

## **Inquiry into teenage pregnancy**

### **NHS Tayside**

NHS Tayside and our partners welcome the Health and Sport Committee's inquiry into teenage pregnancy and are grateful for the opportunity to contribute written views in addition to those offered to the Committee directly and during the visit to Dundee on 28 January 2013.

- 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 welcome the continued focus on reducing teenage pregnancy provided by the Sexual Health and BBV, which builds on the recommendations of *Respect and Responsibility*, and the much clearer recognition it gives to action being taken forwards in the context of wider work to address health inequalities and to the importance of early interventions in early years. Equally the increasing recognition of the importance of providing better support for young parents and their children in the Early Years Framework and the national Parenting Strategy are a positive step in providing the necessary balance in the focus of national policy between prevention and ensuring that young parents can access the support and services that they deserve.

Teenage pregnancy is a complex social issue, its causes are multifactorial, often interlinked and are strongly associated with social deprivation. There is no single or easy set of interventions. The roots of teenage pregnancy lie in childrens' life circumstances and opportunities; their self-esteem and aspiration for the future: they are similar to those that contribute to other poor outcomes for children and young people such as low educational attainment, substance misuse, and youth offending.

*Respect and Responsibility* recommended the creation of multi-agency Sexual Health Strategy Groups (SHSG) in each NHS Board to provide overall strategic leadership and oversee the development and implementation of local strategies, including the primary responsibility for tackling teenage pregnancy. Whilst in many instances this has provided much needed leadership and action, it has also inadvertently contributed to a perception that teenage pregnancy is principally a health issue and moreover an issue for sexual health services.

The focus in Scotland has, until recently largely centred on ensuring young people have the information, advice and support through skills based sex and relationships education (SRE) and access to sexual health services in particular contraception in order to make informed decisions about their own sexual health and relationships. These are essential components to how we tackle teenage pregnancy as well as a right for all young people. However, alone they do not appear to impact on the rates of teenage pregnancy. There is now emerging international evidence that points to the importance of interventions in the earliest years of life and youth development work, in particular those that foster self-esteem, self efficacy, and aspiration for the

future through opportunities such as volunteering, which can have a significant impact on reducing teenage pregnancy.<sup>1</sup> The Health Buddies peer-led SRE programme, which is being extended to all schools in Dundee is an example of one such youth development opportunity. These interventions are effective because they address the root causes of teenage pregnancy as well as other risk-taking behaviours.

The issue of teenage pregnancy needs to be seen in the wider context of improving outcomes for children and young people.

SHSGs are not ideally placed to have the influence over the wider social determinants of teenage pregnancy. An understanding of why teenage pregnancy matters and a high level strategic commitment across all the partner agencies is critically important to influence decisions at the level of Community Planning Partnerships and bring about the step change needed to impact on teenage pregnancy rates. The shift in leadership for teenage pregnancy to the Local Authorities signalled in the Sexual Health and BBV Framework, offers the opportunity not only to achieve greater leverage over the root causes of teenage pregnancy and to support and scale up interventions in early years and youth development work, but also to set the planning arrangements for teenage pregnancy within integrated children's services.

The evidence and the experience in implementing Respect and Responsibility points to the need for local systems to have access to clear guidance, a coherent evidence-based plan, effective leadership and strategic commitment and collaboration across partner agencies. Plans need to encompass interventions in early years, including support for young parents, youth development work, sex and relationships education, access to appropriate youth friendly sexual health services and ensure we have competent workforce the skills and understanding to capitalise on the potential of mainstream staff who work with young people.

We also need to learn from the emerging evidence in favour of asset-based approaches to tackling inequalities and incorporate these into the range of interventions that are in place. In Tayside, we have used the healthy communities collaborative methodology to share the evidence on teenage pregnancy with communities and bring professionals and local people together to develop shared solutions to meet the needs of individuals families and local communities. This is resulted in a high level of engagement and a number of different approaches including several social enterprises that have been set up by young people themselves to support other young parents and the involvement of local people in delivering services in their own communities.

Historically the policy emphasis in Scotland has focused on pregnancies in the under 16s; this is clearly a priority group, not least because of the child

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<sup>1</sup> Teenage pregnancy and social disadvantage: systematic review integrating controlled trials and qualitative studies: *BMJ* 2009;339:b4254

protection issues for these very young women. However, the evidence of poor outcomes for the young women and their children relates to all teenage pregnancies. Moreover, the focus on the under 16s means that at local level the numbers of conceptions and births are very small, which can detrimentally affect how the issue is perceived in relation to other major public health challenges. We would welcome consideration being given to extending the scope of national policy to include teenage pregnancies in the under 20s. This is clearly a factor that has informed the eligibility criteria for the Family Nurse Partnership.

Targeting interventions to areas of greatest need and the groups of young people who are most at risk is critical. This relies on local systems having access to real-time data that provides the necessary granularity as well as local research to establish the needs of local populations. This should include developing an understanding of the different and complex motivations and influences that contribute to teenage pregnancy and early parenthood in order to guide effective evidence based interventions at local level.

In Tayside, we have a strong partnership approach, leadership and commitment to reducing teenage pregnancy. Following the publication of Respect and Responsibility, we have radically improved sexual health services, including the access to the most effective forms of contraception. We have carried out local research and developed local data systems to guide targeted interventions and increasingly shifted the preventative interventions to recognise the evidence in support of early intervention, youth development and asset-based approaches. The combination of all of these efforts in recent years is contributing to significant a reduction in the five years to December 2012 in teenage conceptions in all age groups, most markedly in the areas of greatest deprivation and a narrowing of the inequalities gap.

Whilst reducing teenage pregnancy is important and undoubtedly plays a part in reducing the cycle of intergenerational deprivation, it is also important to recognise that it can be a very positive experience for individuals and families. Greater emphasis also needs to be given in mainstream services to supporting those young people who do become young parents and to providing them with the access to appropriate support during pregnancy and in the earliest years of childhood; the introduction of the Family Nurse Partnership in Tayside has dramatically improved the support for young parents. We need to capitalise on the learning from FNP and support the adoption of strength based approaches in other mainstream services working with young people.

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