

Inquiry into teenage pregnancy

Lanarkshire Sexual Health Strategy Group

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?

All partners in Lanarkshire have welcomed the national policies and drivers targeted at tackling teenage pregnancy. As key stakeholders we have embraced the local authorities taking a lead role in a partnership approach to reducing teenage pregnancy as recommended in the Scottish Sexual Health and Blood Borne Virus Action Plan 2011-2015 (Scottish Government, 2011) and have made progress in this regard, while recognising this can be further developed. It has been helpful to also include teenage pregnancy in the Early Years Framework, however we feel that national policy drivers could be further strengthened and would like to see teenage pregnancy embedded in inequalities and early years/early interventions policies.

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?

Partners in Lanarkshire have demonstrated their commitment and accountability to reducing teenage pregnancy in a variety of ways:

- Inclusion of a teenage pregnancy indicator in key strategic documents (SL Children's Services Plan 2012-18 and NL SOA 2013-18 – in draft at present) and service plans
- In the Lanarkshire Sexual Health Implementation Group (SHIG) Action Plan
- Establishment of the teenage pregnancy working group to undertake the self-evaluation and produce an improvement plan
- In addition, there are a range of plans that address the wider influences on teenage pregnancy rates (e.g. mental health and well being and education).

However we are aware that some local authorities view teenage pregnancy as being a "health" issue as they link it to sexual health rather than it being a wider young person's or inequalities issue. This can prevent partnership working and limits the impact of work undertaken.

The recently completed self-evaluation from the Learning Teaching Scotland resource, *Reducing Teenage Pregnancy Guidance and self-Assessment*, enabled us to focus our priorities and identify gaps. The next stage is to agree a local approach, linking joint action to local children's services and community planning structures to enable shared ownership and a sustained reduction in teenage pregnancy rates.

Below is an update on current and planned local action in Lanarkshire.

1. Prevention/Education:- A range of prevention and education work is provided. Sexual health focused work includes provision of up to date, accessible information (including service details) via the Lanarkshire sexual health website, (<http://www.lanarkshiresexualhealth.org>) providing formal and informal education out with and within schools and accessible young person's sexual health services.

A key development has been the appointment of 2 Curriculum Support Teachers to provide training and peer support to teachers in the delivery of the Relationships, Sexual Health and Parenthood strand of Curriculum for Excellence. This has been a partnership initiative between NHS Lanarkshire, North Lanarkshire Council and South Lanarkshire Council and runs until end June 2014.

2. Assessment/Support: - All under 16's attending sexual health services have a risk assessment performed looking at risk of pregnancy and wider issues i.e. alcohol and drugs and every attempt is made to start contraception where appropriate to avoid unplanned pregnancy. Should an unplanned pregnancy result then there are referral systems in place to the appropriate team. In addition there is a key piece of work in progress, developing standardised pathways and interventions for health, social work and education and will assist in progressing work to promote positive relationships, improve sexual health, maintain achievement and reduce teenage pregnancy.

3. Participation/Involvement of young people: A significant number of services have promoted participation and consulted young people about service delivery and their experience. For example our young persons sexual health services, Relationships Sexual Health and Parenthood (RSHP) resources for schools to children looked after and accommodated sexual health guidance for staff. Their comments were either embedded in final versions of resource materials or contributed to the shaping of the young person's service provision.

4.Participation/ Involvement of parents:The involvement of parents as partners has been key in the development of new RHSP for early years, primary and secondary establishments. The consultation involved 300+ parents / carers and this was facilitated in various ways and included parental information sessions and presentations of key components of new materials. In addition consultation took place in the set up of locality teenage pregnancy groups.

5. Supporting parents of children at risk: We are very effective in supporting parents of children at risk by providing a range of parenting support programmes delivered by several partners including family support, community learning development and the voluntary sector. One group specifically supports parents around sexual health, Speakeasy which involves parents/carers and the extended family members by encouraging more open dialogue about relationships, sexual health and contraception between parents and children even before they become teenagers.

6. Support for teachers and relevant workers: Staff are reporting various degrees of confidence in supporting young people with issues of sexual health, pregnancy and parenthood. Relationship Sexual health and Parenthood training opportunities are offered to a wide range of partner staff and delivered by NHS Lanarkshire. In Education (teaching staff) have utilised the training with high numbers trained and recently there has been an extensive training programme targeting all children's homes staff and foster carers following the production of sexual health and relationship's guidance for Looked after and accommodated children and young people.

7. Clinical service delivery: Within sexual health services we have a well-established young person's service provision and most are accessible within walking distance of secondary schools or in the centre of towns. Where we have young person's clinics in Youth learning establishment's youth learning and other partner agencies engagement approaches combined with health have been vital in their success.

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

The following comments were collated from parenting leads, voluntary sector and health improvement.

"Evidence tells us that the importance of parenting, positive relationships and attachment are fundamental to brain development and subsequent outcomes in later life. We know that poor outcomes are higher in areas where there is socio-economic deprivation."

"My view is that many young women may be disengaged from active learning or training and may view early motherhood as an alternative to education/college or work. Promoting self esteem and confidence in young women, and stronger links to employment & training may help with some of the issues."

"High youth unemployment in the rural area in particular means that young females do not see opportunities for them to work, therefore although they are not intentionally setting out to become pregnant, if it does happen, it is not seen as a negative. Rather it gives them a focus and meaning to their life."

We recognise there are strong links between social disadvantage, early sexual activity, inconsistent use of contraception and teenage pregnancy and our clinical service provision and health improvement activities have been targeted to areas of deprivation. The remit of teenage pregnancy is much wider than clinical interventions alone and in order to address teenage pregnancy and improve self-esteem, motivation and sense of a positive future, professionals within health, social work, education and the voluntary sector need to agree a joint approach.

D. What are the barriers and challenges to making progress in achieving positive change communities that might lead to reductions in the levels of teenage pregnancy?

There are many barriers and challenges to achieving positive change, improving sexual wellbeing and reducing teenage pregnancy. We have separated them into two areas:

Non-tangible barriers/challenges:

- Cultural and religious views around the issues of teenage sexual health and contraception
- Attitudes to alcohol and associated risk taking behaviors
- Poor educational attainment

Tangible barriers/challenges:

- Geographical locations
- Difficulty accessing service either through lack of awareness, transport or non engagement
- Limitations imposed on staff by professional boundaries
- Late presentation of problems/issues
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It is clear that a multi-faceted approach will be required to overcome these barriers.

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?

Locally we have a good range of universal locality teenage pregnancy groups and targeted group work programmes e.g. Young mums group and GEM (group expectant mums) providing young parents with support delivered by health, social work and the voluntary sector. The difficulty lies in engaging with young people and encouraging them to attend. Most are targeted services for young or vulnerable parents and are delivered in a range of settings from youth centers, family centers and community venues. In addition provision of one to one support has been successful in improving outcomes, particularly in two new initiatives First Steps (NHSL) and Grassroots (Healthy Valleys).

We are aware of excellent national programmes through Family Nurse Partnership, Barnardos and NSPCC and some pilots have been in operation in Lanarkshire. While every effort is made to find appropriate settings from which to offer services this can be challenging particularly in rural areas. However, whatever service is given to young parents there is awareness that in order to sustain improved outcomes we require to encourage connectedness to their communities.

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?

The following is a brief list of Lanarkshire examples of good practice:

Positive Images (Healthy Valleys): Positive Images is a programme of physical activity and health information sessions for young people aged 12 – 18. Each weekly session comprises a physical activity at a local leisure facility and a topical health workshop, delivered by professionals. The programme is flexible and can run from a minimum of 6 weeks to 12 weeks. The aim of the programme is to offer young people the opportunity to find a type of physical exercise which they enjoy and can continue to access when the programme finishes, whilst exploring key health issues which are important to them and which complement a healthy lifestyle.

The Teen Parent Peer Mentoring Service has been set up by One Parent Families Scotland in partnership with North Lanarkshire. One Parent Families Scotland (OPFS) undertook research in local nurseries in North Lanarkshire to identify the barriers and issues faced by lone parents in the area. It became clear that many young lone parents had very little or no support throughout their pregnancy, often felt stigmatised did not take up local services. It became apparent that an early intervention model to delivering specialist services for pregnant teenagers was needed. In partnership with North Lanarkshire Early Years and Childcare, the OPFS Teen Parent Peer Mentoring Service was introduced.

Sexual health and Lifestyle Nurses – it became apparent there was a number of young people (YP) participating in risk taking behaviours in relation to alcohol and drug misuse, which in turn may increase risky sexual behaviours. At particular risk were the YP already 'in the system', i.e. looked after and accommodated children and young people, school non-attenders, involvement with youth justice services and teenage parents. To address these issues two posts were developed to tackle teenage pregnancy, STIs and risk taking behaviour within vulnerable groups.

Sexual health workshops (contraception/STIs) are provided to some of the pre-employability programmes MCMC and also Princes Trust.

Young girls group: A group work programme run by family support for vulnerable girls within secondary school setting. The programme offers advice and support on a weekly basis covering a range of issues impacting upon girls aged 12 -15.

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?

The following are priority areas, which we feel should attract more attention:-

1. Further support for parents/carers and extended family to have open dialogue about relationships, sex and contraception through programmes such as Speakeasy andTalk2
2. Early intervention and continued emphasis and more transparency about uptake of relationship, sex and parenthood education in schools both non-denominational and denominational schools; as well as for young people who are home schools and not in mainstream education.
3. All practitioners working with young people in all settings should have training around sexual health and relationships and support to maximise any opportunity to discuss such matters with young people in a sensitive manner.
4. Proactive response and targeted support for all at risk and quick start contraception for those engaging in sexual activity.
5. Assisting young men to be good partners, including sharing joint responsibility for contraception and helping young fathers to become good parents
6. Better support to sustain young mothers in education and encouraging them to develop high aspirations and positive relationships.
7. Raising aspirations by providing relevant and meaningful opportunities for young people to play a role in their community and feel valued and important. Improving achievement through access to lifelong learning and job opportunities will tackle some of the barriers of low self-esteem, motivation and low achievement.
8. Continuing to build in youth learning approaches as youth workers have an ideal position in which to discuss wider sexual health issues, not just pregnancy, but respect and responsibility. In addition focus on how to negotiate safe sex – being able to raise the issue and use contraception and possibly condom distribution.

H. Do you have any comments on any other aspect of teenage pregnancy policy or examples of good practice that you wish to raise with the Committee?

Teenage pregnancy only reflects a small proportion of sexual activity among teenagers the emphasis needs to be directed much earlier. The fundamental starting point for the avoidance of teenage pregnancy needs to be in the home and school with proactive parenting and education.

For those teenagers who have unplanned pregnancies we need to recognise the importance of a wider response to include support in accessing housing, welfare benefits support and child care support such as nursery places and affordable childcare.

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