

Children's Rights and Wellbeing Impact Assessment - Pregnancy and Parenthood in Young People Strategy

March 2016

Executive Summary

The *Pregnancy and Parenthood in Young People Strategy* aims 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 age of 26 in line with the Children and Young Peoples (Scotland) Act 2014.

This is the first Scottish Strategy focused on pregnancy and parenthood amongst young people. It aims to increase the choices and opportunities available to young people which will support their wellbeing and prosperity across the life course. Evidence shows that having a pregnancy at a young age is a contributor to the cycle of poor health and poverty as a result of the associated socio-economic factors before and after pregnancy as opposed to the biological effects of young maternal age¹. The Strategy therefore addresses the fundamental causes of pregnancy in young people and its consequences, with actions focused on how we can impact on the wider environmental and social influences and individual experiences which effect inequalities of this particular group.

The long term outcomes of the strategy is:

- Young people live in a supporting culture and environment which is free from stigma
- Reduction in pregnancies and subsequent unintended pregnancies in young people
- Improved health, social care and economic outcomes for young parents and their children

Which link to the National Outcomes:

- We have tackled the significant inequalities in Scottish society
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens
- We have improved the life chances for children, young people and families at risk

We therefore consider that of the eight wellbeing indicators, known by the acronym SHANARRI, the Strategy relates to:

- Safe: Protected from abuse, neglect or harm.
- Healthy: High standards of physical and mental health; support to make healthy, safe choices.
- Achieving: Being supported and guided in their learning and in the development of their skills, confidence and

¹ Teuton J, Johnson R, Windsor S. Outcomes framework and supporting evidence for the Pregnancy and Parenthood in Young People Strategy in Scotland. Edinburgh: NHS Health Scotland; 2015 evidence review.

- self-esteem at home, at school and in the community.
- Nurtured: Having a nurturing and stimulating place to live and grow.
 - Active: Opportunities to take part in a wide range of activities.
 - Respected: Given a voice, and involved in the decisions that affect their wellbeing.
 - Responsible: Taking an active role within their schools and communities.
 - Included: Having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.

Of the UNCRC considerations, the policy relates to:

- Article 1 (Definition of the child)
- Article 2 (Non-discrimination)
- Article 3 (Best interests of the child)
- Article 4 (Protection of rights)
- Article 5 (Parental guidance)
- Article 6 (Survival and development)
- Article 7 (Registration, name, nationality, care)
- Article 9 (Separation from parents)
- Article 12 (Respect for the views of the child)
- Article 13 (Freedom of expression)
- Article 16 (Right to privacy)
- Article 17 (Access to information; mass media)
- Article 18 (Parental responsibilities; state assistance)
- Article 19 (Protection from all forms of violence)
- Article 20 (Children deprived of family environment)
- Article 21 (Adoption)
- Article 22 (Refugee children)
- Article 23 (Children with disabilities)
- Article 24 (Health and health services)
- Article 25 (Review of treatment in care)
- Article 26 (Social security)
- Article 27 (Adequate standard of living)
- Article 28: (Right to education)
- Article 29 (Goals of education)
- Article 33 (Drug abuse)
- Article 34 (Sexual exploitation)
- Article 35 (Abduction, sale and trafficking)
- Article 37 (Detention and punishment)
- Article 39 (Rehabilitation of child victims)
- Article 40 (Juvenile justice)
- Article 42 (Knowledge of rights)

This CRWIA was informed by a range of evidence, including a full public consultations and engagement with young people.

	<p>As this is a national Strategy that covers a complex issue there is no direct evidence to demonstrate the likelihood of the impact, however by using the evidence review and plausible theory we can make a reliable estimate that the outcomes would be positive.</p> <p>The results of this CRWIA demonstrate that there are no potentially negative impacts of the proposals. This is because they not only comply with the UNCRC requirements but have the potential to advance the realisation of children’s rights and wellbeing. The Strategy aims to have a positive impact on young people’s health and wellbeing as well as make them more aware of their rights. We have also been able to identify a number of possible positive outcomes for different groups of young people with protected characteristics.</p>
Background	<p>A online consultation with young people aged 11-25 took place in November 2014 which had over 800 responses regarding what they would like to see as part of the strategy to help meet their needs. A public consultation on initial proposals for a new <i>Pregnancy and Parenthood in Young People Strategy</i> took place between 7 July 2015 and 29 September 2015. We received 66 responses from a broad mix of interested parties including Community Planning Partnerships, Local Authorities, Third Sector organisations, Health Boards and individuals. During the development phase we also met with various organisations and groups to ensure a wide range of stakeholders had reviewed the draft strategy and the CRWIA and EQIA. Taking account of the feedback and analysis from the consultation, the CRWIA and EQIA aims to ensure that the concerns raised are addressed.</p>
Scope of the CRWIA	<p>The likely effects of the proposals were assessed through a range of evidence, including a consultation with young people and a full public consultation.</p> <p>Scottish Government Policy officials, Analytical Services and NHS Health Scotland colleagues also examined evidence from a range of studies, reports and surveys, including:</p> <ul style="list-style-type: none"> • NHS Health Scotland (2015) Outcomes Framework evidence paper for the <i>Pregnancy and Parenthood in Young People Strategy</i>.² • Policy Mapping for the <i>Pregnancy and Parenthood in Young People Strategy</i>. • Young Scot Report on Co-designing the <i>Pregnancy and</i>

² Teuton J, Johnson R, Windsor S. Outcomes framework and supporting evidence for the Pregnancy and Parenthood in Young People Strategy in Scotland. Edinburgh: NHS Health Scotland; 2015 evidence review

	<p><i>Parenthood in Young People Strategy.</i>³</p> <ul style="list-style-type: none"> • Scottish Government (2013) Growing Up in Scotland. Growing Up in Scotland is the longitudinal research study tracking the lives of thousands of children and their families from the early years, through childhood and beyond. Housing is covered as part of this.⁴ • The policy objectives of the strategy have been developed through building on the Health and Sport Committee’s inquiry report on teenage pregnancy and extensive consultation and discussion with stakeholders.⁵ • A national Steering Group comprising of key stakeholders on young people and pregnancy in young people guided the development of the Strategy. • In July 2015, the Scottish Government launched a Consultation on the pregnancy and parenthood in young people strategy. It received 66 responses. They came from a range of interested parties including third sector organisations, NHS, academia, individuals and local authorities. The Scottish Government had the responses analysed independently.⁶ • During the consultation period, NHS Health Scotland also held consultation events in Aberdeen, Glasgow and Edinburgh to highlight the consultation to key stakeholders and encourage them to respond. Approximately 180 people attended the events.
<p>Children and young people’s views and experiences</p>	<p>Young people were consulted with during the development of the strategy through Young Scot who produced a report on <i>Co-designing the Pregnancy and Parenthood in Young People Strategy</i>. They hosted a survey for young people 11-25 on their website, which had over 800 responses. They also held focus group with young parents (33 participants) in Shetland, Ayrshire, Aberdeenshire and Fife to find out more in-depth views from young parents. Policy officials also wrote out to stakeholders who work with young people to host their own local discussions to feed into the strategy development. Eight groups (71 participants) responded with feedback. The groups were held in both rural and urban locations (Glasgow, Western Isles, Dumfries, West Lothian and HM Young Offenders Institution Polmont) with participants who had a variety of backgrounds including mental health issues, substance</p>

³ Young Scot (2015) Co-designing the Pregnancy and Parenthood in Young People Strategy; available at: <https://consult.scotland.gov.uk/public-health/pregnancy-and-parenthood-in-young-people-strategy>

⁴ Scottish Government (2013) Growing Up in Scotland: Birth Cohort 2. Results from the First Year; Available at: <http://www.gov.scot/Publications/2013/02/3280/4>

⁵ The Health and Sport Committee’s inquiry into teenage pregnancy in Scotland; available at: <http://www.scottish.parliament.uk/parliamentarybusiness/CurrentCommittees/58031.aspx#sthash.dMX6Vtve.dpuf>

⁶ Consultation on the Pregnancy and Parenthood in Young People Strategy; available at: <https://consult.scotland.gov.uk/public-health/pregnancy-and-parenthood-in-young-people-strategy>

	misuse and some of whom were previously looked after children.
Key Findings	<p>Data from the Scottish Census shows that there is just over 1 million young people (under 25) living in Scotland.⁷</p> <p>The rate of pregnancy (this is defined as all conceptions i.e. live births and abortions) in the under 20s age group is decreasing in Scotland although it is still high compared to other countries, including comparable western states (appendix 1). Between 2007 and 2012, Scotland saw a 28%, 33% and 28% decrease in pregnancy rates in the under 20, 18 and 16 age groups respectively. This shows that high rates can be influenced with effective interagency joint working and evidence informed approaches. However, these rates are still high compared to other countries in the European Union and further afield and some of this can be explained by the challenge posted by the gap in inequalities. Females aged under 20 years old and living in a deprived area are 4.6 times more likely to experience a pregnancy and nearly 12 times more likely to continue the pregnancy as someone living in the least deprived areas of Scotland. Reducing levels of pregnancy in young people helps to reduce the likelihood of poverty and a recurring cycle from one generation to the next⁸.</p> <p>The <i>Pregnancy and Parenthood in Young People Strategy</i> aims to drive actions that will decrease the cycle of deprivation associated with pregnancy in many young people under 18 and provide extra support for young parents, particularly those who are looked-after up to age of 26 in line with the <i>Children and Young Peoples (Scotland) Act 2014</i>. Specifically targeting those who are at increased risk of becoming a young parent :</p> <ul style="list-style-type: none"> • Socially disadvantaged young people including those living in poverty and/or areas of deprivation; • Experience of the care system • homeless young people, • children who truant or are excluded from school or who perform poorly at school; • young people who are involved in crime, • children of teenage parents and children from some ethnic groups <p>The Strategy aims to be a practical plan for action. It works its way systematically through what we must do to improve outcomes for young people underpinned by the United</p>

⁷ Results from the 2011 Census - <http://www.scotlandscensus.gov.uk/census-results>.

⁸ International comparisons of teenage births (2014) Office of National Statistics, available at <http://www.epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search>

Nations Convention on the Rights of the Child (UNCRC); the Scottish Government national approach: Getting it right for every child (GIRFEC); and through the following five guiding principles:

- Young people at the heart of actions
- Applying the social determinants of health model
- Multi-agency approach and leadership
- Creating positive opportunities
- Evidence-informed

In terms of other particular groups of children who may be more likely to be affected than others by these proposals, we would expect a positive or neutral impact.

A full EQIA has now been undertaken and the results showed that none of the proposals are discriminatory and that there are no significant issues that will impact negatively upon the various groups.

In terms of disability, the actions in the Strategy do not explicitly address disabilities or learning difficulties, but these should be taken into account across all actions. Children and young people who have a disability or learning difficulties may be especially challenged when they become pregnancy or when they become a parent. Disability may compound the socio-economic disadvantages experienced by young parents. Services may not be well designed for their needs.

In 2011, young people reported to have a long-term health problem or disability was reported 2.32% 15 year olds stated day to day activities limited them a lot and 4.76% reported day to day activities limited them a little. This was similar in other age groups: 2.18% 16-17 year olds were limited a lot and 4.21% limited a little. In 18-19 year olds it was reported as 2.13% a lot and 4.08% a little.

Sex, pregnancy and maternity are core themes of the Strategy, which is focussed on tackling determinants which influence the likelihood of a young person becoming pregnant or becoming a parent and on improving the outcomes for that young person and children born to them.

Some actions of the Strategy are only relevant to young females as they focus on pregnancy and maternity. Furthermore, some of the actions refer generally to RSHP education so their scope exceeds that of pregnancy and parenthood.

Many of the Strategy's actions are relevant to males and

females as they refer to RSHP education. It thus addresses some of the broad social issues about gendered expectations about relationships and sexual behaviours.

The strategy recognises the importance of young males as partners and as fathers. It includes actions to address barriers young men may experience or perceive to exist in making use of services (e.g. antenatal classes.)

No evidence that gender reassignment is a significant consideration for the Strategy. Gender reassignment is unlikely to be a major issue for the targeted age group. A very small proportion of young people will deal with questions of gender identity to such an extent that reassignment is relevant to them. However, statutory authorities must comply with equalities legislation and should consider whether gender reassignment may be relevant for any of the young people in their area in their delivery of actions in the strategy. This may include needs assessment in their area.

National Statistics on teenage pregnancy are not available by sexual orientation. We do not have data on sexual orientation for pregnancy and parenthood amongst young people, but there is little to indicate that it is a significant issue for the Strategy. However, statutory authorities must comply with equalities legislation and should consider whether sexual orientation may be relevant for any young people in their area in their delivery of actions in the strategy. This may include needs assessment in their area.

National Statistics on teenage pregnancy are not available by race. Statutory authorities must comply with equalities legislation and should consider whether race may be relevant for young people in their area. This may include needs assessment in their area. Services and information providers should consider whether languages other than English are relevant for service users in their area.

Legislation and policy should consider whether religion may be relevant for young people therefore local plans should take this into consideration when delivering the actions in the strategy. This may include carrying out a needs assessment in their area. Some of the actions refer generally to RSHPE which needs to be sensitive to religion in content and delivery.

There may be barriers for young people to access services or information because of the religion of the young person themselves, their family or carers and the community around them which need to be addressed.

	<p>Evidence shows that having a pregnancy at a young age is a contributor to the cycle of poor health and poverty as a result of the associated socio-economic factors before and after pregnancy as opposed to the biological effects of young maternal age.</p> <p>The available evidence therefore demonstrates that more support for young people around pregnancy and parenthood has the potential to advance children’s rights and wellbeing in Scotland by allowing young people to be supported and empowered to exercise their rights both as a young person and as a parent. Particularly those who are at higher risk of early pregnancy and the potential cycle of poor health and poverty. As this is a completely new policy and transformational change there is no existing evidence to demonstrate the likelihood of the impact, however the positive effects would potentially be significant.</p>
<p>Conclusions and Recommendations</p>	<p>The Scottish Government has found that none of the proposals impinge upon articles on the UNCRC or the indicators of wellbeing (SHANARRI) and that there are no issues that will impact negatively upon children and young people in the <i>Pregnancy and Parenthood in Young People Strategy</i>.</p> <p>We would consider that any impact would be positive or neutral and would have an effect upon all young people within the <i>Pregnancy and Parenthood in Young People Strategy</i>. This is because the proposals not only comply with the UNCRC requirements but have the potential to advance the realisation of children’s rights and wellbeing in Scotland. Particularly those who may be at higher risk of becoming a parent at a young age. As this is a transformational change there is no existing evidence to demonstrate the likelihood of the impact, however the positive effects would potentially be significant.</p> <p>We recognise that the data available does not allow a complete picture of the experiences and views of young people in relation to pregnancy and parenthood in young people and have therefore included an action to carry out more research to try to fill some of the gaps in knowledge. Therefore the CRWIA has allowed the opportunity to consider their needs fully, and we will continue to do so as the policy moves into the implementation phase.</p>
<p>Monitoring and review</p>	<p>Responsible official: Ruth Johnston</p> <p>Timetable: Throughout the implementation of the strategy.</p>

	Methodology: Through the agreed governance structure, engagement with stakeholders that represent young people and continuing engagement with key stakeholders.		
Pregnancy and Parenthood in Young People Strategy- Actions Pregnancy and Parenthood in Young People Strategy- Outcomes	Likely to impact on . .	Compliance with UNCRC requirements	Contribution to SHANARRI wellbeing indicators
<ul style="list-style-type: none"> • Young people live in a supporting culture and environment which is free from stigma • Reduction in pregnancies and subsequent unintended pregnancies in young people • Improved health, social care and economic outcomes for young parents and their children 	<p>Multi-agency staff in the public and third sectors working with or responsible for the wellbeing of young people</p> <p>All young people focusing on those at risk of poorer educational outcomes Young people (11-18 years old) focusing on those at risk of poorer health outcomes</p> <p>All young parents (<26 years old) focusing on those at risk of poorer health and social outcomes</p>	<p>The outcome does not impinge on any of the UNCRC articles. We would consider that it advances:</p> <p>Article 1 (Definition of the child) Article 2 (Non-discrimination) Article 3 (Best interests of the child) Article 4 (Protection of rights) Article 5 (Parental guidance) Article 6 (Survival and development) Article 7 (Registration, name, nationality, care) Article 9 (Separation from parents) Article 12 (Respect for the views of the child) Article 13 (Freedom of expression) Article 16 (Right to privacy) Article 17 (Access to information; mass media) Article 18 (Parental responsibilities;</p>	<p>The outcome does not impinge on any of the indicators. We would consider that it advances:</p> <p>Safe Healthy Achieving Nurtured Active Respected Responsible Included</p>

		<p>state assistance) Article 19 (Protection from all forms of violence) Article 20 (Children deprived of family environment) Article 21 (Adoption) Article 22 (Refugee children) Article 23 (Children with disabilities) Article 24 (Health and health services) Article 25 (Review of treatment in care) Article 26 (Social security) Article 27 (Adequate standard of living) Article 28: (Right to education) Article 29 (Goals of education) Article 33 (Drug abuse) Article 34 (Sexual exploitation) Article 35 (Abduction, sale and trafficking) Article 37 (Detention and punishment) Article 39 (Rehabilitation of child victims) Article 40 (Juvenile justice) Article 42 (Knowledge of rights)</p>	
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