

Pregnancy and Parenthood in Young People Strategy

National Progress Report

October 2017



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Pregnancy and Parenthood in Young People Strategy National Progress Report: March 2016 – September 2017

Summary

The *Pregnancy and Parenthood in Young People Strategy* was published in March 2016, and is the first Scottish strategy focussing specifically on this agenda.

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. 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 and provide extra support for all young parents.

Some young people require little or no additional support, whereas others will 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.

The National Progress Report sets out progress against the Strategy's aims and actions for the period March 2016 to September 2017. It also sets out the next steps for the next period of implementation.

Rates of pregnancy in young people under 20 have seen a significant drop in recent years. The most recent data on conceptions in 2015 show that since 2007¹;

- rates in the under 20 age group have decreased by **43.8%**
- rates in the under 18 age group have decreased by **52.1%** and
- rates in the under 16 age group have decreased by **61%**

However, a young woman living in Scotland's most deprived areas is five times more likely to experience a pregnancy as someone living in the least deprived and the most deprived areas have 13 times the rate of delivery compared to the least deprived².

This is why the work of the Strategy is essential. Through supporting increased life chances, we can help all young people have the opportunity to plan for a positive future, whether that includes becoming a parent - or otherwise.

This first period of delivery of the ten-year Strategy has been about establishing effective working relationships, communicating the evidence and aims of the Strategy and determining the initial priorities for implementation, namely:

- Key Messages for young people on consent and healthy relationships
- Guidance for professionals to support young pregnant women and young fathers in their experience of maternity services
- Improving access to, and provision of, post-partum contraception

¹ <http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Teenage-Pregnancy/>

² <http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Teenage-Pregnancy/>

- Young Scot's digital resource on pregnancy and support for young parents

Local implementation has been taking place through the development of needs assessments and action plans.

From October 2017 – September 2018 we will also be taking forward a second set of priorities.

The PPYP Strategy Steering Group has identified two topics for focus, namely:

- Supporting young people with learning disabilities and other significant communication difficulties around healthy and safe relationships (including pregnancy prevention)
- Increasing education and learning through encouraging and supporting school attendance as an intervention for reducing the risk of pregnancy, and enabling young parents to engage in education during pregnancy and following delivery.

This work will take place whilst we also finalise the workstreams from the initial priorities, as well as continuing to support local areas in their implementation of the Strategy.

Firm foundations have been established in the first phase of implementation of the Pregnancy and Parenthood in Young People Strategy which will enable its effective delivery over its ten year lifetime. Sharing progress, challenge and practice will be key to avoid duplication and encourage effective support for young people, across Scotland.

Introduction

The *Pregnancy and Parenthood in Young People Strategy* was published in March 2016, and is the first Scottish strategy focussing specifically on this agenda.

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. 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 and provide extra support for all young parents.

Some young people require little or no additional support, whereas others will need intense, targeted support. It is essential we continue to take a holistic approach and put the young person at the centre of action to help them achieve their potential both as individuals and as parents.

This first report sets out progress against the Strategy's aims and actions for the period March 2016 to September 2017.

Statistics

Rates of pregnancy in young people under 20 have seen a significant drop in recent years. The most recent ISD data (on conceptions in 2015) show that since 2007³;

- rates in the under 20 age group have decreased by **43.8%**
- rates in the under 18 age group have decreased by **52.1%** and
- rates in the under 16 age group have decreased by **61%**

This reduction is a significant achievement. However, rates in Scotland remain higher than those in the rest of Western Europe. The latest data published by the Office for National Statistics (ONS) on live births⁴ (rather than conceptions) in those aged under 20 show that the UK has one of the highest rates of teenage births in Europe at 15.5 per 1000. This compares with 3.6 per 1000 in Denmark (the lowest). Comparable data for Scotland, using information from National Records of Scotland (NRS), shows rates at 16.1 per 1000. It is essential, therefore, that we continue our efforts to support those young people vulnerable to pregnancy at a young age.

The Impact of Inequality

The Scottish Government is committed to tackling the significant inequalities in Scottish society and there continues to be a strong correlation between deprivation and pregnancy in young people aged under 20. Although the latest data show a narrowing of the gap between the most and least deprived areas, it continues to be the case that in the under 20 age group:

- a young woman living in Scotland's most deprived areas is five times more likely to experience a pregnancy as someone living in the least deprived.

³ <http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Teenage-Pregnancy/>

⁴ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/adhocs/005466livebirthswomenagedunder18andunder20per1000womenaged15to17and15to19ineu28countries20042013and2014>

- the most deprived areas have 13 times the rate of delivery compared to the least deprived⁵

This is why the work of the Strategy is essential. It has a clear focus on the social determinants of teenage pregnancy, recognising that it is not just a sexual health issue, but one of equity. Through supporting increased life chances, we can help all young people to have the opportunity to plan for a positive future, whether that includes becoming a parent - or otherwise.

Delivering the Strategy: March 2016 – September 2017

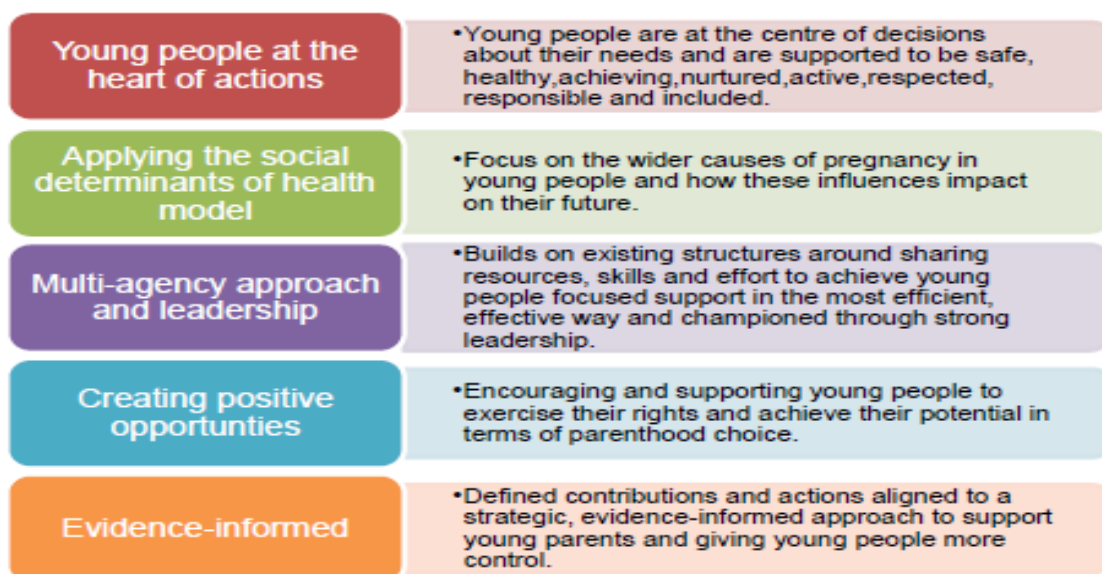
The first period of delivery of the ten-year Strategy has been about establishing effective working relationships, communicating the evidence and aims of the Strategy and determining the initial priorities for implementation.

Delivery structures to support implementation have been established and links have been made across Government to help ensure that pregnancy and parenthood in young people is considered where policies include a focus on the lives of children and young people.

A reporting process has been established whereby local areas will be asked to complete a high level self-assessment template on an annual basis. The questions in the template will change over the course of the Strategy.

The Strategy contains four key strands: Leadership and Accountability; Giving Young People More Control; Pregnancy in Young People; and Parenthood in Young People.

The strands are underpinned by five guiding principles, which each action aims to achieve:



⁵ <http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Teenage-Pregnancy/>

National Progress, Achievements and Activity To Date

Strand 1: Strong Leadership and Accountability

Between March 2016 and September 2017 progress against Strand 1 has been as follows:

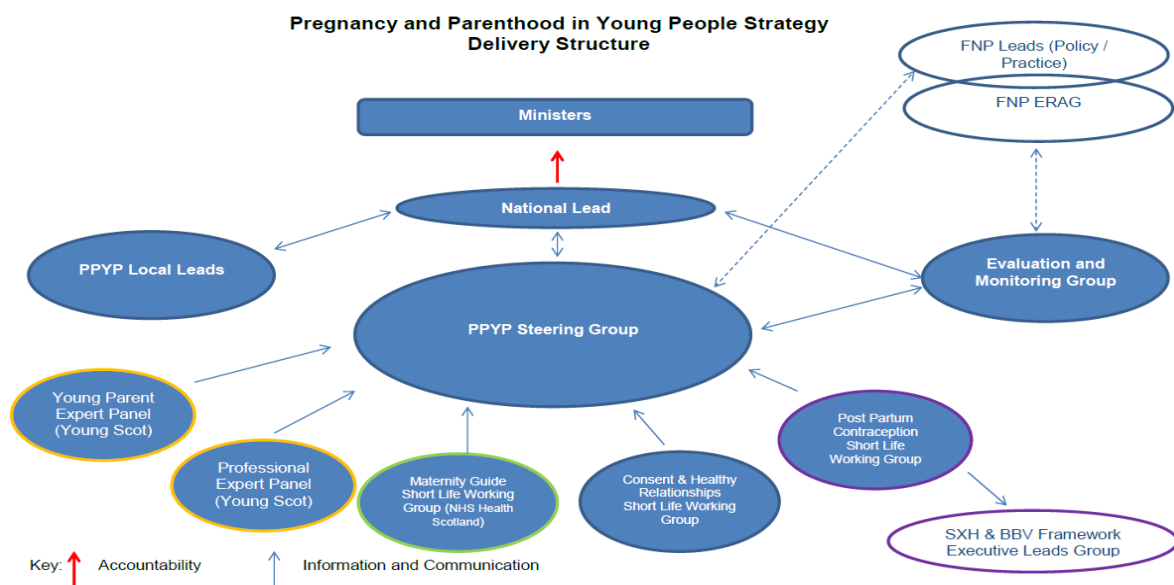
Action	Progress
1.1 Needs Assessment	Local areas have carried out needs assessments or have a plan in place for doing so
1.3 National Leadership	The National Lead was appointed in April 2016
1.4 Local Leadership	A Local Lead has been identified, or is in the process of being identified, for each Local Authority area.

Additional progress:

- A delivery structure has been developed which will provide a cohesive framework for the policy delivery nationally (see Figure 1). This structure sets out the various groups responsible for taking forward different elements and actions within the strategy. Some groups support the implementation of the strategy as a whole, for example the PPYP Steering Group, others relate to a specific action within the Strategy, such as the Consent and Healthy Relationships Short Life Working Group.

The delivery structure makes clear links with the governance for the Family Nurse Partnership (FNP) Programme. FNP is the key programme for supporting young, first time mothers in Scotland, and the PPYP Strategy aims to support all young parents, so it is vital that the two programmes of work are closely linked, working together to achieve the best possible start for all our young parents and their children.

Figure 1: PPYP Strategy Delivery Structure



- The publication of the PPYP Outcomes Framework, which ensures ease of access to the evidence
http://www.healthscotland.com/ofhi/PPYP/content/Tools_PPYP.html
- The Evaluation and Monitoring Group is developing the Evaluation and Monitoring Framework for the first five years of the strategy, including identifying appropriate data sources for key indicators.

Strand 2: Giving Young People More Control

Between March 2016 and September 2017 progress against Strand 2 has been as follows:

Action	Progress
2.1 Key messages on consent and healthy relationships in young people	A short life working group on 'consent and healthy relationships' has been formed and is drafting the key messages in preparation for consultation with young people. It is anticipated that the key messages will be available by the end of 2017/18.
2.2 Demonstrate partnership working to support the RSHP education guidance locally	The Scottish Government is supporting a partnership approach for the development of an up-to-date, national age and stage appropriate RSHP education resource for Scotland, for children and young people aged 3-18.

Additional progress:

- The development of a paper which presents the key evidence in relation to pregnancy and parenthood in young people and, in particular, the importance of education and attainment (Appendix A).

One of the key actions for this first period of implementation has been communicating to stakeholders this evidence and, in particular, the importance of education as key to helping young people plan for their future and reducing the risk of pregnancy at a young age.

Through the **Scottish Attainment Challenge** and **National Improvement Framework**, the Scottish Government has committed to working to achieve equity in educational outcomes, by ensuring every child has the same opportunity to succeed – with a focus on closing the poverty-related attainment gap. In achieving equity we are also increasing life chances for our young people, supporting them in their aspirations and ambitions. This work, therefore, is key to supporting young people in preventing or delaying pregnancy by providing choices and opportunities through learning and positive engagement with school.

The Scottish Government has committed to investing £750m to support pupil attainment through the Attainment Scotland Fund over the lifetime of this Parliament, including £120m Pupil Equity Funding direct to headteachers in 2017-18. This investment will support those children and young people affected by the poverty related attainment gap. It will make a significant impact on those young people vulnerable to pregnancy at a young age, as we know that poor

attendance at school, low attainment or achievement, few or no aspirations and free school meals entitlement are key indicators for risk of teenage pregnancy.⁶

Strands 3&4: Pregnancy and Parenthood in Young People

Between March 2016 and September 2017 progress against Strands 3&4 has been as follows:

Action	Progress
3.1 / 4.6 / 4.7 Information on pregnancy / social and health needs / welfare and housing	A pregnancy and parenthood digital resource, funded by Scottish Government, is being developed by Young Scot
3.7 A guide for professionals based on PHE's ' <i>Getting maternity services right for pregnancy teenagers and young fathers</i> '	A short life working group, supported by NHS Health Scotland, is in the process of developing the guide for Scotland. It is anticipated that the Guide will be published by the end of 2017/18.

- Actions 3.1 / 4.6 / 4.7: In 2017, Young Scot were awarded with just over £100,000 from the Scottish Government through the Children, Young People, Families Early Intervention and Adult Learning and Empowering Communities Fund (CYPFIEF & ALEC Fund) in order to take forward the 'Empowering Scotland's Young Parents' project. This piece of work will create a trusted source of information for young people on pregnancy and parenthood. It will help young people to understand pregnancy, including information on how to prevent pregnancy, as well as the importance of seeking advice and support if they discover that they are pregnant. The resource will respond to the needs highlighted in the Strategy, including the importance of support around early identification of pregnancy and pregnancy options.

In addition to the work on pregnancy, the project will develop resources for young parents. This experiential resource will provide information and advice on areas of need identified by young parents, using media which are attractive and accessible to young people. This project will engage with young people from the very beginning, as well as utilising upcoming research from Strathclyde University⁷ on the information needs of young mothers. Importantly, this work will help to address the stigma and discrimination that young parents often experience by educating young people about their rights in relation to pregnancy and parenthood, and by promoting positive attitudes to young parents.

The project is linking closely with the FNP programme to ensure a joined up approach to supporting all young parents in Scotland.

⁶ Crawford, Cribb & Kelly (2013) Teenage Pregnancy in England. Centre for Analysis of Youth Transitions (CAYT) Impact Study: Report No. 6

⁷ <https://yftm.cis.strath.ac.uk/>

- Action 3.7: The Maternity Guide will reflect the services provided in NHS Scotland and the voices of Scotland's young parents and professionals. It will provide advice for professionals on how to support young parents as they go through the antenatal and post natal journey, describing approaches that will help young people to feel more comfortable and confident within services and with professionals, putting parents and the child at the centre of service planning and delivery.

This work will also include development of resources for young people so that they understand their rights in relation to high quality maternity care. This will, in line with recommendations of **The Best Start**⁸, help to ensure they are aware of the choices they are entitled to and that they are well informed in order that they are able to make their own decisions about their treatment and care.

Additional progress:

- The development of resources to support improvements in access to, and provision of, contraception post-partum for all women, including young mothers, is underway.

A short life working group is considering improvements in access to, and provision of, post-partum contraception (PPC), linking with the ambitions of the Sexual Health and BBV⁹ and Refreshed Maternity¹⁰ Frameworks. Whilst the working group is considering improvements to post-partum contraception as a universal approach for all women, this work will be of direct benefit to young mothers who wish to take control of their reproductive health. Central to this work is ensuring that post-partum contraception is considered as part of the antenatal journey. Women should be fully involved in their choices around accessing contraception, and where PPC is chosen their preferred option should ideally be provided immediately post-delivery (or as close to as possible).

Local Progress (April 2016 – March 2017)

Following the publication of the Strategy in March 2016, local areas have been considering how they will deliver the Strategy as part of their overall approach to achieving positive outcomes for children and young people.

In order to enable local areas to provide a high level update on local implementation, a self-assessment template was developed and sent out in March 2017. The template asked some short, high level questions about local progress in regard to needs assessment and action plans in relation to pregnancy and parenthood in young people.

The template also included a 'Key Question'. This year, local areas were asked about the support available to help young pregnant women and young parents continue in school/education.

⁸ <http://www.gov.scot/Publications/2017/01/7728>

⁹ <http://www.gov.scot/Topics/Health/Services/Sexual-Health>

¹⁰ <http://www.gov.scot/Publications/2011/02/11122123/0>

It is intended that the template will be circulated to the local leads on an annual basis.

Findings from the Self-Assessment Template (April 2016 – March 2017)

The self-assessment template asked local leads to report on progress in relation to the Strategy over financial year 2016/17. Returns were received from all 32 local areas.

The Strategy asks that 'local needs assessment for young people be reviewed and updated to reflect the actions in the Strategy'. This needs assessment process will help those delivering the Strategy identify where focus needs to be locally in order to achieve the outcomes. As one of the 'initial actions' in the Strategy, local areas were asked to have carried this out by December 2016.

At the time of reporting, 22 of the 32 local areas had carried out a needs assessment in relation to pregnancy and parenthood in young people. All of the needs assessments carried out had employed a multi-agency approach. Those who had not carried out a needs assessment acknowledged the importance of this and the intention to move the assessment forward.

The PPYP Strategy also asks that local areas put an action plan in place to take forward the results of the needs assessment. The Strategy sets out that Action Plans should be in place by June 2017. At the time of reporting, 9 of 32 of local areas had already devised an action plan. Of those who had not yet developed their plans, the majority planned to do so within the next year.

The National Lead will continue to work with the local leads to provide help, support and sharing of practice in relation to needs assessment and action planning, with that aim that all areas have needs assessment and action plans in place by June 2018.

Key Question

Each year, the template will contain a 'key question' which will focus on a particular element and action of the Strategy. In this first year, we asked local areas about the support offered to young pregnant women and young parents to stay in or re-engage in school.

Action 4.9¹¹ in the Strategy asks that local authorities have guidance in place that supports young people who become pregnant / young parents to remain or to re-engage with school. Such guidance should enable young people to remain in education, supporting aspiration and attainment, helping to create an equality of opportunity and choice for the future. As part of the implementation of the Strategy, we were interested to know which areas already had such guidance in place.

14 of the 32 local areas already have such guidance in place for schools. Those areas that currently do not have guidance were interested in seeing examples from

¹¹ 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.

other areas. We will facilitate the sharing of existing resources in order that areas can learn from each other, sharing good practice and reducing duplication.

Colleagues were invited to highlight any particular challenges that can prevent young woman remaining or returning to school because of a pregnancy. The responses were varied, but most consistently referenced was the challenge in accessing childcare for young women returning to school.

The Strategy already highlights the importance of flexible childcare as being “essential for young women to finish their education”¹². The Scottish Government has committed to the expansion of free early learning and childcare (ELC) to 1140 hours by 2020 for all 3 and 4 year olds and all eligible 2 year olds.

The expansion will provide greater flexibility for parents, through a greater choice of providers and patterns of provision – which will be of particular benefit for those young parents who require flexible childcare that enables them to remain in school or college. It will improve accessibility and affordability supporting young parents’ opportunities for improved access to work, training or study.

However, many young mothers who return to school will not take a period of maternity leave and will return within a matter of weeks from delivery. These young women require flexible childcare for their babies which allows them to attend school as well as the reassurance that their baby is in a caring and safe environment.

Local authorities also have powers to enable ELC provision more widely. Some Authorities use these powers to support young parents with childminder / nursery places from a younger age. Therefore, over the next year of the Strategy implementation we will work with local areas to understand current provision for young parents and develop a picture of pre two childcare provision for young parents, sharing examples of good practice.

Next Steps: October 2017 – September 2018

Over the next year, we will focus on a second set of priorities, moving implementation of the Strategy forward.

We will continue to take forward the existing workstreams on post-partum contraception and consent and healthy relationships as well as working with NHS Health Scotland on the development of the Maternity Guide and Young Scot on the pregnancy and parenthood digital resource.

In addition, the PPYP Strategy Steering Group has identified two topics for focus in Year Two, namely:

- Supporting young people with learning disabilities and other significant communication difficulties around healthy and safe relationships (including pregnancy prevention)

¹² <http://www.gov.scot/Publications/2016/03/5858> p29

- Increasing education and learning through encouraging and supporting school attendance as an intervention for reducing the risk of pregnancy, and enabling young parents to engage in education during pregnancy and following delivery.

In line with this, we will look to create a picture of how local areas are supporting the childcare requirements of young mothers who wish to return to education soon after the birth of their baby.

Conclusion

Firm foundations have been established in the first period of implementation of the Pregnancy and Parenthood in Young People Strategy which will enable its effective delivery over its ten year lifetime.

Local areas are at different stages in their delivery of the Strategy and working to encourage peer-to-peer communication will be a key priority for the next stage of the strategy implementation. Sharing progress, challenge and practice will be key to avoid duplication and encourage effective support for young people, across Scotland.

The Pregnancy and Parenthood in Young People (PPYP) Strategy

Empowering Scotland's Young People

The Pregnancy and Parenthood in Young People Strategy aims to enable and empower Scotland's young people, allowing them to achieve the best possible outcomes in their lives.

- Young people will feel a sense of control over their own lives, allowing them to build self-efficacy and providing equality of opportunities for their futures.
- Young people are enabled to have a full range of options whereby they can consider when, or if, parenthood will be part of their futures.

The Impact of Inequality

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 most**

Young people living in our most deprived communities are five times more likely to experience a pregnancy and 13 times more likely to continue a pregnancy as someone living in the more affluent areas of Scotland

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

Schools are central to identifying the key indicators for risk of pregnancy at a young age.

These are:* Poor attendance at school *low attainment or achievement *few or no aspirations

* free school meals entitlement

Supporting aspiration and ambition in young people is vital.

Evidence shows that **education and engagement with learning** are **key interventions** that help young people to plan for their future – including pregnancy and parenthood.

Supporting young mothers and fathers back into school or learning environments is important for preventing a rapid subsequent pregnancy and ensuring better outcomes for mother and child.

Appropriate early 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**.

Appendix A

Relationships, Sexual Health and Parenthood (RSHP) Education aims to encourage equality and mutual respect from an early age.

The provision of relationships, sexual health and parenthood education is acknowledged as a key intervention for supporting positive relationships and reducing pregnancy in young people.

Formal education is the only way of ensuring that all young people are provided with the knowledge they need from **reliable sources**.

Interventions such as RSHP should be combined with high-quality sexual health services and the provision of effective contraception.

Programmes with a parental involvement component can have a positive impact on young people's knowledge and/or attitudes and improve parent-child communication

Young people should be adequately prepared for parenthood. 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.

Young people who have conceived should be provided with objective, non-judgmental information and support in order to make an informed choice about how they proceed with their pregnancy

Young women who become pregnant access antenatal and abortion services later than the general population.

Young women should have the information they need to identify they are pregnant at an early stage and that they are able to disclose to a trusted individual in order to access services as early in pregnancy as possible

Antenatal classes designed specifically for young women appears to improve contact with antenatal care

Information on local gestational time limits should be clear and made easily accessible to all health service providers as well as women accessing services.

All young parents and their babies should be provided with person-centred, safe and effective post natal care which meets their holistic needs

A whole family approach to increasing educational aspiration is important as a mother's low educational aspirations for her daughter aged 10, is a risk factor for pregnancy before 18.

Evidence suggests a focus on employment and provision of jobs and higher earning for young mothers is associated with improved long term self sufficiency

Young mothers / young women who become pregnant should be supported to stay in school or college until 18. Evidence suggests programmes with support for childcare are the most effective. Key workers have an important role providing support and helping the prevention of a subsequent pregnancy in adolescence

Secure, permanent housing that is situated in their community is essential for enabling young parents to build networks of support and provide a positive family environment

Experiencing negative attitudes is harmful to young parents and can prevent them asking for help and support



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