

## **Inquiry into teenage pregnancy**

### **Fife Health and Wellbeing Alliance**

- 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?*

The Sexual Health and Blood Borne Virus Framework is welcome in having a renewed national focus on delivering improvements in sexual health outcomes 2008-2011.

Specifically, it is welcome that having enhanced the provision and accessibility of sexual health services in Scotland, the focus should now shift towards achieving cultural change.

It also recognises that identified priorities could not be achieved by sexual health policies alone and that sexual health and wellbeing should be incorporated into local delivery plans involving the wider workforce. Involving the wider workforce is a challenge, but necessary to make a significant impact.

The Government is taking a holistic view of teenage pregnancy within the framework 2011 – 2015 with the implications of inequalities to sexual health outcomes and the links across areas such as alcohol. The outcomes focus is welcomed, as is an approach based on assets and the roots of inequalities from the early years. We agree the local authority has a key leadership role.

- 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 is a recognition that partnership working has a key role to play in the delivery of improved sexual health and wellbeing outcomes, however despite reducing teenage pregnancy rates being a core indicator in early years framework for example, there needs to be a greater emphasis across the partnerships that we all have a role to play in achieving culture change. We are working to promote further involvement of local stakeholders including key leaders outside the NHS such as head teachers and social workers.

Reducing teenage pregnancy ties in with the Getting it Right approach to improving outcomes for children, and across agencies a SHANARRI assessment of teenagers should include an assessment of any sexual health issues where relevant.

We are working on producing more timely data relevant to schools in line with information sharing protocols, as the time-lag in national data and restrictions for reasons of confidentiality limit the detail which can be shared locally. This may help where schools or services are not

visibly aware of pregnancies due to young people leaving school at 16 or having abortions.

The Curriculum for Excellence places significant emphasis on the delivery of health and wellbeing experiences and outcomes and therefore provides excellent opportunities to discuss sexual health and relationships.

It is important to monitor and support high quality, consistent delivery of standardised relationship, sexual health and parenthood education (RSHP) in schools.

RSHP education should be delivered in schools by professionals who are comfortable and competent with the subject matter, and there are some views that specialist professionals have a role. There also needs to be a more in-depth programme and level of support for young people at higher risk of teenage pregnancy, with a focus on building resilience and emotional intelligence. Reaching those with attendance issues can be particularly challenging. It is also important to ensure that those with additional needs e.g. learning disability or borderline learning disability have appropriate levels of information. Sexual health education is still too focused on reproduction and sexually transmitted infections, this should be replaced with a focus on relationships.

It needs to be reinforced that the evidence that good SRE delays rather than encourages early sex, and that parents are generally supportive of RSHP. There should be a stronger role for HMle to inspect RSHP specifically within health and wellbeing outcomes in the same way they would inspect subject areas.

The focus ought also to be earlier and more on building resilience, confidence and aspirations in children, as this is far more effective than any contraceptive in reducing teenage pregnancy.

A network of local drop-in services 'Hubs' covering a range of health issues for young people are run in partnership between Health and Youth work staff and are heavily used. Attendance of young people at specialised sexual health services is an area we are looking to improve.

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

Teenage pregnancy in more deprived areas is more accepted in the community and may be a familial pattern. This is linked to low self-esteem, aspirations and lack of other opportunities. The causes are complicated and there is no quick fix.

If a young person lives in a family where they are not exposed to positive relationships they are starting at a disadvantage, thus the focus needs to be on building them as a person who likes themselves

first and foremost, then to build on this with peers etc. They need support in learning about relationships, often the “biology bit” can be the easy bit to teach, young people need the skills to manage relationships to be able to make informed choices about their behaviours, sexual and otherwise.

- 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?*

Values and attitudes towards sexual health are some of the greatest barriers. This includes lack of confidence by parents to discuss relationships, sexual health and parenthood with their children, and the negative impact of increased sexualisation of images portrayed through the media. We need to look at the impact of the media including social media networks, mobile phone and webcams have in influencing young people’s behaviours, and the risks of exploitation, which may occur at peer-peer level.

There can be a tendency to focus on girls in relation to teenage pregnancy, but boys or fathers also need targeted work to address values and attitudes.

Resilience, confidence and aspirations are the most effective assets; effort must be made to ensure young people are supported in this. For example there is no point having service provision if the most vulnerable young people do not have the confidence to access these. However, resources, capacity and flexibility within services including youth services could improve, including access to these at weekends and evenings.

Sexual health and relationship education should be delivered consistently by staff that are competent and effective in the subject matter they are working on. The wider children’s workforce including youth justice, family support workers need to understand the issues.

There are good examples of projects / initiatives that could be incorporated into mainstream provision of services, both in education and community settings but there can be barriers in relation to capacity and resources to do this.

The focus must be on the determinants of teenage pregnancy with an ethos on positive life choices, including positive, inclusive youth leisure activities and youth work. Evidence suggests feelings of safety and belonging in community and school settings of adolescents are associated with reduced risk behaviours, *Journal of Public Health* 2012; 34, 48-56. Brooks et al. Adolescent multiple risk behaviour: as asset approach to the role of family, school and community.

- 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?*

Fife has started the Family Nurse Partnership approach to support young first time parents. Pre-dating this, the Family Health Project funded by the Fife Health and Wellbeing Alliance supports vulnerable pregnant women, including those who may be very young, with enhanced midwifery support based on social risk factors.

The Teenage Parent Project, also funded by the Health & Wellbeing Alliance offers support once the baby is born and can co-ordinate local support networks. These projects will continue to have complementary roles for clients not eligible or who opt out of the Family Nurse Partnership.

The Young Dad's Gardening project in Kirkcaldy has been successful in supporting young fathers in positive activities and addressing wider issues.

The Young Mothers Initiative is a Fife Council led service which offers support to young mothers within school. Girls are encouraged to complete their education within their own school where possible.

Many young people need assistance to access services due to lack of confidence, or no transport to venue, and young people are sensitive to negative attitudes from frontline staff.

There will be a need to look closely on how best we can sustain and incorporate best practice and evidence based approaches into mainstream services.

- 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 or in partnership?*

There are a number of initiatives in specific areas of Fife with higher rates. For example in Kirkcaldy High School, school nurses and improving health staff are piloting new methods of delivering SRE responding to pupils expressed preferences, including smaller groups and single sex classes. School nurses provide a health drop-in, with assistance to access specialist service where needed.

Using The Underage and Pregnant resource, in partnership with Community Learning and Development colleagues, with a small group of vulnerable young people has been positive and was useful in allowing young people to explore their own values and attitudes.

Peer education can also be valuable; this takes investment of time and support and is currently being piloted in a locality in partnership with health, education and community education.

#### Looked after young people

A health psychology project offers 1:1 support for looked after young people, care leavers and carers in relation to health and lifestyle behaviours. This was based on a detailed needs assessment in relation to sexual health. Over 100 young people have been offered support and evaluation has shown positive behaviour change. Social workers and other staff working with vulnerable young people have been targeted for sexual health training. This work is funded by the Fife Health and Wellbeing Alliance.

Journal of Public Health 2010;33;1:86-92 Dale et al. The perceived sexual health needs of looked after young people

- 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 are exploring use of Implementation Intentions which has been shown to reduce unintended pregnancy in teenage women, Durable effects of implementation intentions: reduced rates of pregnancy at 2 years. Health Psychol 2011;30:3:368-73 Martin et al.

- 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*

We need to have all partners competent, confident and committed to addressing this issue. This needs a long term approach, starting with early years.

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7 February 2013