Inquiry into teenage pregnancy

The Royal College of Nursing

The Royal College of Nursing welcomes the opportunity to contribute to the Health and Sport Committee's inquiry into teenage pregnancy in Scotland. The Royal College of Nursing (RCN) is the UK's largest professional association and union for nurses with around 400,000 members, of which around 39,000 are in Scotland. Nurses and health care support workers make up the majority of those working in health services and their contribution is vital to delivery of the Scottish Government's health policy objectives.

In our evidence we have chosen to focus on the important role of school nurses. It is currently difficult to comment on the workforce numbers for school nursing across Scotland, as ISD (the Information Services Directorate) are reviewing the way in which these data collected. There have been issues with inconsistency between categories across health board areas and we cannot be confident in the data that currently exist.

We have organised our evidence according to the questions put by the committee and ended with two examples which bring to life the role of school nursing. There is research evidence to support the effectiveness of interventions by nurses in schools, or linked to schools, in preventing unwanted teenage pregnancy and we have included this where it is relevant.

- **Do you have any views on the current policy direction being taken at the national level in Scotland to reduce the rate of teenage pregnancy?**

The Health and Wellbeing in Schools Project (2009-2011) was a very positive initiative from the Scottish Government which enabled four areas in Scotland to pilot new models of promoting health and wellbeing, including sexual health. However, since the final report was published no further work appears to have been done to spread the lessons learned from that pilot study. RCN members tell us that the current policy direction is not taking forward an integrated approach at a local level and the relatively small amounts of additional resources which supported the Health and Wellbeing in Schools Project are no longer available to support innovation.

The role of school nurses is key to reducing the rate of teenage pregnancy by enabling teenagers to make positive and informed decisions about their lives. School nurses need to be visible within the school setting to enable young people to feel confident in asking for support and discussing sensitive and intimate matters with a known and trusted individual. Pupils need to be able to make contact with school nurses in ways which work for them e.g. by text or social media and to be able to meet off school premises e.g. school nurses working together with youth centres.

In Wales, the number of conceptions among 15 to 17-year-olds fell by nearly 10% over a year between 2008 and 2009, according to figures from the Office for National Statistics. Increasing the number of school nurses within secondary schools was highlighted as one of the reasons for this drop. The

commitment to employ a school nurse in every secondary school was part of the 2007 Welsh Assembly Government's coalition agreement.

- **Do you have any views on the action being taken at local level by health boards, local authorities and other relevant organisations to reduce teenage pregnancy, particularly in the under 16 age group?**

RCN school nurse members suggest that teachers are sometime uncomfortable delivering sexual health and relationship education programmes within secondary schools. Ideally these programmes should be delivered jointly by those with health and education expertise; teachers and school nurses together. Primary teachers are often more comfortable with the material.

Capacity is becoming a significant issue within the school nursing service. There is a feeling that the focus for school nursing from decision makers is on immunisation and child protection. The important work of building relationships with young people to support their health and wellbeing, in particular sexual health, can be seen of secondary importance. Immunisation and child protection are important issues and this needs to be included in planning which also takes into account ensuring that young people have the knowledge, skills and abilities to make healthy life choices.

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

There is a correlation between teenage pregnancy and deprivation. As cited in the SPICe briefing for the Health and Sport Committee (January 2013), the rate of teenage pregnancy among young women aged under sixteen living in the most deprived areas (13.7 per 1,000) was five times the rate for young women aged under sixteen who lived in the least deprived areas (2.7 per 1,000) in the three year period 2008/2010. There is case to be made for additional targeted school nursing support in schools within areas where pregnancy rates are highest particularly where there are inter-generational patterns of deprivation.

- **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?**

The main barrier to positive change is access to services, which is why the RCN believes that school based and school linked provision of sexual health services is vital across Scotland. These services need to be available to young people at times and in place where they can access them, not just in school and not just in term time, as highlighted in the example in the appendix. Many young people are reluctant to access services. If the school nurse was more visible within the school setting and accessible through modern technology, to enable privacy, young people are more likely to access the information they need to make informed choices, rather than having to seek it for themselves online or through friends.

- **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?**

The family nurse partnership (FNP) programme has a growing evidence base of its impact across the UK (e.g. the "building blocks" randomised controlled trial of the FNP in England) and in the Lothian pilot project[i] which suggest that the programme is making a difference in the areas in which it has been piloted. The RCN is supportive of the FNP programme and this needs to be complemented with school based support which has also been shown to be important.

A 2008 review of evidence looked at school based support for pregnant and parenting teenagers. School-based clinics were associated with a reduction in absenteeism and drop-out rates among pregnant and parenting teens (five studies), a possible reduction in developmental delay in children (two studies), encouragement for ongoing participation in school and an improvement in the health of the teenager and her child (two studies), a reduced incidence of low-birth weight babies (three studies), and an increase in the decision to use contraceptives and a wish not have a repeat pregnancy (two studies).

- **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?**

In 2010 an important Health Technology Assessment[ii] (HTA) was published which provides some evidence to support the continued use and further development of school-linked and school based sexual health services. The study showed that these services are associated with small delays and reductions in teenage sexual activity. There is also some evidence from the USA of associations between school-based services and reductions in teenage births and in chlamydial infection rates (among young men). In addition, studies from both the USA and the UK report positive responses from young people about the accessibility and user-oriented nature of many school-based and school-linked services. This last point may be particularly relevant in terms of improving the uptake of sexual health services among boys and young men.

The study also showed that service models that situate sexual health advice within a broad range of health provision are preferred by many young people and by practitioners, because they minimise stigma and maximise service access. In addition, the HTA identified a number of criteria that young people and staff see as characterising high-quality services. This evidence suggests that the following principles should inform the development of new services, and the evaluation of established services:

• robust procedures to safeguard confidentiality, agreed between all agencies and professions contributing to the service

• consultation in advance with potential user groups of young people and engagement of young people in the design and implementation of routine monitoring and evaluation processes

• consultation in advance with school head teachers, governors, staff and parents' groups, to secure informed leadership and support

• close liaison and (where possible) joint work with teaching staff

• design of locations and session times to protect privacy of service users

• establishment of a multi-professional staff team, including both male and female members, school nurses, youth workers, medical practitioners and other specialist staff where appropriate (e.g. drug and alcohol workers)

• clear incorporation of local and national child protection guidelines and requirements, along with liaison with relevant local agencies

• provision of comprehensive sexual health services (i.e., including relationships advice, prescriptions for oral and emergency contraception, other forms of contraception, STI screening and pregnancy testing, signposting and referrals for specialist services not offered on site)

• access to continuing professional development for staff, including specialist sexual health training

• marketing of the service as broad-based, rather than restricted to sexual health

• a secure funding basis.

Theresa Fyffe
Director
The Royal College of Nursing

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Appendix - Two examples of the impact of school nursing on sexual health and teenage pregnancy:

<u>Clackmannanshire</u>
The Health and Wellbeing in Schools Project (2009-2011) enabled four areas in Scotland to pilot new models of promoting health and wellbeing. One particular example focused on teenage sexual health and the involvement of school nurses in an existing community initiative. The following extract is from the project final report[iii]:

"Clackmannanshire experiences high levels of teenage pregnancies. The local sexual health implementation group is working to improve awareness of, and access to, sexual health advice and resources and a number of new initiatives were launched in schools as part of the project. To complement this work, an existing youth drop-in service run by the community learning and development team was extended. This evening facility operates a weekly session that is now run jointly with the public health nurse for schools. Services include

health advice, Chlamydia testing, pregnancy testing and condom distribution, alongside smoking cessation advice and more general health support.

The drop-in is well used by young people, with over 100 attending between March 2010 and November 2010. It is open throughout school holiday times and is seen as a "one-stop shop" for young people seeking a confidential and informal advisory service. Young people favour the "one-stop" approach, as in the evening sexual health drop-in sessions in Clackmannanshire, where a number of services are available to offer support and practical help."

Ayrshire and Arran

The following is a narrative account from a school nurse, Hazel Anderson.

"I'm a School Nurse in an area of high deprivation in North Ayrshire. In my cluster, there is strong partnership working between Health and Education, supporting school nursing to provide additional health programmes for young people.

"As a school nurse, I feel that we are in a position to build trusting relationships with young people starting at primary school. We introduce sexual health wellbeing and education in primary schools with puberty education. We focus on the emotional, as well as the physical changes that may be experienced. As we work with young people on health and wellbeing matters such as contraception, self-confidence, sexually transmitted infections we have already established strong and trusting relationships.

"We usually begin the session by reminding the young people about the school nurse service, how to get in touch with us and confidentiality. When we asked the children and young people's views they said that they are more comfortable speaking to the school nurse, in the school building, during their school day. They appreciate that the service is at their fingertips. Some children are confident enough to discuss sexual health issues with parents or their GP without assistance. The majority admit to being scared and intimidated talking to unknown adults or even professionals.
"We often find that after the school nurse delivers sexual health sessions in S3, there is a sharp increase in young people attending the school nurse for personal sexual health advice and referrals to the sexual health service also increase. Word of mouth is a very powerful tool for young people and through one pupil having a positive experience addressing sexual health issues with the school nurse, a trail of friends and fellow pupils then approach the nurse for advice.

"We have good contacts in local pharmacies and many of the school nurses work in sexual health clinics in the evening, so good contacts exist also there. Many of our pupils attend the young persons' sexual health clinic where the school nurse also works as Sexual Heath advisor offering wide range of screening and testing.

"If a young person wishes to discuss emergency contraception, we are able to provide the necessary information, signpost and access to other services to assist with making an informed decision, which helps reduce anxiety. The

School Nurse is also in a good position to provide follow-up care and support after a young person has been absent from school. The School Nurse works closely with the Attendance Officer and is able to provide information on non attendance with the young person's consent.

"Should a girl disclose a positive pregnancy test we can provide the girl with information about her options. We very much encourage her to talk with her parents/carers, supporting her during this challenging and stressful time, being there for her when and how she feels best. We have close links with the Community Midwives and GPs; in this way we provide a joined-up service for the girl, offering as much care and support as possible. We are also in a good position to provide follow up care.

"The school supports the delivery of a virtual baby program run by the school nurses. We don't have a target group as this is offered universally in S3, - which helps to remove stigma which may otherwise be associated with such a programme. It also encourages parents to get involved and discuss the wide range of parenting /sexual health and relationship matters with their children at home.

"I feel fortunate to be where the young people are - six hours a day, five days a week. This makes us accessible as a trusted adult. I believe this relationship is key to building confidence and self-esteem while working with them on matters such as sexual and wellbeing health needs and supporting the prevention of unwanted pregnancy."

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[i] Scottish Government (2012) Evaluation of the Family Nurse Partnership Programme in NHS Lothian, Scotland: 3rd Report – Infancy http://www.scotland.gov.uk/Resource/0041/00411535.pdf

[ii] J Owen, C Carroll, J Cooke, E Formby, M Hayter, J Hirst, M Lloyd Jones, H Stapleton, M Stevenson and A Sutton (2010) School-linked sexual health services for young people (SSHYP): a survey and systematic review concerning current models, effectiveness, cost-effectiveness and research opportunities Health Technology Assessment 2010; Vol. 14: No. 30

[iii] Scottish Government (2011) Health and Well-being in Schools Project Final Report