

## **Inquiry into teenage pregnancy**

### **NHS Grampian**

**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 Sexual Health Lead Clinicians agree with the policy (as given in the Sexual Health and Blood Borne Virus Framework 2011-2015) that local authorities should take a leadership role in addressing teenage pregnancy and implementing the 'Reducing Teenage Pregnancy' self-assessment tool, and that interventions should be targeted at those most at risk. However, teenage pregnancy is a symptom of wider problems and social malaise and should not be considered in isolation, but in the context of the wider social environment. Often, the predominant focus being on services 'reacting' to this issue can lead partners to view it as an 'NHS' priority/ problem.

Given the explicit links between social inequality and income inequality, policy should acknowledge the role of central government in preventing teenage pregnancy particularly through management of the economy; but also through employment, education and social policy.

Focusing on teenage pregnancy often leads to focus on teenage females. There is a need to direct some focus towards the teenage males who impregnate young women. The needs and views of this group are often not considered in policy. More needs to be done around equality and diversity, as well as gender based violence work to address some of the imbalances in relationships.

**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?**

Extensive multi agency training has been delivered over a number of years to staff working with primary and secondary aged children as well as those with additional support needs. This is provided as part of a rolling annual programme. A RSHP Health Promoting Schools pack has been developed in Grampian to provide further support to education and community learning and development colleagues. SHARE Training in secondary and primary schools (as well as the third sector) have ensured a consistent approach across all schools. Local Authorities monitor how schools fulfil the requirements of CfE.

Good quality Youth Work and Community Education has been shown (in the English Teenage pregnancy strategy) to be effective in reducing teenage pregnancy, yet these are frequently areas targeted for cuts, and certainly not for expansion. In Grampian, Learning Partnerships have identified teenage pregnancy as a priority area and have adopted a multi-agency approach to delivery. CL&D are trying to facilitate a community planning process whereby local community priorities are tackled across a number of organisations in a more sustainable way.

Health services can make a limited difference to social problems, but sexual health services have striven to provide a wide range of services and to be accessible to young people. In Grampian, the Sexual Health and BBV MCN is committed to developing close working relationships with local authority partners to enable a collaborative approach to delivering the national framework.

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

All the available evidence demonstrates a clear link between teenage pregnancy and socioeconomic inequality although this is not the only factor as teenage pregnancy rates vary between comparably deprived groups. There is compelling evidence showing a link between incomes inequality and teenage pregnancy rates (ref <http://www.equalitytrust.org.uk>). Local authorities are still working towards GIRFEC and a lack of resources to support young people is still an issue.

Scotland's worst areas of social deprivation are areas of deindustrialisation, which has led to massive shifts in the internal dynamics of the affected communities and adaptive behaviours which have negative social consequences. The decision as to what is a negative consequence is value laden- the interests of the individual and wider society may not be congruent: some teenagers may perceive their child as a good thing , while wider society bears the burden of paying her welfare benefits, educating her child etc. ( ref 'Distributed Parenting' Teenage pregnancy in post-industrial areas in a social medicine perspective Desmond Ryan 2001:

[https://docs.google.com/document/pub?id=174XvyklsJiddF4QS\\_ASjiupeHiacfY3i\\_IYCDtr2A3w](https://docs.google.com/document/pub?id=174XvyklsJiddF4QS_ASjiupeHiacfY3i_IYCDtr2A3w)).

There is a clear need to develop a more robust mechanism for tackling all health issues linked to areas of deprivation in a cohesive way. We are aware that a lot of good work goes on in Grampian, and in other areas of Scotland, but that this work is often carried out in silos. There are opportunities for more joint working- reducing the resource burden and risks that frequently impact on the sustainability of successful initiatives.

**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?**

There are no quick fixes or easy solutions. Health services seeking to work in partnership with local authorities too often find barriers in the personal opinions of senior staff e.g. senior managers will not allow condom distribution by local authority youth workers. Strong political leadership is required to ensure that strategies and policies are compatible, or integrated, across the public sector. We could look to finding an alternative way of addressing barriers and challenges, rather than the traditional 'deficit approach'.

From a societal perspective, the links between alcohol and unintended pregnancies need to be made more explicit. Attitudes of the public (including

parents) are varied when it comes to the acceptability of underage drinking and this needs to be addressed in the context of the wider risks.

Families who have English as an additional language (or who don't speak English at all) need to be considered when planning support/ interventions. There is real potential for resource implications in this area.

- 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?**

A wide range of services are available in Grampian and sexual health services have strived to be more accessible to young people. We have also sought to work in partnership with other clinical services e.g. maternity services to offer sexual and reproductive health services including post-natal contraception. There is scope for greater intervention to prevent a second teenage pregnancy through greater antenatal and postnatal discussion of contraception, and to make provision at point of discharge from maternity services.

- 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?**

Several boards have produced multiagency guidance for professionals (e.g. teachers, youth workers) working with young people to support them when working with sexually active young people.

In Grampian, we have established several 'Health Hubs' aimed at young people and targeted in areas of deprivation. These have been developed in partnership between public health colleagues, specialist services, school nurses and local community groups. These provide health advice, including sexual health advice, signposting, Chlamydia testing and condoms. The learning we have made in the development of these will be shared across the board area to enable further hubs to be established.

- 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?**

**h.**

Solutions need to address societal problems and also risk taking behaviour in general, by both male and female teenagers

Solutions need to be found in partnership with communities (and other strands of work), not simply by parachuting in workers and services. The solutions will rarely need a label of 'teenage pregnancy solution', but will address the wider context in which teenage pregnancies occur. For example, youth work which

occupies, stimulates and develops young people will have wider benefit than preventing teenage pregnancy.

- i. **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?**

No.

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