

## **Inquiry into teenage pregnancy**

### **Caledonia Youth**

Caledonia Youth has provided sexual health and relationships support services to people under 25 in Scotland since 1968. Our services are funded by health boards, local authorities and independent trusts and foundations. Our principal objective is to enable young people to make informed, responsible choices about their relationships and sexual health and, in doing so, reduce the risk of unwanted pregnancy and STI transmission.

We deliver our client-centred services via clinics, educational programmes, counselling and one-to-one support. In our last reporting year (2011-12), we delivered just under 20,000 individual interventions across all services and projects. Services are targeted predominantly at vulnerable groups, including young people with learning disabilities, those excluded from mainstream school, or with drug and alcohol dependency, as well as young people in care and in custody. In the past year, we have developed new services ranging from programmes for young people with a learning disability, to interventions with international students.

We also provide training and consultancy services for professionals working with young people. This has recently included the development of a resource pack for teaching staff, which adopts an integrated approach to relationships, sexual health and substance misuse education. We have delivered this in partnership with a substance misuse charity with which we have close ties.

### **Introduction**

It is important to recognise that teenage pregnancy is a complicated and complex issue and not the sole responsibility of sexual health services. The issue requires to be addressed in a variety of ways and cannot simply be tackled by emphasising the need for and importance of contraception.

It is crucial that we recognise the impact that deprivation, poor self-esteem, low educational attainment and life aspirations have on teenage pregnancy. In order to have a chance of making a long-term difference, leadership is required and a move away from the traditional approach of working in silos both supported and adopted, at national and local levels which should include policy development.

Despite an investment being made in Scotland's National Sexual Health Strategy, it is concerning that an inquiry into teenage pregnancy is felt necessary. Whilst we recognise the National Strategy provided investment and opportunities for sexual health, clearly it has failed in its aspirations to tackle Scotland's appalling record in relation to teenage pregnancy over the past ten years. Whilst there has been a welcomed improvement in medical services, investment was not made in tackling socio-economic factors which are equally as important.

## **Current Policy Direction**

Caledonia Youth is concerned that the current emphasis in policy appears to merge HIV, BBV and Sexual Health into singular policies, both at national and local levels. There is a real danger that teenage pregnancy becomes lost in this agenda.

We appreciate and understand the importance of tackling HIV and BBV, both of which require medical approaches in relation to testing, treatment and management. Sexual health and, in particular teenage pregnancy, require strategies that take a far more holistic approach, encompassing education, cultures, attitudes, values and socio-economic factors. Of the National SH & BBV outcomes only one makes direct reference to the aspiration to reduce unintended pregnancies.

Respect and Responsibility places particular emphasis on frontline clinical services, while we appreciate the importance of these, in practice, this could be described as “a sticking plaster” approach, resulting in a lost opportunity to place an increased emphasis on preventative measures, as well as long term societal changes in attitudes and behaviour.

In terms of Personal Health and Social Education within schools, significant resources have been invested in SHARE. Caledonia Youth supports this initiative. However, it should be acknowledged that for many of Scotland’s most vulnerable young people - those most at risk of unplanned pregnancy - a standardised package is simply insufficient for a number of reasons, including issues relating to literacy skills, learning styles, plus non and poor attendees at school.

Traditionally sexual health has been taught in isolation from other PHSE subjects, such as those related to alcohol and drug misuse, yet there are clear connections. We have been encouraged that in some regions there is now a move to adopting a more integrated approach, acknowledging the value of a risk taking approach to PHSE. We have direct experience of developing and participating in initiatives of this nature and would be happy to discuss these further with the committee. We believe that health and wellbeing needs to be taught holistically, joining together aspects of the curriculum to reflect Young People’s lives. Such an approach supports young people in relating information to their lives allowing them to develop skills accordingly. Schools/teachers need support/resources to do this, organisations such as Caledonia Youth have experience of delivering such support.

## **Current Practice**

While there are many examples of good initiatives being delivered in Scotland to a high standard, we have what can only be described as patchy coverage, at best. We are encouraged that many local health boards and local authorities recognise there is a need to deliver appropriate services and develop targeted approaches.

However, at a practical level, there are issues that continue to raise questions. For example, the drive to integrate family planning and GUM services has resulted in staff within these services focussing much attention on “high tariff” clients (e.g MSM). There is a danger that resources and attention are being diverted away from young people and particularly those most at risk of poor sexual health outcomes and teenage pregnancy. It is our understanding that General Practitioners are expected to be the main contact point for “routine” sexual health matters. This may be adequate for the vast majority of adults, yet our experience and understanding is that this is unrealistic for many young people. Moreover, at a practical level General Practice may not have the capacity to absorb the potential additional workload without support and resources.

While there are encouraging examples of partnerships working, we believe the value and contribution that the third sector can provide is yet to be realised to its true potential. The sector has particular skills and experience in developing work with challenging and often difficult to reach groups. We would hope an increasing emphasis on partnership approaches would enhance the opportunity to make further impact on teenage pregnancy.

### **The relationship between high levels of teenage pregnancy and socio-economic inequality**

At Caledonia Youth, we believe the impact of socio-economic inequalities has a profound influence on relationships and sexual health, not least of all teenage pregnancy. We have extensive experience working with young people who are affected by multiple deprivations, in a variety of settings including those in care and in custody. Our experience suggests that young people from deprived areas are more likely to grow up in chaotic households which, in turn, can result in the development of negative and unhealthy relationships. Additionally, a lack of a stable family environment can manifest itself in poor attachment issues directly impacting on young peoples’ self esteem and an ability to develop positive, healthy relationships. Indeed, the relationship between an inability to form healthy relationships and teen pregnancy should not be underestimated.

Statistical evidence demonstrates that the highest rates of teenage pregnancy are associated with deprivation, high levels of unemployment, a high number of young people not in education, employment or training (NEETS), high levels of offending behaviour. Young people growing up in deprivation are more likely to experience multiple health inequalities not simply those relating to sexual health. They are more likely to be exposed to violence, substance misuse and mental health concerns. Some will have parents who were teenagers themselves when they became parents and many will live in communities where high levels of unemployment are the normal. Given the environment in which they are growing up, significant numbers of do not have positive employment and training opportunities resulting in a lack of aspiration. All these factors place these young people at a higher risk of becoming teen parents.

It is important to be aware that for some young people a pregnancy may be a planned event and that not all unplanned pregnancies are unwanted, another reason why adequate support requires to be made available to both young parents and their children. We do know that teenage women faced with an unplanned pregnancy who come from more affluent locations are more likely to terminate a pregnancy than their counterparts in areas affected by deprivation.

Caledonia Youth believe it is crucial that those initiatives aimed at supporting and enhancing young people's relationships and sexual health, which include addressing teenage pregnancy, require tackling multiple issues and influencing factors together. A number of factors require to be considered including social skills, values and attitudes, emotional intelligence, family support and relationships, employability, coercion and self-esteem. Initiatives that are delivered and built upon need to start during the early years and involve parents where possible. They need to be age and stage appropriate. This requires the development of a long term, coordinated approach, and not simply one off or short term, time-limited interventions.

### **Barriers and Challenges**

Caledonia Youth supports the adoption of a long term approach to tackling this issue. Too often initiatives and projects are provided with short term funding, eg, over a three year period. This approach is not supportive of the development of long term solutions and benefits within a community but instils feelings of initiative fatigue. We need to move away from the "come and go" culture of policy initiatives.

Whilst recognising the benefits of the provision of "standardised" services, we should make increased efforts to recognise that individuals and communities require specifically tailored support addressing particular issues and circumstances. These require investment not only at the point of delivery but also recognising that core activities are considered and valued. Gaining the trust of local communities and groups of young people is of paramount importance. The answer to successfully delivering a particular intervention requires careful consideration.

Relationships and sexual health issues in relation to young people, particularly those most likely at risk of poor outcomes, are sensitive and often controversial. It is essential that those delivering services feel comfortable and competent with appropriate experience and training. We have anecdotal evidence from young people where they believe they have been unfairly treated or misunderstood by those from whom they have sought support and help. In addition, we have been delighted to offer a variety of support to colleagues in health, education and social care.

Undoubtedly investment is required with appropriately targeted resources. There is a need for an integrated, partnership approach to be adopted with a genuine need for openness, accountability and transparency.

## **Current Services and Initiatives**

Caledonia Youth recognises that since the publication of Scotland's Sexual Health Strategy, significant investment has been made in the provision of clinical sexual health services. This has involved increased testing for STIs and the amalgamation of family planning and GUM services, which will mean that improved access and support will be available to many.

There is still progress to be made in ensuring that tailor-made services aimed at supporting young people are easily accessible, set in non-judgemental environments and delivered by trusted, skilled and appropriately trained staff.

We have considerable experience delivering a range of interventions specifically targeted at young people, some delivered in partnership. The Caledonia Youth team who deliver services benefit from a variety of specialisms, have particular empathy with clients and are all experienced and well trained. We would be delighted to provide further information to the Health and Sport Committee but offer a brief flavour of our activities below.

**Confidential clinical services** - are offered on an open access basis along with supporting appointments, which take place at times that suit young people and in locations supporting anonymity and local circumstances. Our city centre Edinburgh clinic has strong connections with the local NHS GUM service who provide input within Caledonia Youth's facility on a weekly basis, while our service based in rural Clackmannanshire addresses territorial issues and focuses particular attention on young men.

**Educational interventions and one-to-one support** - are provided in a range of settings including prisons, schools and local youth centres. These target particularly vulnerable groups of young people including those with learning difficulties disabilities, young people with behavioural and social challenges, young offenders those in custody, those attending special schools or learning support units offenders or those at risk of offending, and young people within or about to leave the care system. Using a range of resources, all interventions are tailor-made to match circumstances and abilities. Referrals are accepted and made from professionals including teaching staff, clinical psychologists, GPs, social workers and case workers. In addition, referrals are increasingly being received directly from parents and other voluntary organisations.

Caledonia Youth has considerable experience developing partnership approaches to initiatives. Some recent examples include the delivery of an integrated relationships, sexual health and substance misuse project within a school setting with Fast Forward, and the development and delivery of the Youth Work Service with Barnardo's Scotland in HMYOI Polmont and HMP/YOI Cornton Vale.

## **Conclusion**

At Caledonia Youth, we believe that the issue of teenage pregnancy is complicated and complex necessitating the adoption of a holistic approach. Increased emphasis is needed on a range of factors that impact upon teenage pregnancy, not least of relationships, self-esteem, coercion, emotional intelligence, life chances, education and deprivation.

We support and recognise the importance of specialised services that have the ability to meet individual circumstances and needs. These require to be delivered by trusted organisations with professional, experience and well trained staff. The third sector is well placed to perform such a role and often takes the lead currently in specialist fields such as learning disabilities difficulties and autism.

We appreciate that in order to tackle the issue, a long-term approach is required in relation to investment. Services are likely to be labour intensive and as such require adequate resources. Finally, given the complex nature of the teenage pregnancy issue and all its influences, it is vital to appreciate that measurable impact presents particular challenges.

We believe there is a real need for this subject to be given greater emphasis at both local and national policy level, supported by the development of cross-departmental strategy; a societal problem requires a whole-society approach.

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