

## **Inquiry into teenage pregnancy**

### **Submission from STUC**

#### **Introduction**

The STUC is Scotland's trade union centre. Its purpose is to co-ordinate, develop and articulate the views and policies of the trade union movement in Scotland; reflecting the aspirations of trade unionists as workers and citizens.

The STUC represents over 632,000 working people and their families throughout Scotland. It speaks for trade union members in and out of work, in the community and in the workplace. Our affiliated organisations have interests in all sectors of the economy and our representative structures are constructed to take account of the specific views of women members, young members, Black/minority ethnic members, LGBT members, and members with a disability, as well as retired and unemployed workers.

We welcome the Committee's interest in this matter, and note the terms of the Inquiry:

Firstly to assess whether the action being taken in Scotland is sufficient to bring about real and sustained reductions in unplanned teenage pregnancy; and secondly, to explore with witnesses 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.

We note the briefing provided by the Scottish Parliament Information Centre (SPICe), and the Health and Sport Committee first evidence session on 22<sup>nd</sup> January 2013, and would agree with all those who conclude that a multi-agency approach is essential. Trade unions in Scotland represent workers from every geographical area and every sector, and are well placed to bring the expertise from their workplaces to this multi-agency approach. This submission only briefly answers some of the questions posed by the Committee, and the STUC would encourage further discussion with those staff and professionals in the various agencies to which Government strategies refer.

#### **Responses to Questions**

- 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?*

The STUC supported the Respect and Responsibility: Strategy and action plan for improving sexual health (Scottish Government, 2005), which was the first national strategy for sexual health in Scotland. The strategy included aspirations

to reduce teenage pregnancy and to tackle issues of multiple deprivation and consequences for young people with regard to parenting and early pregnancies. The strategy recognised that change could not be achieved through a focus on sexual health alone, a view shared by the STUC, and that a wide range of national and local partners needed to be involved. There is a distinction to be made between pregnancies under 16, and those under 18 and under 20 – it is not helpful in developing policy responses if all young people under the age of 20 are treated in the same way, often with an apparent presumption that all teenage pregnancy is problematic.

We would be broadly supportive of the current policy direction however, which, when examined more closely, does seek to differentiate between those age groups and also examines employment, housing, education and income characteristics.

*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?*

Whilst progress was being recorded in the access that young people have to general health advice, chlamydia testing, pregnancy testing and condoms in or within walking distance of schools, and improved availability of sexual health and relationships education in schools and other settings, we know that this is not consistent throughout Scotland. Our affiliated trade unions raise concerns about the inconsistent levels of service provision, but also about the impact of public spending cuts, particularly within local authority budgets, which has seen a reduction in services and projects aimed at young people, a reduction in community centres and safe places to go, and increased pressures on school guidance staff and the school nurse/health service. There are appear to be continuing problems for young people living in rural areas in accessing confidential and appropriate services.

Our members working in local authorities, in education, in social work and in the health service are aware that the stated objectives for effective multi agency work are desirable, but often fail to achieve successful joined up service delivery for those who most need it.

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

Whilst the statistics confirm a far higher number of teenage pregnancies in poorer areas, they also show a far larger proportion of those pregnancies end in delivery (71%) than in abortion. Of pregnancies amongst young women from the least deprived areas, only 30% end in delivery. (reference SPICe briefing 2008 -10 figures)

The figures can be analysed in a number of different ways, and patterns of behaviour and peer group pressure play their part. We would urge more detailed examination of the statistics, the reasons and pressures. Teenage pregnancies, combined with poverty, poor housing and reduced family support services, will not give babies the best start in life, as is recognized (but not always followed through) in the arguments for increasing investment in 'early years' and 'preventative spend'.

We would also like to reaffirm that a woman facing an unintended and unwanted pregnancy must have access to non-judgemental, free, NHS abortion services, and this should continue to be provided across all communities, so that all young women can make fully informed choices when faced with an unwanted pregnancy.

*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?*

Poverty, declining public services, high levels of unemployment, particular concern at the levels of youth unemployment and the cuts in education, pressure on health services.

*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?*

There are good examples of support services for young parents delivered in education settings, such as Wester Hailes Education Centre (City of Edinburgh Council) and Smithy Croft Secondary School (Glasgow City Council). These could be helpfully replicated elsewhere.

Recognition that young parents can and should continue with education is very important. Insufficient support exists for young parents who are struggling to enter or remain in the labour market, and we would argue there should be far more resources provided for community based childcare services, family centres (ref. Deacon Report), and consideration should be given to requiring a proportion of Modern Apprenticeship places to be provided with childcare support.

The workplace can also be a place for providing support for young parents, and the development of some of the Scottish Union Learning programmes could be directed towards this. There are already very good examples of workplace learning opportunities that develop literacy and numeracy skills, building confidence for parents then supporting their children in their education.

Health Boards across Scotland are seeking to roll out the Family Nurse Partnership initiative, the pilots of which have reported good success rates in supporting first time teenage pregnant mothers. However, trade unions active in the health service are raising concerns about the reality of a successful extension of this FNP programme. The funding would be guaranteed for only the first two years, then Health Boards are expected to fund the FNP programme from existing resource allocations. This is not likely to be sustainable, given the pressure on the Health Boards to meet all the targets set out in GIRFEC (Getting It Right For Every Child) and other early years interventions. Health Visitors already have very heavy caseloads, which reduces the options for resource intensive programmes supporting teenage parents.

*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?*

'Respect' programmes such as that delivered through the Zero Tolerance Charitable Trust make effective contributions to promoting confidence, respect and equality amongst young people.

Investment in School Nurse services, and staff who deliver sexual health clinical services being included in school programmes and being in school, Further and Higher Education institutions, workplaces and other settings where young people are together regularly. Alongside this should go improvements in access to contraception and good quality sex and relationship education.

*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?*

The decline in youth and community services is having a detrimental effect, with fewer support workers and venues closing down. Rising unemployment and the casualisation of the labour market give us concern, as positive choices are reduced for young people.

*h. Do you have any comments on any other aspect of teenage pregnancy policy or examples of good practice that you wish to raise with the Committee?*

The SPICe report draws attention to a study (Hallgarten and Misaljevich, 2007) which highlights the importance of training adults who work with and support young people, to provide non-directive pregnancy and contraception advice, including discussing with young women about the risks and benefits of long acting reversible contraception.

Family Centres, which would provide a range of services in the community, could reduce the isolation many young parents face, and open up opportunities for learning from other families, older parents etc.

Childcare provision should be free, and accessible for all families, providing the best start for all children – and allowing young parents the chance to work, to study, and to best provide a home for their family with support. Examples already have been given. Teenage parents should be supported in the workplace, with flexible working agreements and other appropriate supports.

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