

Inquiry into teenage pregnancy

Healthy Respect Lothian

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?

This response recognises the comprehensive information contained in the SPICe briefing on Teenage Pregnancy (January 2013) and offers information and evidence to complement this detailed paper and supports the response submitted by the Sexual Health and Blood Borne Virus Executive Leads Network.

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.

Work to address teenage pregnancy should sit in the Sexual Health & Blood Borne Virus Framework (2011-2015) but also needs to sit in the Early Years Framework and across a range of policies aimed at improving outcomes for children and young people. 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 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.

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 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) 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). 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.

There is a positive move towards all those working with young people using the GIRFEC model of assessment. Each child/young person having a named person can be invaluable when gathering information and making assessments, if the focus is not determined by child protection issues only.

GIRFEC 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 with plans to roll it out in a wider area.

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.

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.

More needs to be done to really tackle the massive wealth and health inequalities present in our society at macro level, as well as locally. It is good the Scottish Government Task Force on Health Inequalities is being reformed to take a fresh look at tackling inequality, as high rates of teenage pregnancy are seen by many as just one negative outcome of living in a grossly unequal society.

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 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 e.g. binge drinking cultures. 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 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.

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.

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.

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.

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) 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 through 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 phonenumber 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, cyberbullying, 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?

Mentoring: this 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.

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?

The evaluation of the Healthy Respect demonstration project (2008) 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 Planning Services.

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