

Inquiry into teenage pregnancy

Joint Submission – Western Isles NHS & Local Authority

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?

It is positive that teenage pregnancy is now addressed within both sexual health and children and young people's policy initiatives. The addition of teenage pregnancy into the children and young people's agenda is a welcome move as there is much evidence to suggest that teenage pregnancy is not just about sex per se. The Early Years Framework (Part 2) says: "*Motivations for pregnancy are complex and there is evidence that raising aspirations, reducing the number of people with low or no qualifications and enhancing life skills are more important than sex and relationships education in preventing vulnerable pregnancies.*"

It is as important to note that whilst teenage pregnancy is not about sex, per se., it IS often about lack of aspiration, the effects of socio-economic deprivation, lack of connectedness with education, few prospects of meaningful employment and lack of skills to negotiate sexual relationships based on mutual respect and cultural barriers. It is also linked to the other substantial challenges that Scotland faces across public health such as health inequalities, socio-economic deprivation and alcohol / substance misuse.

It is important to maintain the positive advances in combating unintended teenage pregnancy that have been made over recent years. Starting with the National Strategy 'Respect & Responsibility', things have changed for the better and we need to recognise this and maintain the direction of travel, embedding the gains already made and improving on them in future.

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?

It is important to remember that teenage pregnancy rates have seen a consistent decline over the last 4 years and that we now have the lowest rates in <18s since 1994.

The notable decline since 2007 could be attributed to the impact of *Respect and Responsibility's* publication in 2005 and the greater commitment to improving sexual health – including teenage pregnancy – across Scotland.

Our NHS Board offers high quality integrated sexual health services which meet the standards outlined by NHS Quality Improvement Scotland (now Health Improvement Scotland). In particular our NHS Board, along with its partner agencies, met the standard for teenage pregnancy ("*Targeted interventions are demonstrated for young people at greatest risk of teenage pregnancy and poor sexual health, including looked-after children.*")

Locally, in partnership, the Outer Hebrides has improved availability of sexual health and relationships education programmes in all secondary schools and other informal youth settings. Young people also now have access to general health advice, pregnancy testing and condoms within walking distance of all 6th year secondary schools. NHS Boards should be supported and encouraged to continue the provision of High quality sexual health services for young people. They should also continue to provide and encourage young people to adopt longer-acting methods of contraception where possible. Along side services must be the provision of comprehensive sex and relationships education for all young people. Local authorities should be encouraged to continue and develop further robust sexual health education programmes delivered by well trained staff, especially for our most vulnerable and often excluded young people.

While it is clearly important that Child Protection concerns are identified and that young people who are suffering abuse are appropriately supported and protected, willingness to become involved in the Criminal Justice system should not be used as a gatekeeper for young people's access to sexual health services. The general theoretical importance of confidentiality in sexual health services for young people has been clearly demonstrated. We know that, in practice, some young people who are being abused deliberately exclude themselves from the services which are there to protect them due to concerns over confidentiality (Backett-Milburn, et al 2006).

Further research should be undertaken to identify whether increasing robustness in Child Protection procedures within sexual health services acts to protect young people or, as an unintended side-effect, acts to prevent them from accessing services thereby placing them at additional risk and driving sexual abuse further from view.

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

The evidence shows that the children of teenage mothers often go on to experience early parenthood. It is recognised that teenage pregnancy limits young women's opportunities to complete their education, which leads to them leaving school with limited qualifications and subsequently has an impact on their future employment prospects. This creates what is often referred to as a 'cycle of deprivation'. If that cycle is to be broken, it is necessary to find ways of increasing young people's engagement in education after they become a teenage parent in order to increase their likelihood of obtaining meaningful employment in the future. A key part of this approach will be the need to consider the provision of affordable locally based childcare, which is tailored and flexible to the needs of young mums, enabling them to take up further education or local employment opportunities which may not adhere to a '9-5' or regular working pattern.

Looked After young people and care leavers have historically experienced poorer health than their peers which includes early pregnancy and are less likely to engage with health services partly as a consequence of disruptive

early family lives. Effective assessment and care planning requires commitment to address the specific health needs of this group. (*These are our Bairns*, Scottish Govt. 2008)

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?

Teenage pregnancy is a highly complex area. It can be considered as a symptom of much larger public health problems that many health boards are tackling through policies around public health and inequalities e.g. Equally Well and the Early Years Framework. Work to support the Early Years and promote resilience / aspiration in our children and young people will achieve change but requires a long term approach that has to be embedded in universal services.

In Scotland, we have built a firm foundation through the implementation of robust sexual health interventions but we need to recognise that sexual health services and interventions, whilst important, are only a small part of the approach needed to effect change at a population level. Our focus needs to be on early years, early intervention, increasing educational attainment and aspirations and approaches to addressing wider inequalities.

Some groups of children are particularly vulnerable and known to be more at risk of early unintended pregnancy – these include children who are looked after or accommodated and children with fetal alcohol spectrum disorders. Particular attention needs to be given to these groups to ensure they are provided with and utilise (as they will not know to access or use without consistent ongoing support) the practical advice and support to aid them to make the best choices for themselves.

We need to recognise that for a small group of particularly damaged children / young people, greater intervention is required at a one to one level. This group are unlikely to be able to engage with or utilise education on resilience and self reliance and, for them, particular support is required.

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?

It is essential that local services take on the views and needs of young mums themselves. Feedback from young mums in our area has suggested that they wanted local support groups that are specifically for young mums. There was also a suggestion that specific ante natal groups for young parents could be established as many identify the stigma of being a young parent as a deterrent for engaging with ante natal groups. As a result of this we have established a number of young mums group to support young parents to develop. i.e support to access further education, parenting classes,

relationship work, healthy eating and initiatives aimed at increasing self esteem and confidence

In addition we are committed to delivering targeted parenting and support in early pregnancy for teenagers and vulnerable women. This is mainly done through our Early Years Collaborative and supported by Action for Children.

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?

Locally there are many initiatives which are currently happening but are not obviously recognised or not connected with preventing teenage pregnancies, such as participation in youth clubs, and sports development programmes. Many of our community youth programmes promote community participation, personal development, increase self esteem, confidence and can raise aspirations for young people, all of which we feel contribute to our low numbers of teenage pregnancies.

There is limited evidence in Scotland of effective approaches to reducing teenage pregnancy. A greater focus should be placed on early years and youth development programmes within universal services. There is currently a gap in research on the applicability and potential success of youth development and early intervention programmes in the Scottish context. This gap may limit policy makers ability to fund similar programmes due to the lack of Scotland or indeed UK-based evidence. The only successful examples of such interventions to date have been as a result of projects or studies conducted in the US.

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?

See Above.

Interventions which address the upstream causes of teenage pregnancy, such as income inequality, deprivation, lack of school connectedness are known to be the most effective. The US evidence referred to above illustrates the effectiveness of these approaches on teenage pregnancy – and other – outcomes.

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