

Appendix i

a. Data for Figure 0.1

| Country | Birth rate | Abortion rate |
|-------------------|-------------------|----------------------|
| USA | 54.4 | 29.2 |
| Bulgaria | 49.6 | 33.7 |
| Hungary | 29.9 | 29.6 |
| England and Wales | 29.8 | 18.6 |
| Scotland | 27.2 | 18.8 |
| Iceland | 21.5 | 21.2 |
| Norway | 13.6 | 18.7 |
| Sweden | 7.8 | 17.2 |
| Denmark | 8.8 | 14.4 |
| Finland | 9.8 | 10.7 |
| Belgium | 9.1 | 5.0 |
| The Netherlands | 5.6 | 4.0 |

General notes

Year for birth and abortion data is 1996 unless noted below:

1998 Birth and Abortion data for Scotland.

1995 Birth data for Bulgaria, Norway and Denmark

1995 Abortion data for England and Wales and Belgium

1992 Birth and Abortion data for the Netherlands

Data for Scotland and the Netherlands - birth & abortion data are for women younger than 20 not just 15-19.

Sources: Abortion data from ISD Scotland 2000; Singh & Darroch 2000.

Birth data from UN Demographic Yearbooks 1997,1998,1999; ISD Scotland 2000.

b. Data for Figure 1.1

| Country | Pregnancy rate |
|-------------------|-----------------------|
| Bulgaria | 83.3 |
| Romania | 74.0 |
| Hungary | 59.6 |
| England and Wales | 48.4 |
| Scotland | 45.6 |
| Iceland | 42.7 |
| Czech Rep. | 32.9 |
| Norway | 32.3 |
| Sweden | 25.0 |
| Denmark | 23.2 |
| Finland | 20.5 |
| Belgium | 14.1 |
| Italy | 12.0 |
| Netherlands | 9.6 |

General notes

The year for both abortion and birth data is 1996 unless noted below:

1998 birth and abortion data - Scotland.

1995 birth rate - Bulgaria, Norway & Denmark.

1995 abortion rate - England and Wales and Belgium.

1993 birth and abortion data - Romania.

1992 birth and abortion data - the Netherlands.

Abortion data for Romania and Italy are only 80% accurate.

Data for Scotland and the Netherlands - birth & abortion data are for women younger than 20 not just 15-19.

Sources: Abortion data from Singh & Darroch (2000); Birth data from UN Demographic Yearbooks (1996, 1997,1998); Scottish data from ISD Scotland (2000).

c. Data from Figures 1.2 – 1.5

| Finnish rates | Live birth rate | | Abortion rate | | Pregnancy rate |
|---------------|-----------------------------------|--------|--------------------------------------|--------|----------------|
| | (% of births – total pregnancies) | | (% of abortions - total pregnancies) | | |
| 1980 | 18.9 | (49.3) | 19.4 | (50.7) | 38.3 |
| 1981 | 16.9 | (48.6) | 17.9 | (51.4) | 34.8 |
| 1982 | 16.9 | (48.6) | 17.9 | (51.4) | 34.8 |
| 1983 | 15.7 | (47.9) | 17.1 | (52.1) | 32.8 |
| 1984 | 15.2 | (47.4) | 16.9 | (52.6) | 32.1 |
| 1985 | 13.8 | (45.5) | 16.5 | (54.5) | 30.3 |
| 1986 | 12.9 | (45.6) | 17.5 | (54.4) | 28.3 |
| 1987 | 12.1 | (43.7) | 17.6 | (56.3) | 29.7 |
| 1988 | 12.5 | (45.1) | 16.7 | (54.9) | 29.2 |
| 1989 | 12.0 | (44.7) | 16.8 | (55.3) | 28.8 |
| 1990 | 12.2 | (48.1) | 15.4 | (51.9) | 27.6 |
| 1991 | 12.4 | (51.5) | 13.6 | (48.5) | 26.0 |
| 1992 | 11.9 | (52.2) | 12.5 | (47.8) | 24.4 |
| 1993 | 10.7 | (52.5) | 10.9 | (47.5) | 21.6 |
| 1994 | 10.1 | (52.9) | 10.5 | (47.1) | 20.6 |
| 1995 | 9.9 | (51.6) | 10.8 | (48.4) | 20.7 |
| 1996 | 9.8 | (50.5) | 11.2 | (49.5) | 21.0 |
| 1997 | 9.0 | (46.9) | 11.7 | (53.1) | 20.7 |
| 1998 | 9.2 | (42.2) | 12.6 | (57.8) | 21.8 |
| 1999 | 9.7 | (41.8) | 13.5 | (58.2) | 23.2 |

d. Data for Figure 1.6 – 1.8**Scottish rates**

| | Live birth rate | | Abortion rate | | Pregnancy rate | |
|------|------------------------|-------|----------------------|-------|-----------------------|-------|
| | 13-15 | 16-19 | 13-15 | 16-19 | 13-15 | 16-19 |
| 1983 | 3.0 | 45.2 | 3.2 | 18.3 | 12.1 | 63.6 |
| 1984 | 3.0 | 45.6 | 3.6 | 20.6 | 13.6 | 66.1 |
| 1985 | 3.4 | 47.5 | 3.7 | 21.6 | 14.3 | 69.0 |
| 1986 | 3.5 | 47.4 | 4.0 | 21.7 | 14.6 | 69.1 |
| 1987 | 3.8 | 47.7 | 3.8 | 21.6 | 14.7 | 69.3 |
| 1988 | 4.2 | 48.9 | 4.3 | 23.1 | 15.9 | 71.9 |
| 1989 | 4.1 | 47.1 | 4.3 | 24.3 | 16.6 | 71.3 |
| 1990 | 4.0 | 48.1 | 4.2 | 26.5 | 17.9 | 74.6 |
| 1991 | 4.2 | 50.4 | 4.6 | 27.4 | 18.4 | 77.8 |
| 1992 | 4.3 | 48.5 | 4.4 | 26.8 | 17.7 | 75.3 |
| 1993 | 4.0 | 46.7 | 4.4 | 26.8 | 17.3 | 73.5 |
| 1994 | 3.9 | 42.8 | 4.5 | 26.6 | 16.9 | 69.4 |
| 1995 | 4.1 | 42.4 | 4.5 | 25.8 | 16.3 | 67.6 |
| 1996 | 4.6 | 42.6 | 4.8 | 27.5 | 17.5 | 70.1 |
| 1997 | 4.9 | 44.0 | 4.3 | 26.6 | 17.1 | 70.6 |
| 1998 | 4.4 | 44.3 | 4.5 | 29.5 | 18.8 | 72.4 |

e. Data for Figures 1.9 – 1.10**Scottish rates**

| | Abortion as % of total pregnancies | | Births as % of total pregnancies | |
|------|---|-------|---|-------|
| | 13-15 | 16-19 | 13-5 | 16-19 |
| 1983 | 51.6 | 28.7 | 48.4 | 71.3 |
| 1984 | 54.5 | 31.1 | 45.5 | 68.9 |
| 1985 | 52.6 | 31.3 | 47.4 | 68.7 |
| 1986 | 53.3 | 31.4 | 46.7 | 68.6 |
| 1987 | 50.0 | 31.2 | 50.0 | 68.8 |
| 1988 | 50.6 | 32.1 | 49.4 | 67.9 |
| 1989 | 51.2 | 34.1 | 48.8 | 65.9 |
| 1990 | 51.1 | 35.6 | 48.9 | 64.4 |
| 1991 | 52.3 | 36.7 | 47.7 | 63.3 |
| 1992 | 50.6 | 34.4 | 49.4 | 65.6 |
| 1993 | 52.4 | 36.5 | 47.6 | 63.5 |
| 1994 | 53.6 | 38.3 | 46.4 | 61.7 |
| 1995 | 52.5 | 37.8 | 47.5 | 62.2 |
| 1996 | 51.1 | 39.2 | 48.9 | 60.8 |
| 1997 | 46.7 | 37.7 | 53.3 | 62.3 |
| 1998 | 50.7 | 40.0 | 49.3 | 60.0 |

f. Data from Figure 2.2

| Country | Live birth rate per 15-19 year old women in 1996 (or latest Available year) |
|-----------------|--|
| Russia | 45.6 |
| Romania | 40.5 |
| Hungary | 29.9 |
| Czech Rep. | 20.6 |
| England & Wales | 29.6 |
| Scotland | 29.8 |
| Ireland | 21.5 |
| Italy | 6.8 |
| Slovakia | 32.3 |
| France | 10 |
| Belgium | 9.1 |
| Denmark | 8.8 |
| Netherlands | 5.6 |
| Sweden | 7.8 |
| Finland | 9.8 |

General Notes

Data on live Birth rates - UN Demographic Yearbooks 1995, 1996, 1997, 1998.
Year for birth rate is 1996 unless noted below:
1995 - Belgium, Czech Rep., France, Italy and Russia.

g. Data for Figure 2.3**Country Proportion of adolescents using contraception at 1st intercourse by country**

| | | | | | |
|-------------|-------------|---------|---------|--------|----------|
| | Netherlands | Finland | Denmark | France | Scotland |
| | 85 | 83.5 | 80 | 74 | 48.5 |
| Netherlands | 90.5 | | | | |
| Finland | | 90.5 | | | |
| Denmark | | | 83 | | |
| France | | | | 90.5 | |
| Scotland | | | | | 70.7 |

Percentage of young people aged 16-18 in education or trainingGeneral notes

Definitions of adolescents vary by country as follows:

Netherlands - 'young people' (year not stated)

Denmark - 15-16s (year not stated)

France - 'young people' (year not stated)

Finland - 15s (1992)

Scotland - 15-16s (1992)

Source of data on contraceptive use - McIlwaine 1994, Papp 1997 and SEU 1999.

Source for data on % of young people in education data - EUROSTAT 1998-99

Year for % of young people in education data is for 1996.

h. Data for Figure 2.4

Abortion ratio for women aged 15-19 by country

| | Spain | Scotland | E & W | Iceland | France | Finland | Norway | Denmark | Sweden |
|-----------------|-------|----------|-------|---------|--------|---------|--------|---------|--------|
| Spain | 36.7 | | | | | | | | |
| Scotland | | 37.2 | | | | | | | |
| England & Wales | | | 40.2 | | | | | | |
| Iceland | | | | 51.1 | | | | | |
| France | | | | | 51.2 | | | | |
| Finland | | | | | | 52.9 | | | |
| Norway | | | | | | | 59.2 | | |
| Denmark | | | | | | | | 62.6 | |
| Sweden | | | | | | | | | 69.9 |

Percentage of young people aged 16-18 in education or training

General notes

Source for data on abortion ratios - Singh & Darroch 2000.

Year for abortion ratios is 1995 unless noted below:

1996 - Finland, Iceland, Norway and Sweden.

Abortion data for France and Spain are only 80% complete.

Source for data on % of young people in education data - EUROSTAT 1998-99

Year for % of young people in education data is for 1996.

Data on Scotland - % education rates are for the UK as a whole, abortion ratio data is for women under 20, not just 16-19.

Data for England and Wales - % education rates are for the UK as a whole.

j. Data for Figure 4.1

Pregnancy rate per 1000 women aged 15-19 by country

| | E & W | Scotland | Iceland | Norway | Sweden | Denmark | Finland | Belgium | Neth. |
|-------------------|-------|----------|---------|--------|--------|---------|---------|---------|-------|
| England and Wales | 48.4 | 45.6 | 42.7 | 32.3 | 25 | 23.2 | 20.5 | 14.1 | 9.6 |
| Scotland | 70.5 | 70.5 | | | | | | | |
| Iceland | | | 78 | | | | | | |
| Norway | | | | 90 | | | | | |
| Sweden | | | | | 96 | | | | |
| Denmark | | | | | | 83 | | | |
| Finland | | | | | | | 89.5 | | |
| Belgium | | | | | | | | 95 | |
| Netherlands | | | | | | | | | 90.5 |

Percentage of young people aged 16-18 in education or training

General notes

Abortion data from Singh & Darroch 2000.

Abortion data for Scotland from ISD Scotland 2000.

Birth data from UN Demographic Yearbooks 1997,1998.

Birth data for Scotland from ISD Scotland 2000.

Year is 1996 for birth and abortion data unless noted below:

1998 birth and abortion data - Scotland.

1995 birth rate - Denmark and Norway.

1995 abortion rate - England and Wales and Belgium.

1992 birth and abortion data - Netherlands.

Data for Scotland and the Netherlands - birth & abortion data are for women younger than 20.

% of young people in education or training data - EUROSTAT 1998-99

Year for % of young people in education data is for 1996.

Data on Scotland and England and Wales - % education and training rates are for the UK as a whole.

Appendix ii

Details of case-study areas

The three areas detailed for each country were matched roughly by geographical size, population density and the location of the schools within each area were also matched for similarity of location (i.e. in main city or town of each local authority /municipality) wherever possible. The areas that are ‘twinned’ are highlighted in brackets.

Finland

Tehtaala Municipality (Scotallen local authority)

The municipality of *Tehtaala* is located in Southern Finland and its parameters span around the *City of Tehtaala*. On the whole *Tehtaala* can be described as an urban municipality with a high density population. The two schools explored in this municipality were *Koskela Peruskoulu*, located on the outskirts of the *City of Tehtaala*, and *Tehtaala Peruskoulu*, located in the centre of the *City of Tehtaala*.

Vaarama Municipality (Arbourness local authority)

The municipality of *Vaarama* is located in Eastern Finland and has the *Town of Vaarama* at its centre. The municipality as a whole can be described as urban/rural. I.e. pockets of urban towns set in a rural area. The majority of the population in this municipality is concentrated within the towns, with a low population density throughout the remainder of the municipality. The school

explored within this municipality was *Vaarama Peruskoulu* which is located in the centre of the *Town of Vaarama*.

Alajoki Municipality (Glendale local authority)

The municipality of *Alajoki* is located in Central Finland and has the *Town of Alajoki* at its centre. Similar to the municipality of *Vaarama*, this municipality as a whole can be described as urban/rural. The *Town of Alajoki* was itself an urban town set in a very large rural area. The majority of the population in this municipality was concentrated within the *Town of Alajoki*, with a low population density throughout the remainder of the municipality. The school explored within this municipality was *Alajoki Peruskoulu* which is located in the centre of the *Town of Alajoki*.

Scotland

Glendale local authority (*Alajoki Municipality*)

Glendale local authority spans a large geographical area in Scotland and incorporates a large urban city, a number of towns and a vast number of small villages. The population of Glendale local authority is concentrated within the city and towns, and the remaining population is widespread across the authority. Therefore the authority comprises of areas of both dense and sparse population. The two schools that were explored within this local authority were Lochend Secondary School (pilot school), which is located in a small-industrialised village within the local authority of Glendale; and Glendale Academy which is situated in the centre of a large city surrounded by a rural area in the local authority of Glendale.

Scotallen local authority (*Tehtaala Municipality*)

Scotallen is a city-orientated local authority, similar to *Tehtaala* in Finland; the local authority is based around one main City – Scotallen. On the whole Scotallen can be described as an urban local authority with a high-density population. The school explored within this local authority was Scotallen Secondary School which is located towards the south of the City of Scotallen, near to the geographical boundary of Scotallen local authority.

Arbourness local authority (*Vaarama Municipality*)

The local authority of Arbourness, similar to *Vaarama*, spans a large geographical area. The local authority as a whole can be described as urban/rural. I.e. pockets of urban towns (one city) and villages set in a rural area. The majority of the population in this municipality is concentrated within the city and towns, with a low population density throughout the remainder of the local authority. The school explored within this local authority was Arbourness High School which is located within the small town of Arbourness.

Appendix iii

Interview schedules

Government Level

Example areas and topics presented below were for Finland, similar questions were asked of the SOED official, with questions tailored to Scotland.

Sex education

- Defined law/ policy on sex education
- Defined curriculum location and time allocations of sex education
- Government role and municipal role in helping schools design sex education
- Importance of sex education – government perception.
- Defined content of sex education
- Government guidelines for schools
- Teacher training specified at government level for teaching sex education
- Inter-agency collaboration
- Main objectives of sex education – government perception

Sexual health

- History of school health service
- Information on role of school nurse
- Likely/ known effect of recent cut-backs in school health service
- Value of school nurse
- Government encouragement of youth clinics
- Confidentiality laws
- Guidelines for pregnant teenagers – re: continued education.

Education

- Information on careers guidance
- Explanations for high stay-on rates at school level
- History of comprehensive school structure

Overall

- Potential explanations as to why Finland has been so successful in decreasing its teenage pregnancy rates.

Municipality/ local authority level

As with government areas of interest detailed above, example areas and topics presented below were for Finland, similar questions were asked of the local authority officials, with questions tailored to Scotland.

Sex education

- Defined law/ policy on sex education
- Defined curriculum location and time allocations of sex education
- Government role and municipal role in helping schools design sex education
- Importance of sex education – municipal perception.
- Defined content of sex education
- Municipal/ government guidelines on sex education for schools
- Municipal/ government guidelines on evaluating sex education for schools
- Teacher training specified at municipal/ government level for teaching sex education
- Inter-agency collaboration
- Main objectives of sex education – municipal perception

Sexual health

- Information on role of school nurse
- Likely/ known effect of recent cut-backs in school health service
- Value of school nurse
- Availability of municipal youth clinics
- Confidentiality laws
- Guidelines for pregnant teenagers in municipality – re: continued education.

Education

- Information on careers guidance
- Explanations for high stay-on rates at school level
- History of comprehensive school structure
- Curriculum changes in 1994

Overall

- Potential explanations as to why Finland has been so successful in decreasing its teenage pregnancy rates.

School level

As with the other policy levels of interest detailed above, example areas and topics presented below were for Finland, similar questions were asked of the teachers in Scotland, with questions tailored to Scotland. No school nurses were interviewed in Scotland however, as no school studied had the use of a school-based nurse.

Head teacher

Question areas covering the topics of:

Background information on school

Sex education

School health service

Careers guidance

(questions topics – similar to those asked of individual teachers and school nurse)

Teachers (adjusted by subject)

School policy on provision of sex education

Government/ municipal guidelines

Curriculum and grade level allocation and time allocations

Class sizes

Teaching methods

Importance of school role as sex educator

Differences between sex education for girls and boys

Content of sex education

Teacher training

Involvement of sexual health experts to teach class-based sex education

Feelings on teaching sex education

Changes to curriculum – potential/ known effects on sex education provision

Future of sex education at school – what if anything should change.

Confidentiality between staff and pupils.

School Nurse

Sex education

School policy on provision of sex education

Curriculum and grade level allocation and time allocations

Class sizes

Teaching methods

Importance of school role as sex educator

Differences between sex education for girls and boys

Content of sex education

Teacher training for school nurses

Involvement of school nurse in class-teaching

Confidentiality between staff and pupils and school nurse

Feelings on teaching sex education

School health service
Time availability of school nurse
Connections to local health centres
Methods of obtaining contraception
Contraceptive costs and availability
Emergency contraception
Youth clinics (visits by pupils)
Young men and contraception
History of school nursing
Cutbacks – potential/ known effects

Appendix iv

Letter of application for access to Scottish schools

University logo and contact details

Dear(head teacher)

My name is Alison Hosie and I am currently in my 2nd year PhD at Stirling University studying “The effect of social policies on teenage pregnancy in Scotland and Finland”. I am undertaking research in your local authority and your Director of Education has granted me permission to contact you, to enquire if you would be willing to take part in my research.

The reasons behind my choice of topic are that at the present moment in time, Scotland has one of the highest teenage pregnancy rates in Western Europe. A large amount of research has already been conducted into different types of sex education programmes and the attitudes and knowledge of Scotland’s young people. What has been neglected to a great extent though, is the effect that different social policies may have on the teenage pregnancy rate in this country.

It is therefore my intention to examine various policies including sex education, sexual health and general education policies, at the levels of government, local authority and schools in Scotland and compare them with Finland (a country which has had considerable success in curbing the negative effects of teenage sexual behaviour).

In order to do so I intend to take a case-study approach and examine 3 schools in 3 local authorities in each country, matching them by geography and demographics. If you were to allow me to include your school in this research, it would be my intention to obtain a copy of your school’s policies (if possible) regarding sex education, the health of school children and careers guidance. I would also like to interview yourself, teacher/s of careers guidance and as many teachers as possible involved with the development and/or teaching of sex education in your school. It is not my intention in any way to interview or questionnaire pupils at your school.

If you were agreeable to my visiting your school, it would be my intention to undertake the interviews during the month of June, after the completion of the SCE examinations. If you would like to take part in this research, or you require further information before making a decision, please contact me at the above address.

I look forward to hearing from you.

Yours sincerely

Alison Hosie

Appendix v

Core content of sex education in Finnish Schools

| | |
|---------------------------------|---|
| <i>School age</i> | School mates and early friendships. |
| <i>Puberty</i> | <p>Physical, psychological and social changes of beginning adulthood:</p> <ul style="list-style-type: none"> * Changes of outer appearance * Menstruation * Wet dreams * Masturbation * Growing interest in the opposite (or same) sex <ul style="list-style-type: none"> * Dating, experimentation (age, legislation) * Sexual relations, responsibilities * Pulp literature and porn * Friendships * Affection * Trust * Constraints of expectations * Fears * Declaration of independence, breaking away from parents * Being part of a gang * Opposition of established morals and values * Mass delusion |
| <i>Intercourse</i> | <ul style="list-style-type: none"> * The act itself, the first time * Mutual consent, forcing oneself, rape * Virginity, possible pregnancy |
| <i>Contraception</i> | <ul style="list-style-type: none"> * Contraceptive measures, family planning, childlessness * Prevention of STDs |
| <i>Pregnancy and childbirth</i> | <ul style="list-style-type: none"> * Fertilisation and inception of pregnancy * Development of the foetus * The various stages of labour |
| <i>Abortion</i> | <ul style="list-style-type: none"> * Legislation * Ethics involved * Clinical aspects of abortion |
| <i>STDs including AIDS</i> | <ul style="list-style-type: none"> * Ways of becoming infected * Cures, or in the case AIDS no cures * Legislation |
| <i>Sexual Orientation</i> | <ul style="list-style-type: none"> * Heterosexuality, homosexuality * Other sexual preferences |
| (NBE 1998) | |

Appendix vi

Finnish Abortion Law

An abortion can be granted to a woman asking for it when:

- 1) Pregnancy or childbirth would risk her life or health
- 2) Childbirth and child care would be a considerable strain on her and her family economically and socially
- 3) She is made pregnant against her will
- 4) She was not yet 17 years of age or was over 40 at the moment of conception or already had four children
- 5) There is a reason to expect the child to be mentally defective or to have difficult illness or physical defect
- 6) Illness, disturbed psychological functioning, or a comparable factor of one or both parents limits their capacity to take care of the child.

Source: Abortion Law 24.3.1970/239 Finland

Source of translation: Kosunen 2000:77.

Appendix vii

Scottish Abortion Law

Abortion is only legal if it is carried out by a doctor in approved premises and two doctors certify:

- a) that the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated,
- b) the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman,
- c) the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman,
- d) the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the existing child(ren) of the family of the pregnant woman,
- e) that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

(HMSO 2/96 (118088))

Appendix viii

The Fraser Guidelines (1985)

The Fraser guidelines (1985) (derived partly from the Gillick case), provides medical doctors with a list that they must consider thoroughly before providing any contraceptive advice or contraception without parental consent to a young woman under the age of 16. The guidelines are as follows:

1. The young person will understand the doctor's advice,
2. The doctor cannot persuade the young person to inform his or her parents or allow the doctor to inform his or her parents that he or she is seeking contraceptive advice,
3. The young person is very likely to begin or to continue having intercourse with or without contraceptive treatment,
4. Unless he or she receives contraceptive treatment, the young person's physical or mental health are likely to suffer,
5. The young person's best interests require the doctor to give contraceptive advice, treatment or both without parental consent.

Source: Thomson 1996:108.

Appendix ix

The emerging agenda

- Acknowledgement and addressing of differences
- Gay sexuality
- Learning disabilities
- Ethnic minorities and other “absent” groups
- Stretching back into childhood
- Sexual orientations
- Voluntary and community involvement
- Social inclusion partnerships and social justice
- Life affirming approaches
- Role of socialisation of young people – gender and power imbalances
- Dissonance... lack of openness, inhibition
- Using original aims – inviting consensus building
- Parents and parental involvement
- Where/how will leadership develop
- Hearing and valuing the voices of up
- Supporting and developing the role of teachers
- Addressing inequality and variability
- Creating safe, accessible for a for dialogues about relationships and health
- How best to consult young people
- Public health model vocational school holistic/ integral
- Emotional and social
- Positive indicators
- An “NHS” or a “quality” model?
- Presumed models and community values
- From problematised → contextual approach
- Testing the “taken for granted” assumptions
- Generic → local response
- How and when do we involve young people?
- Diversity and validity
- New technology
- Role of parents
- Co-ordinated, flexible, accessible basis for services strategy
- Leadership...?

Deliberative Seminar – Teenage Sexuality in Scotland 6/7 March 2000 “*initial reflections*”.