

Inquiry into teenage pregnancy

CAIR Scotland

Introduction to our organisation.

The WEB Project's in Dundee, Angus and Perth & Kinross are managed by CAIR Scotland, a third sector organisation which is represented on the Tayside BBV/SHR Managed Care Network and its sub groups, (the Integrated SH & BBV MCN Sexual & Reproductive Health Sub Group and the BBV Prevention and Sexual Health Improvement Sub Group).

The WEB Project is contracted by NHS Tayside to provide access to comprehensive Sexual Health & Relationships/Blood Borne Viruses education and information sessions using a peer intervention / education approach on sexual health educational programmes to young people at risk throughout Tayside.

In particular we focus on young people aged 10 – 18, who are,

- Excluded from school
- Looked after in the community or in residential care
- Young people in secure accommodation.
- Young offenders

These programmes are delivered in our community based services in Dundee, Forfar and Milnathort, as well as in a wide range of venues throughout Tayside, prioritising:

- Residential care units
- Off-site schools
- Residential Schools
- Support for learning departments in mainstream schools
- Secure accommodation facilities including The Elms & Rossie Secure Accommodation Services

Response to the Inquiry Questions.

- 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 teenage Pregnancy Toolkit provided by Scottish Government is an excellent toolkit which can be used by all agencies as it sets a consistent standard, however it might have been improved with young peoples' views being included.

- 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?*

Each area within Tayside is free to apply the above toolkit in a way which responds to local need within the different local structures.

There are good pockets of practice across Tayside but could be improved by better partnership working and a consistent approach from all services for accessing services and signposting to other service providers. The WEB's participate in local multi-agency accountability groups which feed into the BBV/SHR Managed Care Network in Tayside via their own Action Plans which reflect local the local structures and environment. These groups are the ideal structures in which to foster the required improvements.

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

Reported close relationship between high levels of teenage pregnancy and socio-economic inequality would seem to be borne out in practice as well as in theory. The WEB work with more under 16s who are pregnant in Dundee than they do in Perth & Kinross and Angus. This may be in part due to the tendency of teenagers in Dundee to continue with their pregnancies while we know Perth & Kinross have a higher rate of terminations.

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?

The barriers and challenges which effect progress in making change in communities leading to reductions in teenage pregnancy include:

- Historic cycles of teenage mums coming from teenage mums; this continues to be a difficult trend to change
- Some young people have low self respect, esteem and confidence making it difficult to negotiate condom/contraception use with a partner or access services to obtain condoms/contraception
- Many young women only access condoms after and S.T.I. or pregnancy scare
- Possible stigma from peers when accessing sexual health services
- A (wrong) belief that parents will be informed
- Agencies not working effectively together and being inconsistent in their approach
- The Sexual Offences Act 2009 and its' wide circulation may be a barrier as many young people now believe that all sexual activity under 16 will result in a prosecution
- Schools/parents are not all comfortable with promotion of sexual health services
- There is a need to improve aspirations and opportunities for young people from socio-economically deprived areas

- 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?*

Current support services to young parents do not seem to be consistent across the 3 areas this may be because of demand for example in Dundee education can be provided for young mums and pregnant teenagers at a specialist provision in Menzieshill High; while in Perth & Kinross and Angus individual schools provide a risk assessment to see what provision can be offered within health & safety in mainstream education or learning for support bases.

We also know of 2 mums & toddlers groups within Dundee which cater for young parents while in the other 2 areas specialist provision is not known to us; this may of course be due to a lack of advertisement or need for the workers in these areas to know of them.

Family Nurse Practitioners offer intensive support across the region.

- 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?*

Healthy Community Collaborative – Teenage Pregnancy has had better uptake in Dundee and Angus; their upcoming DVD should be available across the region. This will provide/contribute to a peer education package.

- 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?*

Approaches to reducing teenage pregnancy include harm reduction services which provide specific education packages and services such as The WEB are not always promoted within the public sector.

- 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?*

Other aspect which might help reduce teenage pregnancy includes:

Improved marketing of the C Card scheme with more young person friendly outlets

Sexual health drop ins with the ability to issue C Cards and condoms in schools would enable those young people to access services and advise who may find accessing them at different times and venues difficult i.e. those who live rurally

Increased initiatives for young mums to prevent further pregnancies may be advantageous

Increased work with young men/fathers around fatherhood.

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January 2013