

## **Inquiry into teenage pregnancy**

### **Scottish Sexual Health Promotion Specialists 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?**

The Scottish Sexual Health Promotion Specialists Group welcomes the inquiry into teenage pregnancy as we view this as an opportunity to widen the debate and refocus efforts to address this issue within the inequalities agenda and strengthen national and local leadership. While acknowledging that provision of sexual health services and sexual health and relationships education and prevention work is key to progress, we recognise that it is a complex issue and it cannot be addressed within sexual health (or health) alone.

It has been helpful to include outcomes for teenage pregnancy in recent sexual health policy documents (initially Respect and Responsibility and, more recently, the Sexual Health and Blood Borne Virus Framework 2011-2015) and to highlight the need for leadership at local authority level. However teenage pregnancy would be better addressed if embedded in wider health inequalities work as there is strong and consistent evidence highlighting links to deprivation and particular vulnerable groups. The concurrent Health and Sport Committee inquiry into health inequalities is ideally timed and provides an opportunity to consider teenage pregnancy as part of the debate.

In addition, the current focus on early years and early intervention has a clear link to teenage pregnancy as the potential negative outcomes for teenage mothers and babies are well documented (as highlighted in the SPICe briefing that supports this inquiry) and inclusion of specific teenage pregnancy outcomes within this work would be helpful.

#### **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?**

As a Scotland wide group, we are aware that there are varying levels of activity and leadership in local areas. Overall, we feel that teenage pregnancy is still viewed as a health issue and that local authorities need to take more ownership of this agenda as many contributory factors are out with the remit of health services (e.g. educational attainment, aspirations, deprivation). The main vehicles for this at a local level are within Children's Services Plans and Single Outcome Agreements. However there can be resistance to this if a local area deems teenage pregnancy to be a health/sexual health issue.

There are examples of good practice where partners are working well together to co-ordinate programmes to support young people and young parents. In addition, in some local areas health and education are working closely to support teachers to deliver the key elements of Curriculum for Excellence (CfE) that will support young people in terms of knowledge and skills to make positive, informed choices. However, this is still variable across the country

and a more consistent approach and delivery is required. While acknowledging that implementation of CfE is relatively early and it is difficult to tell if it is having (or will have) an impact on teenage pregnancy rates, there is concern that the lack of consistent implementation across all schools, including denominational and independent schools, will dilute its effect.

Opportunities for early intervention with young people at higher risk of teenage pregnancy should be explored. These young people will be known to a variety of services including social work, drug and alcohol, sexual health, and child protection. Could a tool or intervention be developed to support this?

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

The group understand that there is a clear relationship between high levels of teenage pregnancy and socio-economic inequality. This is why we believe teenage pregnancy targets and objectives should be placed in the policy areas concerned with inequalities 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?**

One of the main challenges is the lack of consistent delivery of Sexual Health and Relationships Education (SHRE) in schools and early years establishments in line with CfE. SHRE needs to be embedded from nursery, through primary and secondary schools, and parents and carers should be involved and supported to continue this work at home. There is merit in considering making delivery of SHRE compulsory in all formal educational settings (denominational, non-denominational and independent schools) and for those children and young people who are home schooled. The skills and competencies of those required to deliver SHRE should be considered and it is recognised that it is challenging to release teachers to attend training to support them with this.

Schools need to be more accountable for what they are delivering as currently this is not known.

Access to safe, appropriate contraceptive services that are close to schools is important and while some local areas have made good progress in this regard, more could be done to improve this. One of the barriers is the lack of policy support to provide contraception in schools.

More national and local leadership is required to ensure that resources and support is available to address teenage pregnancy and it is embedded in the strategic plans for all partners.

**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?**

We are aware of some examples of good practice in terms of current support services but that these are not consistent.

While secondary prevention models like Family Nurse Partnership seem promising based on evidence from other countries, we need to ensure that such resource intensive support is sustainable in the longer term.

**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?**

There are a range of good examples across all Board areas. Below is a brief list of some examples and we would refer the Committee to the individual responses from each Board area for more information.

- Family Nurse Partnership (available in Lothian and Tayside and soon to be rolled out to Greater Glasgow & Clyde, Ayrshire & Arran, and Lanarkshire)
- Speakeasy – accredited course for parents and carers which provides them with opportunities to gain knowledge and confidence required to discuss relationships, sex and growing up with their children. Available in a number of Board areas. Talk2 is a similar programme running in Glasgow City.
- Tayside
  - Health Buddies programme
  - The Corner
  - Schools drama tour
  - Young Mothers' Unit
  - Community Learning and Development Youth Work
  - The WEB Project
  - Healthy Community Collaborative
- Grampian
  - Health Hubs – aimed at young people in areas of high deprivation and delivered by school nurses and Community Learning and Development staff.
- Lanarkshire
  - Sexual Health and Lifestyle Nurses – work with young people participating in risk taking behaviours in relation to alcohol and drug use.

**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?**

Work with parents and carers is developing (e.g. Speakeasy and Talk2) but this could be strengthened as their role in supporting young people is vital. Schools alone cannot educate young people in SHRE. That said, some schools could be challenged to better engage parents and carers in the Relationships, Sexual Health and Parenthood strand of CfE.

There is some evidence to suggest that youth development programmes are effective in reducing teenage pregnancy rates but these have not been fully delivered and evaluated in a Scottish context. Often parts of a programme are implemented whereas fidelity to the original model is required. This will become increasingly difficult in the current financial climate as partnership approaches to youth development programmes are key and all are facing reducing resources. Where pockets of good practice do exist, they are often not shared – do we need a hub to support sharing of information and practice? Consideration should also be given to delivering the programmes systematically and undertaking evaluation.

Local areas are aware of the relationship between sexual risk taking behaviours in the context of other risk taking behaviours and many can provide examples of how this is being tackled. However, practice could be shared more effectively and national support would be welcomed.

As demonstrated in the Tayside Healthy Community Collaborative, assets based approaches can contribute to the range of measures that contribute to reducing teenage pregnancy. However this approach could be further explored.

**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 are aware that the national target for reducing teenage pregnancy was 6.8 per 1,000 13 to 15 year olds in 2010 and that this target was not met although overall rates have reduced. We would like to Committee to consider what will happen with this target in the future and, if the current target was still aimed for, what would happen if this was reached? Would a rate of 6.8 per 1,000 be acceptable? What would success look like?

It is also clear that there are differing rates between local authority areas. Should there be a rate at which local areas highlight teenage pregnancy a priority?

Given the small numbers of under 16 year olds who become pregnant, and therefore the fluctuation in rates, consideration should be given to widening the measure to under 20s.

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