

## **Inquiry into teenage pregnancy**

### **West Lothian Community Health and Care Partnership (CHCP)**

The West Lothian Community Health and Care Partnership welcome this call for evidence; the call comes at a particularly opportune time. As far back as 2009 we were looking at an early intervention agenda based on a life stages approach. In developing that approach, we identified pregnant and parenting women **under the age of 20** as a key target group requiring systematic support and investment, particularly in the area of education and positive destinations. A critical outcome for that work is a drop in second births for this age group. We therefore heartily endorse the following text submitted by our partners in the NHS:

Teenage pregnancy refers to all conceptions in young women under the age of 20, however, most of the policy discussions taking place are concerned with conceptions under the age of 16, the legal age of consent for young people in Scotland. Scotland has one of the highest rates of teenage pregnancy in Western Europe. In Scotland, as in other countries, high teenage pregnancy rates are associated with high levels of deprivation and socio-economic inequality. UNICEF notes that countries with the highest rates of teenage *births*, particularly the US and the UK, are “less inclusive societies as measured by high levels of income inequality and the proportion of older teenagers not in education”<sup>i</sup>.

In those aged under 20, the most deprived areas have approximately ten times the rate of delivery as the least deprived (64.3 per 1000 compared to 7.6 per 1000) and nearly twice the rate of abortion (26 per 1000 compared to 14.6 per 1000)<sup>ii</sup>. Higher numbers of teenage conceptions overall means that the numbers of abortions in the most deprived populations are higher. However, when the *proportion* of abortions is examined, more young women in SIMD 5, the most affluent, (66%) go on to termination rather than delivery compared to SIMD 1, the least affluent (29%). These data imply a distinct social gradient in teenage pregnancy, whereby young women in Scotland’s most affluent communities are much less vulnerable to teenage conception and whom will make the decision to terminate a pregnancy rather than go on to delivery.

It is suggested that higher rates of abortion imply a greater sense of aspiration in a population as “incentive to avoid early parenthood stems from a stake in the future, a sense of hope and an expectation of inclusion in the benefits of living in an economically advanced society”<sup>iii</sup>. Lack of education and/or employment can remove that sense.

We have taken a gendered, evidence-based approach to developing and delivering interventions, and we think our strategy should be incorporated into national approaches. Gender inequality, domestic and sexual assault, gender stereotyping, and occupational segregation are critical drivers of births to women under 20, and any solution must reflect substantive support to mitigate and prevent these drivers.

Please see below for a description of our local response.

**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?**

We applaud a move away from treating teen pregnancy prevention as if it were about reckless young people (usually young women) making poor choices about sex. We agree with the Early Years Framework (Part 2), which 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.”*

**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?**

There has been a sustained reduction in the teenage pregnancy rate for under 16s in West Lothian in the past decade from 9.2 in 1997/99 to 5.7 in 2007/09 (compared to the Scottish average of 7). These data are relatively old, and we have some concerns that, given the links between birth rates and poverty, the impact of welfare “reform” and recession may interrupt the trend.

Investment in services for young women that provide protection from the effects of the recession and changes in benefits will be critical in our view. These services include appropriate support for continued engagement with education and training, intensive key working where needed, robust local response to domestic and sexual abuse, access to mental health and well-being resources, as well as job opportunities that lift young women (and their children) out of poverty.

All this assumes continued support for our high quality integrated sexual health services. The GUM and Family Planning Clinics at Howden Health Centre now operate as an Integrated Sexual Health Service combining GUM and Family Planning, providing a combination of walk-in and booked clinical appointments. We also have a good network of C:Card and Healthy Respect provision and a young-people-friendly multi-agency sexual health information and advice service. The latter, known as COZ (Chill Out Zone), is a partnership service supported by Council, NHS Lothian, and Children First.

All these are well-designed and delivered services, but access to them is limited by time and geography for many of the most disadvantaged young women and young men. A Lothian-wide logic model for preventing births in this age group is being developed; this modelling should support a broader, more comprehensive strategic plan. A similar approach could improve systems assessment at a national level.

We concur with the NHS evidence where it highlights the importance of *Respect and Responsibility*, Scotland’s first sexual health strategy, noting that

“planning to avoid unintended teenage pregnancies is closely linked with having a stake in the future, a sense of hope and an expectation of inclusion in society”<sup>iv</sup>. *Respect and Responsibility* re-emphasises this point that by noting that it is “important to address the influences that determine sexual wellbeing such as raising educational aspirations and self-esteem, enhanced social inclusion, tackling alcohol and drug misuse, domestic violence and homelessness”<sup>v</sup>.

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

Births to teens in West Lothian, like elsewhere, are for the most part proxies for poverty. The socioeconomic factors that disadvantage young women’s life chances are critical drivers of not only teen pregnancy but also a host of other community problems that as a nation we must address to be successful at Early Intervention and to deliver the outcomes for the national Early Years Collaborative.

We know that parenting while still a teenager stifles young women’s opportunities to complete their education and thus their prospects for non-precarious and gainful paid employment. We have therefore created a Young Mothers project as part of our systems approach to Early Years and Early Intervention.

**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?**

Barriers and challenges for lasting and sustainable reduction in birth rates to those under 20 include:

- Disengagement from school
- System disengagement from pregnant and parenting young women. (An example is the labelling of pregnant and parenting young women as “economically inactive” and therefore invisible for positive destinations support.)
- Failure to address systematically the role of domestic and sexual abuse, of mental illness, of problematic substance use
- Failure to appropriately apply equalities analysis to problems or, for that matter, to solutions, particularly regarding the impact of gender inequality in young women’s lives.

**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?**

In West Lothian we have concluded that **all mothers under the age of 20** are vulnerable and should be offered a joined-up, holistic, and intensive key-

working service. Whereas previous services exhibited excellent provision in pockets, significant numbers of young mothers were not involved, resources were inadequate for demand, and identification of service users and engagement with them were not systematic. We suspect this assessment could describe most provision in Scotland.

**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?**

West Lothian is investing a substantial portion of our Early Years/Early Intervention Change Fund in a new Young Mothers service that will serve ALL young mothers under 20. The new service's foundation is twofold:

- Intensive, multi-agency keyworking
- Consistent focus on engagement with education and training

The Young Mothers team is multi-disciplinary and includes domestic and sexual abuse specialists, employability workers, parenting support, and robust links to housing and other essential services.

Using a systems analysis to look at sustainability, we forecasted that the lack of non-traditional jobs in the local labour market for young mothers would derail early interventions intended to help lift young mothers and their children out of poverty. We are now working with the Community Planning Partnership's Economic Development partners, including local employers and local colleges, to construct an employment pipeline that will deliver living-wage jobs for young mothers and their children.

**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?**

We agree with our NHS colleagues' assessment that "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." In our view, these interventions need to be designed and delivered systematically and widely. Perhaps most important, they need to take seriously the social and economic inequality that frames young women's lives by tackling gender stereotyping, local occupational segregation, exposure to violence and abuse, mental ill-health, and problematic substance use.

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- <sup>i</sup> UNICEF (2001) Innocenti Report Card 3, p20
- <sup>ii</sup> Information Services Division (ISD) (2011) [www.isdscotland.org](http://www.isdscotland.org) p4
- <sup>iii</sup> UNICEF (2001) Innocenti Report Card 3, p25
- <sup>iv</sup> Scottish Executive (2005) Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health. Scottish Executive, 2005, p3.
- <sup>v</sup> Scottish Executive (2005) Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health. Scottish Executive, 2005, p7.