

Response to consultation on teenage pregnancy

With regard to the Government's plans for local co-ordination of measures to reduce the rate of teenage pregnancy, the Joseph Rowntree Foundation would like to submit our response, following consultation with the following researchers:

Sharon Tabberer, University of York
Professor Andrew Webster, University of York
Dr Christine Hall, Doncaster Health Authority
Shirley Prendergast, Anglia Polytechnic University

What are the most important things that need to happen to make sure that the local strategies work?

- It is really important to understand the nature of the teenage pregnancy in a specific area, which may be a different problem to that experienced elsewhere. For example our research suggests that in some local areas, teenage pregnancy per se may not be thought as a problem by the local community but that lack of support from young fathers is. By tackling the attitudes of young men, the strategy would take the community with them and have a knock on effect on the rate of teenage pregnancy. This requires that some preliminary local investigation/research be undertaken before any programme is implemented and that structures are adapted accordingly. Suggested questions might include:

Is teenage pregnancy seen as a problem in the local area?

What is the problem that needs addressing?

At what age does a pregnancy become more acceptable?

What circumstances make a pregnancy more or less acceptable?

What can be done to address any problems associated with teenage pregnancy?

- Young people, parents and community leaders need to be fully involved in any local strategy including identifying the nature of the problem and any possible solution. This is especially important in areas experiencing high rates of teenage pregnancy across generations and within families, where young pregnancy might to some extent be normalised.
- Relatedly, local agencies need to understand the informal networks that operate within communities which can work to normalise pregnancy. Local strategies will only work if they tie into these structures.

It should be noted that local areas with a high rate of teenage pregnancy are also likely to suffer from other health related problems such as a high rate of drug dependence and long term unemployment. In these circumstances teenage pregnancy is likely to be seen as relatively unproblematic and depending on the age of the young mother might be regarded as a relatively positive outcome.

- The whole issue of abortion needs opening up to discussion within the local community. Our research suggests that in areas with high rates of teenage pregnancy, there is a corresponding antipathy to abortion. This feeling is diluted when young women know others who have experienced and talked about their abortions. This suggests that regardless of wider responses to abortion, young women can regard it as an option if similar young women have taken this route.
- If young people get pregnant whilst at school, they can remain in school if the school permits this, be educated at home by a home and hospital tutor although this may only be for a few hours a week, or attend a Young Parents Centre if there is one available locally. The disparity in provision both within and between local areas means that young pregnant women's education is disrupted by their pregnancy and may never recover. It also means that whilst Education Welfare Officers maintain a brief on young mother in practice there is no co-ordinated response by education services. In worse case scenarios this means that young mothers can end up isolated and can slip through the education net.

What are the risks?

- Top down general strategies could be developed by and devolved from national to local, and from local to ward level which take no account of how the local community views teenage pregnancy and what, if any, problems they would like to see addressed. Our research suggests that views can differ from village to village and estate to estate.
- By problematising teenage pregnancy, parents of pregnant teenagers who themselves gave birth in their teens may be alienated from any local initiatives to reduce the teenage pregnancy rate in the local area. As a result, any initiative will be seen as coming from agencies external to the local community and serving an agenda which is alien to it.
- Any discussion of abortion will be difficult within a culture that rejects this as an option. In our research young men and young women had definite views against abortion and found it hard to countenance any alternative views.
- When setting up local consultative, advisory groups it is important that these reflect the local community and that community groups and associations with their own agenda are not over-represented. Related to this there have been a number of local initiatives that have involved community involvement with the appearance of little subsequent

change, any disillusionment is to be expected.

I enclose a copy of a document on developing community involvement strategies for regeneration initiatives which may contain some useful, transferable guidance.

- The job of the local co-ordinator will not be easy, particularly if they are raising issues such as abortion which the local community reject. To alleviate this, relationships need to be built over time with the local community and support needs to come from the local community leaders. To achieve this it is important that the co-ordinator is seen as independent from any existing agencies and that funding is secured over a considerable period with realistic targets to reflect the settling in period.

How can local co-ordinators best be supported?

- Local co-ordinators will need access to - and support from - all groups working in the statutory, voluntary and community sectors. They will also need access to general data on the nature of the teenage pregnancy problem and what actions are currently underway to solve it.
- During our research into teenage pregnancy we experienced difficulties accessing all these groups due to lack of any co-ordination either between them or within them. This could result in some more easily identified groups such as young women in care becoming over-researched at the expense of others for example individual young women taught at home by tutors.

How can the range of organisations that need to be involved (including local authorities, health authorities and voluntary organisations) best be engaged?

- For example:
 - young people in care have been identified as a particularly vulnerable group. Local authority social services departments have a responsibility for this group;
 - the provision of sex education is the responsibility of the schools who can use a variety of local agencies to present information along with teacher lead classes;
 - local authority housing services may be involved with young mothers between the ages of 16 and 18 who apply for accommodation;
 - benefit agencies will be involved in processing claims for young mothers and will be involved via the New Deal for single parents in helping them secure employment;
 - Health authorities are responsible for the provision of contraceptive services, have an involvement in sex education through health promotion and provide maternity services. As such they are the agency that maintain a brief on pregnant teenagers from pre-conception to birth, although they not provide age specific services for this client group.

Each of these agencies will see pregnant teenagers as a particular problem for example, a need for housing, that they can address. There has been a considerable amount of research on the difficulties in getting local agencies to work together around an issue. Similar problems are likely to occur around teenage pregnancy where a number of agencies are involved. Developing a holistic approach across professional and agency boundaries can only be achieved by addressing all the problems associated with young mothers and giving them parity in the decision making about the development of a local strategy. This will involve considerable largesse on the part of health authorities and the Department of Health.

- Agencies need to become involved through an emphasis on how the services they currently provide impact on pregnant teenagers and how teenage pregnancy continues to affect the services that are needed. Generational trends in teenage pregnancy need to be highlighted and energy exerted on breaking the cycle.

Is there additional work that needs to be undertaken at the national level to help the strategy succeed?

- Nationally, we are pleased at the recognition of the complex nature of teenage pregnancy and its links to other areas of disaffection and exclusion. We hope further policy development will include consideration of generational experiences of teenage pregnancy and the complexity of individual and community experiences, responses and adaptations to long term unemployment. In particular research indicates that further attention needs to be paid to defining the nature of the problem at a local level and to giving more direction given to local agencies on how to achieve this, whether it be reducing teenage conception, reducing teenage motherhood, making teenage motherhood less disadvantaging or more generally improving the information teenagers have in making their sexual and reproduction decisions. Each of these requires a different input and the involvement of different agencies at different times.
- To change the views of young people about sex and the acceptability of teenage motherhood you need to change the views of their parents, peers and the wider community. In the areas in which we undertook our research, sexual activity amongst young people was seen as an inevitability about which parents could do little. More emphasis needs to be put on mapping local trends, how and why in some parts of the country sexual activity amongst young people and subsequent pregnancies are not the norm.