

Inquiry into teenage pregnancy

Angus 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?***

We are pleased to note that there is recognition within the Early Years Framework of the importance of trying to break the cycle of poor outcomes for children of teenage parents. As with many other areas, early intervention is important, although there is a challenge in redirecting resources to this area. We are also encouraged that through GIRFEC all services should be working together to ensure positive outcomes, and it is important that systems are developed and adopted to ensure that effective integrated assessment and planning can take place.

The drive towards clinical outcomes for Sexual Health and Blood Borne Virus, has led to a shift in focus from unplanned teenage pregnancy. This change of direction may assist partners' thinking in relation to all of the issues relating to young people rather than just one issue. However, national sexual health funding must have a focus on reducing teenage pregnancies as well as delivering clinical services

- 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?***

We are confident that the partnership approach supported by Community Planning Partners, which is closely monitored by elected members, is the driver for all agencies to work together to meet the needs of young people. Funding is always an issue for all partners.

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

We agree that this is an obvious issue, and needs to be looked at alongside other poor outcomes for young people living in deprived areas. For example, if we can improve the educational outcomes for young people in lower socio-economic groups, there may be a higher likelihood of breaking the cycle.

Local evidence of the links between full term pregnancies and deprivation and social inequalities is strong. There is less robust evidence in relation to termination rate where there are still pregnancies but the more affluent are generally more likely to choose to end the pregnancy.

- 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?**

Language used by professionals can be a barrier, young people themselves may choose not to engage, and they often have poor levels of aspiration for themselves and/or their communities, with no local 'hubs' or funding. Rural areas often lack transport systems to access centralised service provision. The challenge is to bring an asset based approach to working with communities where young people, who are integral to its development and success, have poor emotional resilience due to poor parenting, poor environment and low educational attainment.

- 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?**

Given that one size does not fit all needs, and provision needs to be local and led by the communities, this can be challenging. We are able to provide support ranging from cooking skills, social skills, contraception and parenting, from a range of partner providers, including voluntary. Young people also access the more intensive Family Nurse Partnership approach to supporting young mothers.

Health visiting services are key to supporting parents of all ages and are increasingly challenged due to the lack of qualified health visitors available to take up vacant posts. Caseloads are high and do not allow for intensive one-to-one work.

- 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?**

A joint action has been to strengthen partnerships between Angus, Dundee City and Perth and Kinross councils and NHS Tayside to create a comprehensive 3-18 Relationships Sexual Health and Parenthood curriculum pathway resource with agreed vocabulary for each stage, optional lesson plans and resources.

The outcome has been to distil the existing development work of the 3 Local Authorities, within RSHP, supported by NHST, to create a uniform resource that provides guidance around the learning that is to be covered at each stage by identifying key vocabulary, experiences and outcomes to plan, with young people, interventions and joint work to reduce teenage pregnancies. Provision of training opportunities for staff and partners and parental engagement events are supporting the success of this action

Also in Angus there are Young People's Health Workers, School Nurse Programmes with Education, the Speakeasy parenting programme, Healthy Start Cafes', C2 Connecting Communities approach, Web Project, Peer Support Programmes, Friday Nite Projects, Alcohol and Sexual Health Project in Schools and Colleges, Voluntary sector young People's Groups, and the Collaborative approach to Reducing Teenage Pregnancies.

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?

Working with parents, carers and families - investment in the Speakeasy programme nationally would address this gap.

It is worth highlighting concerns about the availability of very cheap alcohol from supermarkets in particular. This is often linked to youngsters engaging in sexual activity whilst under the influence. As well as the availability of cheap alcohol on sale, the high figures highlight the need for the Scottish Government to hold campaigns that also target parents, as there is evidence that young people often get access to alcohol from their parents.

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?

It is important to ensure the continued funding and roll out of family nurse partnership approach of supporting teenage mothers which has strong evidence of delaying consequential births.

It is important that community planning partners, through the Single Outcome Agreements, prioritise reduction of teenage pregnancies and its links with deprivation and low educational aspiration.

Locally, young people's health workers and school nurses are an integral part of a multi-agency partnership approach to working with young people not only with reducing teenage pregnancies as an outcome, but in the whole spectrum of issues young people deal with in their lives. Funding for this work is limited and severely stretched in relation to the need identified and action to enhance this funding would greatly assist delivering what young people want, when they need it and where it would be accessible.

The early years collaborative is another opportunity to work together to address any gaps for the early years and parental support provision.

Susan Duff
Senior Education Manager

**Angus Children's and Learning Partnership
Angus Council**

7 February 2013