be a separate group to drive forward the implementation of the strategy, reporting into key strategic groups, e.g. NL and SL Improving Children's Services Groups, Lanarkshire Sexual Health Steering Group. Practitioners were also keen that such a group should have clear local links so that locality groups are working consistently but with local flexibility. This would also allow them to contribute to planning and developments.

**Central to all of this is the need to include the views of young people at all stages and in national and local structures.**

## **From the consultation questions**

### ***Engagement with Young People***

This was felt to be very important and young people should be consulted at a local level. FNP colleagues stated that they have good engagement with young people and hold annual engagement events known as 'Achieving the Success you Deserve', a test of change. Therefore it was suggested that this would be a good group of young people to engage with moving forward.

This should be in conjunction with a variety of young parents groups such as those in contact with Community Learning and Development, third sector partners and local neighbourhood houses.

Participants were also clear that young people who were engaged needed to be representative of their local community and any work must be meaningful.

### ***Equality Considerations***

It will be necessary to equip staff with the knowledge of cultural beliefs and potential legal implications, e.g. FGM.

It was also suggested that the language be considered to ensure it is inclusive of all young people regardless of disability, sexual orientation, etc.