Inquiry into teenage pregnancy

NHS Lothian

We support the view that a national policy shift towards a more holistic approach to tackling the complex issue of teenage pregnancy is required, one that is rooted in tackling health inequalities, rather than a narrow focus on sexual health issues. Policies and services aimed at tackling inequalities and deprivation may have the greatest long-term impact in terms of teenage pregnancy rates.

Teenage pregnancy refers to all conceptions in young women under the age of 20, however, most of the policy discussions taking place are concerned with conceptions under the age of 16, the legal age of consent for young people in Scotland. Scotland has one of the highest rates of teenage pregnancy in Western Europe. In Scotland, as in other countries, high teenage pregnancy rates are associated with high levels of deprivation and socio-economic inequality. UNICEF notes that countries with the highest rates of teenage *births*, particularly the US and the UK, are "less inclusive societies as measured by high levels of income inequality and the proportion of older teenagers not in education"[i].

In those aged under 20, the most deprived areas have approximately ten times the rate of delivery as the least deprived (64.7 per 1000 compared to 6.2 per 1000) and nearly twice the rate of abortion (25.8 per 1000 compared to 14.4 per 1000)[ii]. Higher numbers of teenage conceptions overall means that the numbers of abortions in the most deprived populations are higher. However, when the *proportion* of abortions is examined, more young women in SIMD 5, the most affluent, (70%) go on to termination rather than delivery compared to SIMD 1, the least affluent (29%). These data imply a distinct social gradient in teenage pregnancy, whereby young women in Scotland's most affluent communities are much less vulnerable to teenage conception and whom will make the decision to terminate a pregnancy rather than go on to delivery.

The focus on teenage pregnancy should be considered for those 18 and under, as young people should still have the opportunity to continue their education until this point, rather than just a focus on under 16s. However it should be acknowledged that some young women may choose pregnancy as a positive choice for them and where this is the case, intensive support services should be provided.

This broad policy context is generally agreed and sits within Getting it Right for Every Child (GIRFEC). The tools are there to support it but the economic climate makes it a challenge to raise the aspirations of young people when there may be limited options for some living in deprived areas.

It is important to look at the inter-related issues of young people's health including self-esteem, alcohol and risk-taking behaviours. We need to consider gender issues, promoting equality and respect and to tackle issues

of gender-based violence. Addressing stigma and the negative press around teenage pregnancy should be addressed at a national level.

It is equally important to give young people a voice; to make them feel like part of society and that their opinion counts. It is important to have good role models and attachment figures, e.g., parents, teachers, police and youth workers. Work in promoting resilience and protective factors focuses on young people and their feelings of connectedness to a family, their school and their community. Opportunities for achievement and engagement in activities both through school and out with education are crucial, e.g., sports, arts, awards.

For some young people, teenage parenthood is very much a planned and a positive experience. In spite of this, such young people are often still vulnerable. Planned or unintended, for many young people the decision to embark on parenthood is likely to continue a cycle of deprivation and lack of familial and parental support.

There are a number of reasons why we would want to delay pregnancy at a young age:

- Young mothers have poorer health and economic outcomes
- Young mothers are, in most cases, unable to complete their education and participate in further education
- Young women who fall pregnant are at higher risk of premature labour, preterm delivery and low birth weight babies
- Babies born to very young mothers are more likely to have poorer attainment than babies born to mothers in their twenties

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?

It is positive that there is a multi-agency approach being taken which is embedded in local strategies. In Lothian there is a strong direction and leadership for the Lothian Sexual Health & HIV Strategy (2011-2016)[iii] and reducing teenage pregnancy is included in the action plan as part of the implementation of the Reducing Teenage Pregnancy guidance and toolkit (LTS 2010)[iv]. There is a need to recognise that reducing teenage pregnancy is not simply an issue for health professionals, however, and that good partnership working across sectors and organisations is required to make an impact.

The Early Years Framework (Part 2) says: "*Motivations for pregnancy are complex and there is evidence that raising aspirations, reducing the number of people with low or no qualifications and enhancing life skills are more important than sex and relationships education in preventing vulnerable pregnancies."* [v]

As set out above, it is important to note that teenage pregnancy is not about sex, per se, but the effects of socio-economic deprivation, lack of connectedness with education, few prospects of meaningful employment and

lack of skills to negotiate sexual relationships based on mutual respect and cultural barriers. It is also linked to the other substantial challenges that Scotland faces across public health such as health inequalities, socio-economic deprivation and alcohol / substance misuse.

There is a positive move towards all those working with young people using the GIRFEC model of assessment. The forth coming legislation requiring that each child/young person has a named person will be invaluable when gathering information and making assessments, if the focus is not determined by child protection issues only.

The GIRFEC National Practice Model should support the early identification of young people disengaging from education and the timely putting in place of support for groups of young people known to be more at risk of pregnancy, e.g. looked after children. This would require better communication across agencies and agencies knowing how and where to access support for the young person. It would also require that there are good alternatives / supports in place for young people for whom school is just not working. If a young woman decides to continue a pregnancy there must be good support in place to enable her to continue education. Currently there may be some gaps in this area. More attention needs to be paid to reducing coercion and violence within young people's relationships so that young women and young men are able to experience good relationships, sexual health and wellbeing.

Curriculum for Excellence may offer young people increased opportunity to focus upon life / employability skills and the opportunity to build confidence and self- esteem. It should also recognise the wider achievements of young people.

The Family Nurse Partnership (FNP) has been delivered in the City of Edinburgh with plans to roll it out across Lothian.

There are a number of multi-agency training opportunities in Lothian to support those who work directly with young people in schools and community settings (see further info in section f).

NHS Lothian is in the process of developing a care pathway for teenage pregnancy prevention and for those who go on to be teenage parents. This is a multi-agency approach and a current logic modelling process is also in progress.

Following a Review of young people's sexual health services in Lothian (2012) it is positive that there is a focus on the provision of different levels of services for young people, ranging from local, easy access drop-ins (providing information and interventions on smoking, alcohol, self, esteem and drugs as well as sexual health) to more specialised services and the promotion of long acting reversible contraception (LARC).

In Lothian, sexual health outcomes including pregnancy, abortion and Chlamydia have been mapped against SIMD areas to support the focus of

resources in these areas. This information has been shared with local planning groups to consider and implement.

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?

It is important to remember that teenage pregnancy rates have seen a consistent decline over the last 4 years and that we now have the lowest rates in <18s since 1994. The notable decline since 2007 could be attributed to the impact of *Respect and Responsibility's* publication in 2005 and the greater commitment to improving sexual health – including teenage pregnancy – across Scotland.

NHS Lothian Board now offers high quality integrated sexual health services. Quality Standards for sexual health services have been developed by NHS Quality Improvement Scotland (now Health Improvement Scotland) and all Boards inspected. All Boards met the standard for teenage pregnancy ("*Targeted interventions are demonstrated for young people at greatest risk of teenage pregnancy and poor sexual health, including looked-after children*.") In many areas of Scotland young people also now have access to general health advice, pregnancy testing and condoms in or within walking distance of schools. High quality sexual health services for young people should continue to be developed and provide effective contraception – including Long Acting Reversible Contraception (LARC). There is also improved availability of sexual health and relationships education in schools and other settings, although this is variable across the country and there is still room for improvement.

The *Reducing Teenage Pregnancy Guidance and self-assessment tool*[viii] was published in 2010 and is being implemented. As a result, some NHS Boards and local authorities have agreed joint action plans for teenage pregnancy prevention and in some cases for the provision of support for teenage parents. However, in many areas, particularly within local authorities, teenage pregnancy is viewed as a sexual health rather than a young people's issue. This sometimes prevents action being taken as it is seen as a role for 'health'. This needs to change and prevention of teenage pregnancy needs to be embedded into local children and young people's plans if we hope to see any significant reductions in teenage pregnancy rates.

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

There is a clear correlation between socio-economic inequality and teenage pregnancy. Not only is there a clear difference in pregnancy rates, but a clear difference in the ratio of live births / termination between different socio-economic groups. It is likely that the reasons for high teenage pregnancy rate in low socio-economic groups are complex, including parenting, access to contraception, aspiration, education and unemployment. There are identified groups of young people that are more at risk of teenage pregnancy including

some of those living in areas of deprivation and those who are homeless, looked after and accommodated and those with poor educational attainment. Targeted programmes / services / planning are required for each of these groups.

We know from the evidence that the children of teenage mothers often go on to experience early parenthood. It is recognised that teenage pregnancy limits young women's opportunities to complete their education, which leads to them leaving school with limited qualifications and subsequently has an impact on their future employment prospects. This creates what is often referred to as a 'cycle of deprivation'. If we want to break that cycle we need to find ways of increasing young people's engagement in education after they become a teenage parent in order to increase their likelihood of obtaining meaningful employment in the future. A key part of this approach will be the need to consider the provision of affordable locally based childcare, which is tailored and flexible to the needs of young mums, enabling them to take up local employment opportunities which may not adhere to a '9-5' or regular working pattern. The possible impact that programmes such as Family Nurse Partnerships and key worker programmes may have particularly in enabling young first time mothers to develop their confidence in parenting, establishing the foundations for the long term health and wellbeing of both mother and child and in reducing the incidence of subsequent teenage pregnancies is an important consideration.

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*?*

Teenage pregnancy can be considered as a symptom of much larger public health problems that many health boards are tackling through policies around public health and inequalities e.g. Equally Well and the Early Years Framework. Work to support the Early Years and promote resilience / aspiration in our children and young people will achieve change, but requires a long-term approach that has to be embedded in universal services.

While it is undeniable that teenage pregnancy is more prevalent in deprived areas, in some communities it is maybe less about the deprivation than ingrained social norms around the acceptability of having a family when you are young (though often these two things are present, i.e. deprivation and acceptability of teenage pregnancy). Young people may face pressure to continue a pregnancy and it may seem a positive choice. The difficulties that young people face, are often intergenerational and long standing therefore it is unlikely that transformational change can occur quickly.

There is need to take a look at social/cultural norms in all communities and how this shapes a child's view of their world and their place within it i.e. media, social networking and health challenges. It appears that pregnant teenagers have a series of vulnerability factors, which may include having been exposed to domestic violence, sexual abuse, parental drug use and /or family breakdown. It is a challenge to focus upon and address the sexual

health and wellbeing of teenagers who are facing such issues, and also to support families experiencing difficulties so that the impact on young people is minimised.

Some groups of children are particularly vulnerable and known to be more at risk of early unintended pregnancy – these include children who are looked after or accommodated and children with fetal alcohol spectrum disorders. Particular attention needs to be given to these groups to ensure they are provided with and utilise (as they will not know to access or use without consistent ongoing support) the practical advice and support to aid them to make the best choices for themselves.

We need to recognise that for a small group of particularly damaged children / young people, greater intervention is required at a one to one level. This group are unlikely to be able to engage with or utilise education on resilience and self-reliance and, for them, particular support is required.

There is a challenge to provide accessible, young person friendly services, alongside consistent and effective sexual health and relationships education in schools and other educational settings. We know that poor school attendance has been a common feature in those who find themselves pregnant at a young age. It is therefore a challenge to provide those who are not attending school with appropriate information and access to sexual health services. It is often the most vulnerable young people that are the hardest to reach.

Young people are often labelled at a very young age and this can create barriers to allowing professionals to see their strengths and abilities.

Hopefully Curriculum for Excellence, delivered well in all settings young people attend, and excellent youth work approaches, can help raise aspirations for young people.

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?

Young parents must be given opportunities to remain in education / training / employment. Affordable childcare provision has a part to play here and often schools want to ‘offload’ young mothers. There is still discrimination faced by young parents, which should be tackled. Intensive support to help ensure good attachment and early development is crucial which should be available to all teenage parents.

Throughout Lothian there is a range of services from all sectors that can support young parents including:

Family Nurse Partnership: offers a targeted home visiting programme to first time teenage parents from early pregnancy until the child reaches 2 years of

age. This service uses a strengths based approach and builds strong therapeutic relationships with the clients and their families.

Health Visitors: offer an important contact point with parents and potentially at a crucial intervention point, however this service appears to be limited in its capacity to deliver further prevention work particularly in the antenatal care period.

Wester Hailes Education Centre (WHEC) Young mums unit: is a good example of assisting mothers to continue their education during and after pregnancy.
www.tes.co.uk/article.aspx?storycode=2427776

Sure Start, Stepping Stones, Circle and One Parent Families: offer promising early interventions working with parents including one-to-one work with fathers around parenting issues, training and employment, domestic violence, drug and alcohol misuse and outreach and respite care.
www.edinburgh.gov.uk/downloads/file/4483/surestart_projects_information

www.steppingstonesnorthedinburgh.co.uk/Services.html

Other programmes for parents include Speakeasy, Incredible years, and Triple P. Waverley Care is currently working with partners to develop a programme of work with Black African parents in Lothian.

Some local services such as Sure Start are well regarded by young parents and viewed by many as their main source of support beyond their family. Health Visitors also play a key role, as do young mum's groups that operate within many local youth and community settings.

It is essential that local services take on the views and needs of young mums themselves. Feedback from young mums in one health board area suggested that they would like health visitors to identify local support groups that are specifically for young mums and to perhaps accompany young women to these groups when they attend for the first time. There was also a suggestion that specific ante natal groups for young parents could be established as many identify the stigma of being a young parent as a deterrent for engaging with ante natal groups.

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?

In Lothian this work is embedded at a strategic level. The Lothian Sexual Health & HIV Strategy was developed in consultation with key partners and included a wide- ranging public consultation. It includes four main outcomes linked to the National Sexual Health & BBV Framework (SG).which are that there is reduced harm from sexual ill health and HIV; that people with HIV live long and healthy lives; that there are fewer unintended pregnancies; and that

people make confident and competent decisions about sex. The Lothian Strategy provides the strategic framework for service development in Lothian.
The Reducing Teenage Pregnancy guidance and self-assessment tool (LTS 2010) was developed as a key national resource and included current evidence on multi-faceted approaches. A Briefing Paper to support implementation of this guidance was launched by NHS Health Scotland in December 2011 and was included within the Lothian Strategy and Action Plan. While local authorities have a lead in this work it is also embedded within a multi-agency young person's sub group of the Strategic Board.
There are specific initiatives within the field of sexual health which have increased young people's use of sexual health services and the increased the provision of sex and relationships education (SRE) in a range of settings including schools. However, there are still some barriers to the delivery of effective SRE and this should be a matter for consideration by HMI and policy leads within education and community learning and development.

Education and Training

Some of the evidence behind the education, information and services approach in Lothian is supported by the Reducing Teenage Pregnancy guidance and self-assessment tool (LTS 2010) and is listed below in the context of effective interventions.

Workforce development plays a key role in reducing teenage pregnancy. There are a range of programmes being run in Lothian including the SHARE programme (sexual health and relationships education) in all secondary non-denominational schools which is supported by multi-agency training. The Zero Tolerance Respect programme, a primary prevention pack aimed at reducing gender-based violence, is delivered across Lothian to P7 pupils with staff supported by a training package.

A SHARE Special course is also offered to those who work with young people with a learning disability and has been highly valued by those staff. Young people in this group are at higher risk of teenage pregnancy and there is a need to ensure that they receive appropriate sexual health and relationships education that meets their needs.

The Health Promotion Service offers a range of courses in its Capacity Building programme including: Boys and Young Men: Self-esteem, confidence and emotional wellbeing; Group work skills; Introduction to domestic abuse and Health behaviour change. New training includes a Sexual Health Motivational Interviewing programme at three different levels which is open to a range of staff including reception staff and youth workers.

"Are you ready for sex?" is a one-day course offered by the Health Opportunities Team (HOT) and supported by Healthy Respect which delivers the 'delay sexual activity' message to professionals and young people. HOT also deliver an innovative programme called Turnaround which supports the emotional health and wellbeing of vulnerable young people.

A good example of a holistic approach to young people's health behaviours is City of Edinburgh Council's Risk Taking Behaviour policy. Part of this policy includes training for youth workers, which brings together a range of health topics over a number of weeks. This has been very well received.

The Speakeasy programme was aimed at involving parents in their child's learning about sexual health and relationships. There is good evidence that 'family connectedness' can improve outcomes for young people (Fullerton, 2005) [vii] and programmes which promote this should be developed and sustained.

Edinburgh Council offers the Growing Confidence programme which provides learning opportunities for teachers, parents and young people around emotional health and wellbeing. Good mental and emotional health is a protective factor for young people.

The Junction and MYPAS, both third sector partners in Lothian, offer a young people's drop-in service, with a youth counsellor, and have been well evaluated.

Information

Comprehensive, accurate and up-to-date information for young people is essential and this can be provided though SHARE in schools and non-school settings. This in turn can be supported by access to online websites, phone lines and more innovative developments in technology. In Lothian the Healthy Respect website, the Get the Lowdown website and the Young Scot phone line are promoted to all young people.

Healthy Respect co-ordinates three Lothian networks which aim to bring together those working with young people from a range of settings and sectors. The purpose of the networks is to share evidence, resources and good practice, through network events and a quarterly e-newsletter. The three networks are for Healthy Respect strategic partners; practitioners working with vulnerable young people and those working with young people with learning disabilities.

A challenge in this area is to provide helpful information to young people in a world of changing technology, where there are risks, as well as benefits, for young people in terms of sexting, cyber bullying, exposure to pornography and meeting people they encounter online. CEOP (http://ceop.police.uk/) has provided some very good training and resources to support professionals, parents and young people.

Services

Healthy Respect manages a network of 24 drop-ins for young people across Lothian based in areas of high SIMD offering a holistic, easy access service delivered by local staff, including a youth worker. These services operate under the All I want-LIVE Standards which include a built in self-assessment

process. An annual satisfaction survey gathers the views of young people about their experience of the service and is used to improve drop-ins wherever possible.

The provision of a c:card (free condoms) service in Lothian has helped link education sessions in schools and community settings with services. c: card provides a network of 70+ access points across Lothian, offering a preventative intervention which attracts a high proportion of young men into services.

A recent development has been to increase pregnancy testing to young women in local areas of high SIMD by youth workers, who may have a trusted relationship with young people in their community and offer continuity of care and appropriate interventions.

Many of the above services are delivered by statutory and third sector organisations. NHS Lothian also currently commissions drop-in services through Caledonia Youth and MYPAS in Midlothian. These services are well known to local populations and provide easy, youth-friendly access and services, adding value to the Healthy Respect network of 24 drop-ins.

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?

A greater focus should be placed on early years and youth development programmes within universal services such as health visiting and youth work. There is currently a gap in research on the applicability and potential success of youth development and early intervention programmes in the Scottish context. This gap may limit policy makers' ability to fund similar programmes due to the lack of Scottish, or indeed UK-based evidence. The only successful examples of such interventions to date have been as a result of projects or studies conducted in the US.

Attempts could be made to develop some of these programmes in Scotland, however, we are starting from a different place to the US and could take a different approach. It is important that *all staff* working with children and young people recognise the need to ensure that all children and young people are supported to achieve all that they can – to widen their horizons and the range of opportunities available to them in order to support them into future meaningful endeavours. Universal services such as education and youth work are key to addressing these issues in a way that is non-stigmatising. Some children and young people will of course require additional support and this can be provided alongside universal services in an approach known as proportionate universalism. This will require a change in the way that some professionals work and in the range of support available to children and young people but fits well with the current approach to reducing inequalities and getting it right for every child.

Involvement in the EYC will help NHS Lothian close that gap by creating a structure in which we can work with partners to learn from each other and from recognised experts in areas where they want to make improvements. The EYC will provide a coherent approach to allow Community Planning partners to come together, help children, families and communities to secure outcomes for themselves, break cycles of poverty, inequality and poor outcomes in and through early years, focus on engagement and empowerment of children, families and communities, use the strength of universal services to deliver prevention and early intervention, put quality at the heart of service delivery, provide services that meet the needs of children and families, improve outcomes and children's quality of life through play and simplify and streamline delivery of these services.

Interventions which address the upstream causes of teenage pregnancy, such as income inequality, deprivation, lack of school connectedness are known to be the most effective. The US evidence referred to above illustrates the effectiveness of these approaches on teenage pregnancy – and other – outcomes.

Youth Development programmes have demonstrated themselves to be effective interventions. Such programmes promote overall personal development and address issues such as self-esteem, positive education/career aspiration and good relationships with adults in order to promote motivation to avoid negative/social outcomes. Such programmes are aimed particularly at vulnerable young people.

It is worth noting that these programmes are untested in Scotland although some areas are taking youth development ‘approaches’. In addition, such programmes do not address issues at a population level.

Early intervention programmes that address the Early Years have also been shown to be effective – again much of the robust evidence comes from the US, e.g. the Abecedarian Project and the Seattle Social Development Project[ix]

Mentoring could offer young people the opportunity to build supportive / therapeutic relationships with a view to focusing upon life course development issues.

Peer education in schools and non-school settings: there may be opportunities for this to be developed further, although the evidence for this approach is not clear.

The role of youth work: youth workers can engage young people in positive activity, offer a trusted relationship, develop self-esteem, and raise aspirations; the role and status of youth work should be strengthened.

Recognising young people’s achievements outside school: activities for young people at primary school level that give them a sense of achievement are very important. One example would be JAS Scotland, (Junior Award Scheme Scotland,) which recognises the wider achievement of children, like to a junior

Duke of Edinburgh award. Another is Dynamic Youth Awards which are being used with looked after children in West Lothian. This approach could be targeted in areas of deprivation. Transition to high school and S1-2 is a key time to ensure young people do not disengage from education and interventions could be targeted at this age group – there is some evidence of promising practice in this area from agencies in Edinburgh.

There is a need for coordinated work to support young parents, in particular to work with young pregnant women or newly delivered young women to consider their contraception needs, encourage the use of LARC and consider spacing of future pregnancies in order to prevent an increase in inequalities experienced by those young women having two or more children in their teenage years.

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?

Motivations for pregnancy are complex and there is evidence that raising aspirations, reducing the number of people with low or no qualifications and enhancing life skills are more important than sex and relationships education in preventing vulnerable pregnancies. This is where our focus should lie alongside maintaining our high quality work in sexual health.

It is important to note that sexual health and relationships remain a core issue, and particularly how those young people at greatest risk of poor outcomes access good quality contraception and family planning advice. This will assist them with the timing of pregnancies and thus the best outcomes for them and their child. In terms of sexual health, there are three critical areas that we need to focus on: [1] more engaging skills-based sexual health education and services for young people provided through easily accessible drop-in services at times which are appropriate to the lives of young people; [2] integrating sexual health advice and treatment into services for high risk groups such as looked after children and substance misusers; and [3] improving the way that contraception advice is offered at key points such as post-birth and in abortion services.

The evaluation of the Healthy Respect demonstration project (2008)[xii] provided evidence of effective interventions and these have been developed in Lothian, in partnership with local authorities and third sector partners in delivering education, information and services, with an increasing focus on reaching those most at risk of poor sexual health outcomes.

There is a need to move the focus away from preventing teenage pregnancy to reducing inequalities and the building of communities that are resourceful, resilient and able to support young people to have aspirations, emotional wellbeing and self-efficacy. In doing so this may prevent teenage pregnancies.

While good progress has been made in Lothian on the implementation of the national Reducing Teenage Pregnancy guidance and toolkit, the wider

determinants of poor sexual health should be at the forefront of interventions and need to be addressed at strategic level in partnerships including in Children's Services Planning.

Julie Deegan Wood
Assistant Programme Manager
Directorate of Strategic Planning, Performance Reporting & Information

Contributions from:
Family Nurse Partnership
Healthy Respect
NHS Lothian Public Health Department
Directorate of Strategic Planning, Performance Reporting & Information

Approved by:
Sally Egan
Child Health Commissioner/Associate Director
Directorate of Strategic Planning, Performance Reporting & Information
NHS Lothian

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