

Inquiry into teenage pregnancy

NHS Dumfries and Galloway & Dumfries and Galloway Council

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?

A national target for reducing teenage pregnancy has been helpful in highlighting the issue across partnerships, however a future target of performance indicators which reflect the complexities of teenage pregnancy may be helpful in identifying what success in reducing teenage pregnancy might look like.

The Teenage Pregnancy Strategy in England resulted in active leadership at local authority level, however in Scotland additional national and local leadership is required to ensure that resources are available and teenage pregnancy is embedded in the strategic plans and visions of all partners. Strengthened leadership nationally would assist Community Planning Partners to be clearer about the role they can play in bringing about sustained change.

The Curriculum for Excellence Relationships, Sexual Health and Parenthood outcomes and experiences aim to equip children and young people with the knowledge and skills required to make healthy relationships choices, however it is too early in its implementation to tell how it will impact on teenage pregnancy rates.

In reflection of the clear relationship between teenage pregnancy and socio-economic deprivation, this inquiry is an opportunity to embed teenage pregnancy within the inequalities agenda, as it is already within the sexual health and early years agendas. 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.

The need to focus on under 16s because of the poorer health outcomes for mother and baby is acknowledged; however a degree of flexibility will ensure that the needs of individuals are met, as stated in the national programme for Getting it Right for Every Child and Young Person, for example young people leaving care age 16+.

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?

Leadership for Sexual Health in Dumfries and Galloway lies with the Director of Public Health who also heads the recently formed DG Health and Wellbeing, which brings together the local authority and NHS resources for health improvement. With identified operational managers within the local

authority alongside leadership from the Director of Sexual Health and a Health and Wellbeing Specialist, clear structures are in place for progressing action to reduce teenage pregnancy.

As a result of these structures, the Dumfries and Galloway Sexual Health Strategy Implementation Group (SHSIG) first undertook the Reducing Teenage Pregnancy self-assessment in 2010/11 and agreed a joint action plan. Progress is reviewed annually and a second self-assessment is underway.

The complex nature of teenage pregnancy requires multi-faceted, multi-agency interventions. Partnerships are strong in Dumfries and Galloway and those with Sexual Health Services have been commended both nationally, by Healthcare Improvement Scotland's peer review in 2012, and locally, by an NHS Dumfries and Galloway Excellence Award for partnerships.

Local work continues to further strengthen and extend links and working relationships with key partners to address teenage pregnancy, risk taking behaviours and adolescent health, and to embed teenage pregnancy into the strategic plans of all partners. Therefore continued leadership at national level remains critical, along with a shared vision and understanding of the complexities in addressing teenage pregnancy.

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

Teenage pregnancy should be considered within the family, community and life circumstance of the individual. The clear relationship between teenage pregnancy and socio-economic deprivation indicates that teenage pregnancy must be considered within the health inequalities arena. Many of the potential solutions to addressing health inequalities lie across different agencies, further supporting the requirements for partnership working and strong leadership.

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?

Making progress in reducing teenage pregnancy requires multi-agency, multifaceted approaches which recognise that risky sexual behaviour is often linked to other risk taking behaviours. With limited UK and Scottish evidence on effective approaches to reducing teenage pregnancy, continuing to deliver interventions which will build the evidence base with the limited resources available in the current financial climate will be challenging.

The complexity of teenage pregnancy requires strong partnership working to affect sustained change. Rather than identifying teenage pregnancy as a complex young people's issue, some partners continue to view it as a purely health or sexual health issue. A clear understanding of the complexities and a shared vision across agencies where teenage pregnancy is embedded into all local strategies is critical to bringing about positive change.

Consistent delivery of Sexual Health and Relationships Education (SHRE) across all schools and early years' establishments, including denominational and independent schools, and for children and young people who are home schooled, will ensure that every young person has the knowledge and skills required to make healthy relationships choices. Ensuring that school staff are competent and confident to deliver effective SHRE and engaging all parents and carers as active partners in their child's SHRE continue to be challenging.

Lack of policy support for providing contraception, including Emergency Hormonal Contraception (EHC), in schools means that for many young people, particularly those living in rural areas of the region, accessing appropriate contraception can be challenging. A revisiting of this issue by policy makers would be welcome.

Though there are interventions in place to increase knowledge and understanding, build personal and social skills and provide sexual health services, there is anecdotal evidence which suggests that young people remain ambivalent towards planned sexual activity and therefore using contraception and engaging with services.

Shifting Scotland's culture in relation to alcohol misuse is key to improving young people's sexual health and reducing teenage pregnancy. Challenging cultural attitudes towards gender and sexual orientation, including sexualisation and pornification in popular media, and attitudes towards coercion and exploitation is essential for creating a culture of respect in all relationships.

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?

Dumfries and Galloway has prioritised the importance of parenting and as a result is working in partnership to offer a range of services which seek to improve the outcomes for all families. As with many programmes of work, what is deliverable is limited by the amount of resource and capacity.

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?

As previously noted in the response to question b., the multi-agency Dumfries and Galloway Sexual Health Strategy Implementation Group was one of the first areas in Scotland to undertake the Reducing Teenage Pregnancy self-assessment and agree a joint action plan. In 2013 programmes of work will be re-assessed and the action plan updated accordingly. The multi-agency group includes representatives from DG Health and Wellbeing, Sexual Health Services, Maternity Services, Local Health Partnerships, Pharmacy, School

Nursing, Substance Services, the Police, Education, Social Work, Community Learning and Development, Child Protection and LGBT Youth Scotland. The commitment from this group and strong working relationships have enabled partners to work together to develop a joint action plan for reducing teenage pregnancy.

Included below are a number of local initiatives which give a flavour of current work in Dumfries and Galloway. The list is not comprehensive, further information is available if required.

Education:

- Two annual regional interactive youth events ('Wonderland' and 'Big World') aim to raise awareness of a variety of relevant issues for young people . One project received a WiSHH Award in 2010, and the other an award in 2012.
- In partnership, exemplar materials have been developed to support the delivery of the Curriculum for Excellence Relationships, Sexual Health and Parenthood outcomes and experiences.
- A Health Behaviours Skills Development Transitions Programme is being piloted in one secondary school by the Young Peoples Support Service (YPSS).
- Pilot programmes are about to commence on risk taking behaviours in two secondary schools where a member of staff will be based within each school to support integrated learning programmes development and provide a support and challenge role.

Information:

- Dumfries and Galloway's annual local sexual health week aims to encourage people to talk openly about sexual health; "Let's talk about sex". This year's focus was "Shades of Pleasure". See www.c4urself.org.uk/shw13 for further information.
- Dumfries and Galloway's sexual health website www.c4urself.org.uk has a section for under 20's.
- Maternity Services have developed a fetal alcohol campaign to raise awareness of alcohol misuse in pregnancy.

Services:

- A wide range of universal and targeted parenting programmes are available across the region which offer parents and carers opportunities to increase knowledge and skills and to address specific issues.
- Dumfries and Galloway has a good network of youth drop-ins (C2Us) located in or near to every secondary school. Where there are gaps, permission allows condoms distribution and Chlamydia and pregnancy testing in schools. Dumfries and Galloway was commended for its comprehensive sexual health services for young people, including those who are looked after and accommodated, in our HIS Peer Review in 2011.
- Any young person attending Accident and Emergency (A&E) or Pharmacies for Emergency Hormonal Contraception is provided with

information about Sexual Health services and encouraged to attend for further contraception requirements.

- Long Acting Reversible Contraception is available from GPs and Maternity and Termination of Pregnancy services.
- A Young Parents Group in Dumfries offers teenagers support on pregnancy related issues, including general health and wellbeing as well as baby care and peer support. There are plans to develop this model across the region, funding permitted.

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?

Addressing the upstream causes of teenage pregnancy with continued commitment to early intervention and an approach which acknowledges the life circumstances of individuals will have greatest effect. An example of this is schools based Sexual Health and Relationships Education where input at secondary school level now builds upon the strong foundations of learning about physical health and relationships in the pre-school years.

Evidence demonstrates that family connectedness can delay first sexual experience. Promoting a culture where parents and carers talk openly with their children and offer positive role modelling is essential.

The current focus on early years is welcome; however the same emphasis should be placed on adolescence. A life stage course, where adolescence is the second life stage, would support a continuum of actions to address the issue of teenage pregnancy. In addition, asset based approaches to challenge the culture, meet the needs of individuals and build skills and confidence would be beneficial to reducing teenage pregnancy.

Preconception health is a key area that can contribute to reducing the number and morbidity of teenage pregnancies. Whilst preconception health has been highlighted in a number of national documents, specific guidance and support would be welcome.

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?

The complexity of teenage pregnancy requires strong leadership across partner agencies to deliver multifaceted programmes of action which affect long term and sustained change. Exploring teenage pregnancy within the Committee's concurrent inquiry into health inequalities would be appropriate.