

Inquiry into teenage pregnancy

Action for Children

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 current policy framework taking in GIRFEC, Early Years Framework, Parenting Strategy, Equally Well, Achieving our Potential and the refreshed framework for Maternity Care provides strong direction on work which will impact on teenage pregnancy. The challenge is translating this into practice in a consistent way across Scotland.

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?

Work taking place in partnership between services across voluntary organisations, midwifery, public health and local authorities, where work to support teenage parents is coordinated around planning and delivery, is working well. Children's services planning structures should ensure adequate levels of involvement from voluntary organisations.

Consideration needs to be given to best ways to reduce teenage pregnancy in those young people who are looked after and accommodated or have recently been. Young people who have not been engaged in education may have missed opportunities relating to sexual education including prevention and contraception.

Additionally young people under 16 may well have access to information relating to prevention of pregnancy however the reasons for pregnancy may relate to their own emotional well-being and needs and how these are being met/addressed.

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

Evidence tells us that the importance of parenting, positive relationships and attachment are fundamental to brain development and subsequent outcomes in later life. We know that poor outcomes are higher in areas where there is socio-economic deprivation.

In our experience there are a number of risk factors connected with teenage pregnancy which are connected with socio-economic inequality. As such a model which targets teenage pregnancy without taking account of wider factors may not have the impact anticipated.

Alcohol and drug misuse can also be high risk factors leading to un protected sex.

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 behaviour and cultural change required can be a slow process and monitoring of outcomes must have a longer term approach - there is not a quick fix solution.

Investment of funding on a long term basis to provide intense support to teenage mums in relation to parenting, self development, sexual health/contraceptive advice is required in order to achieve reductions in teenage pregnancy.

Funding, such as that required for services such as Family Nurse Partnership, is significant and results in difficult decisions in relation to competing priorities.

The factors and risks associated with teenage pregnancy are wide ranging and approaches need to tackle socio-economic factors as well as providing medical information. Intervention in other areas, for example adequate access to CAMHS support for young people can impact on emotional well-being and act as a preventative measure.

Young People may be choosing to become pregnant as a way of meeting their own emotional needs and this needs to be considered.

Engaging communities more widely including parents of teenage girls and boys may be more challenging however this will contribute to breaking cycles of teenage pregnancy.

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?

Services where there is a partnership approach, particularly involving midwifery, public health, youth services and voluntary partners are working well and we should be sharing/learning from/replicating some of the positive work taking place across Scotland.

There are broadly speaking a good range of services which support young parents with appropriate delivery. The difficulty lies in engaging with young people and encouraging them to attend. In addition communication between services is vital to effective service delivery.

In our experience young parents access services in community settings where they can engage and build trust with service providers including supports at home.

Services should also be responsive to the support needs of young fathers and have the capacity to engage them in interventions.

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?

The Roots of Empathy programme, delivered by Action for Children in a number of local authorities in Scotland, demonstrates positive examples of parenting for children in primary schools, some of whom may not have experienced this in their home environment. It focuses on self development around emotional literacy and the ability of children and young people to make informed decisions about their behaviour and the responsibilities of being a parent thus having a role to play in education relating to teenage pregnancy.

Action for Children has experience of service delivery of other early intervention models with young people through engagement with young people in the school

setting. An example of this is delivered through Dundee Youth Housing Services – The HEY!(Homeless Education for young people) programme educates young people on homelessness and the impact of this using a peer approach. This approach through schools also allows staff to identify those young people who present as at risk of youth homelessness and early intervention can take place. There is scope for a similar programme to be delivered relating to teenage pregnancy aimed at young males and females. Young people - males and females who have experienced parenthood could also be involved in this.

Initiatives which engage young males in a preventative way also have a part to play. Using our Dundee Youth Housing Service as an example we have engaged a boys group focusing on providing information relating to prevention of pregnancy and the impact of teenage pregnancy for young males including the long term consequences to them such as child support agency and the impact on future relationships.

Action for Children have also made use of ‘virtual babies’ for young people who are looked after and this has provided a useful learning tool for engagement with young women on teenage pregnancy.

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?

Support for young parents in the ante-natal stages focusing on work which strengthens the attachment at this very early point, strengthens the parent child relationship and builds parenting capacity should be further developed.

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?

Alcohol Brief Interventions are effective in enabling young people to address alcohol issues and have a subsequent impact on risk behaviours.

Action for Children provide intensive family support through services such as Dundee Families Project and this model can offer intensive support and intervention to teenage mums/parents leading to better outcomes for the child.

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