

Supporting best practice in community development

Working Together:

Exploring issues around sexual health and pregnancy for young people in Dundee

Report to Scottish Community Foundation, 2009



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1. Executive Summary

The research investigated strategies and activities in Dundee that work with young people and impact on the known determinants of teenage pregnancy such as self esteem, confidence building and sexual health education. In particular, the research looked at collaborative working between public sector agencies and community/voluntary sector organisations aiming to find out how they worked in partnership and involved young people in influencing the strategies and activities designed to impact on health and wellbeing.

The Report highlights the risk factors known in Scotland and in the UK that impact upon the level of teenage pregnancy such as behavioural, educational, family and home background. It identifies the vulnerable groups including looked after young people/young people leaving care and homeless young people.

The outcomes from the research were intended to achieve:

- A clearer picture of existing initiatives and services tackling sexual health issues, self-esteem and confidence of young people in Dundee.
- A better understanding of where the gaps in provision are and how the resources of independent funders can best add value to work that is already being done.
- A clearer picture of the level of collaboration there is between statutory services and the voluntary sector.
- An indication of what role, if any, independent funders such as the Scottish Community Foundation can play in encouraging greater collaboration.

The methodology adopted a range of approaches including: literature review, questionnaire to appropriate agencies and organisations, telephone interviews, facilitation of focus group and participation at a national conference.

Conclusions and Recommendations

The research found that there is a willingness and commitment from Dundee public sector agencies and community and voluntary organisations to work together on services that impact on teenage pregnancy. There are however, a number of areas through which collaborative and partnership working could be strengthened to provide a more robust infrastructure for young people not only to make informed choices about pregnancy, but also to help develop of individual potential.

The recommendations are of a practical nature and are focussed on action rather than broad-based principles.

1. Collaborative Working

Certain structures and processes have previously been put in place to foster collaborative working and sharing of good practice between public sector agencies and Third Sector organisations. However, some are currently inactive due to changes in staffing resources.

Recommendation

The Dundee Action on Sexual Health (DASH) should be re-instated to share practice between sectors and systematically advise the Tayside Sexual Health Strategy Group and Dundee Community Planning Partners of models of good practice and practice development issues.

Building on learning from the Dundee Voluntary Sector Compact, there should be investment by all partners in local partnership working by piloting a partnership agreement between public sector and Third Sector organisations involved in

teenage pregnancy work. The pilot would seek to document the mutual advantage gained from partnership working, the uniqueness and complementary roles and responsibility of each partner, and added value brought to working with young people on teenage pregnancies.

2. Young people – needs and participation

Capacity building and support should be consistently tailored to the individual needs of young people. In recognition that young people are a diverse group in ethnic background, educational background, experiences of poverty, sexual orientation, levels of confidence and self esteem, there is a spectrum of work currently being carried out to meet their needs - some focussing on service provision and other prioritising development of individuals and groups of young people. However, learning from experiences of this work needs to be shared on a city-wide basis and young people should be actively involved in this process.

Recommendation

The Scottish Community Foundation should support an annual Dundee city-wide conference focusing on a holistic approach to the development of young people with the explicit long-term outcomes of improved sexual health for young people in Dundee. Young People should be supported to be actively involved in this process. And in the intervening months between conferences, the DASH Network could support local practitioners to share good practice that could be showcased at the annual conference.

3. Community Development Approaches

Dundee has a long and proven track record in community development. However, the research reveals inconsistencies, together with limitations in the understanding of the benefits and potential impact in undertaking community development approaches with young people.

Recommendations

1. Local agencies and organisations working on sexual health and wellbeing should be encouraged to link into the 'Healthy Communities: Meeting the Shared Challenge' a national programme on community-led health that support capacity building and learning on community development approaches to health improvement (contact SCDC/CHEX for more information). Although the national programme itself will ends in March 2010, it has generated resources which will continue to be available thereafter.

2. Local and national organisations with expertise in community development are commissioned by funders to undertake tailored capacity building with public sector agencies, Third Sector organisations and young people to enhance local community development capacity.

3. Evidence is compiled by those working with a community development approach, who may work in any sector (e.g. NHS, local authority, or voluntary sector), to demonstrate how community development approaches assist Community Planning Partners to achieve specific SOA indicators relevant to teenage pregnancies.

4. Work in Schools

While there were limited responses to work in schools in the survey, the topic was highly prevalent in the Focus Group. Participants viewed schools as one of the key settings not only for informing young people but also working to engage them fully in understanding about relationships, sexual wellbeing and having choices. The Focus Group findings also revealed the barriers preventing all young people in schools receiving accurate information and cited the need for national and local decision-makers to consistently provide accurate, non-judgmental information.

Recommendations

1. Consistent application and monitoring of NHS Health Scotland and partner's recently introduced 'Reducing Teenage Pregnancy: Guidance and self-assessment tool' (4) by all professionals working in schools.
2. The NHS Health Scotland/CHEX/Edinburgh University Training Initiative, 'Health Issues in the Community' has proven to be a successful community development capacity building tool for some community groups in Dundee. The training initiative could be adapted for use in schools and promoted for use by young people both in schools and in youth initiatives (contact CHEX for more information).
3. That existing links between schools and other statutory agencies and the Third Sector organisations should be further strengthened at all levels, including setting of strategies and implementation of operational objectives. This may involve approaches to educational services for further staff representation on decision-making structures to do with sexual health and wellbeing.
4. The need for schools to further build on their engagement with parents, young people and the wider community in the development of a positive school environment which supports learning related to sexual wellbeing. This could be also be monitored through the 'Reducing Teenage Pregnancy: Guidance and self-assessment tool'.

5. Networking and sourcing information

The research revealed a number of services and organisations working to address sexual health and wellbeing at a national and local level; assisted by several helpful directories. However, as the evidence also showed a lack of understanding/knowledge of who was doing what, there us a need for greater clarity on:

- Linking up and supporting young people to access appropriate service/support in some situations via 'hand holding' processes
- Mapping of local services/support and their complementary roles, which would be required to be maintained and updated on a regular basis
- Engagement of young people and practitioners in informing strategic and networking groups on sexual health and wellbeing (must be possible to influence strategies from ground level to higher level strategic groups)

Recommendations

1. A central registry of those offering services, advice and support to young people to be kept and maintained by a local central body but available widely e.g. part of council website. The register would graphically illustrate how different services deliver on the national and local policies and the link between activity on the ground and national performance indicators.
2. All sectors should sign up to the national 'Wellbeing in Sexual health Network' (15). The Network provides regular e-bulletins, newsletters, evidence to practice information, policy development and national networking events.

2. Introduction

2.1 Aim of the study

In March 2009, the Scottish Community Foundation commissioned the Scottish Community Development Centre (SCDC) and Community Health Exchange (CHEX) to carry out research to investigate strategies and activities in Dundee that work with young people and currently impact upon known determinants of teenage pregnancy such as self esteem, confidence building and sexual health education. The research looks particularly at collaborative working between public sector agencies and voluntary sector organisations and the support for young people to influence strategies and activities that directly affect them.

Teenage pregnancy is commonly defined as describing conceptions among young women aged 13-19, and focus is usually on the prevention of pregnancy in under 16's(1). Throughout the research, we have looked at all supports and services relating to the sexual health and wellbeing of young people, but with a focus on services and supports for young people relating to what is known to help prevent unplanned teenage pregnancy.

2.2 Intended outcomes

The outcomes that the research seeks to achieve are:

- A clearer picture of existing initiatives and services tackling sexual health issues and self-esteem and confidence in Dundee.
- A better understanding of where the gaps in provision are and how the resources of independent funders can best add value to work that is already being done.
- A clearer picture of the level of collaboration there is between statutory services and the voluntary sector.
- An indication of what role, if any, independent funders such as the Scottish Community Foundation can play in encouraging greater collaboration.

2.3 About Scottish Community Development Centre (SCDC)

The Scottish Community Development Centre (SCDC) is a registered charity, and recognised by the Scottish Government as the lead body for community development in Scotland. SCDC promotes and supports community development at national and local level. We do this by influencing and supporting the implementation of policy; supporting and developing community development practice; conducting research and participating in key debates. SCDC has extensive reach, both geographical and organisational. We work throughout Scotland and reach into local communities; our networks with community organisations and others help to extend this reach. We also work with the voluntary sector, government departments and agencies, local authorities, health boards and community partnerships. We have a strong commitment to equalities as the underpinning principle of all our work.

2.4 About Community Health Exchange (CHEX)

The Community Health Exchange (CHEX) is one of the leading agencies in Scotland that provides a resource to support community-led approaches to health improvement and to challenge health inequalities. Initiated in November 1999, CHEX is part of the Scottish Community Development Centre and primarily funded by NHS Health Scotland. We support and facilitate a network of community health initiatives (CHIs) in developing good practice and to influence health and social policies.

Both SCDC and CHEX promote and support community-led approaches to health improvement. This is concerned with supporting communities experiencing disadvantage and poor health outcomes to identify and define what is important to them about their health and wellbeing; the factors that impact on their wellbeing and take the lead in identifying and implementing solutions. It is an approach that is based on a holistic or social model of health that recognises the many and complex social factors that affect people's health.

Most recently, SCDC and CHEX have been delivering the Scottish Government programme *Healthy Communities: Meeting the Shared Challenge* on behalf of NHS Health Scotland. This programme is designed to support partnership working between NHS, local authorities and Third Sector organisations to support communities in health improvement and tackling health inequalities.

3. Setting the scene

3.1 Risk factors and indicators of teenage pregnancy

Evidence in Scotland and the UK identifies a number of risk factors which are known to impact upon levels of teenage pregnancy. The risk factors identified can be used to inform policy and approaches to reducing unplanned and unwanted pregnancies. In addition, a number of indicators are identified which relate to the likelihood of teenage pregnancy.

A recent analysis '*Freedom's Consequences: Reducing teenage pregnancies and their negative effects in the UK*(1) looks at the risk factors and consequences behind the UK's high teenage pregnancy rates, and current approaches to tackling the issue. The author states that "stubbornly high levels of teenage pregnancy in the UK should be seen against a changed social context" which is summarised as 'changed sexual attitudes within a context of wider gender equality'. Overall, changed attitudes have been hugely beneficial in permitting individual choice "but for some, including some teenage parents, more freedom and choice, when combined with social disadvantage, has led to more risky behaviour with long-term negative consequences for themselves and others". These wider social changes, Lemos argues, are irreversible and approaches must reflect this by focusing on education, particularly for the most disadvantaged young people, to allow more informed and responsible choices around emotional relationships and sexual health, rather than a focus on abstinence.

Analysis of the risk factors and indicators of teenage pregnancy identified in research and policy can be summarised as follows:

(a) Behavioural

Recent analyses of approaches to tackling teenage pregnancy identify a number of risk factors relating to behaviour which are associated with young people who have experienced teenage pregnancy, together with indicators of the likelihood of teenage pregnancy.(1,2,3,4)

Behavioural risk factors

- Early onset of sexual activity
- Irregular and ineffective use of contraception (which differs between the genders)
- Alcohol and substance misuse

Indicators

- Social, emotional and behavioural difficulties (including behaviours associated with physical and mental health problems)
- Anti-social behaviour and involvement in crime
- Previous abortions

(b) Educational

Risk factors are also identified which relate to the educational experiences of young people:(1,3,4)

- Low education attainment
- Disengagement from school
- Leaving school aged 16 without qualifications
- Negative experiences at school
- Low self-esteem

(c) Family and home background

Analysis also points to a number of risk factors for teenage pregnancy associated with the home life of young people:(1,3,4)

- Socio-economic deprivation

- Being the daughter of a teenage mother
- Low aspirations
- Relationships with family/ parents and ability to discuss sexual education
- Family conflict, separation, frequent moves

(d) Vulnerable groups

Some young people are more at risk from many of these factors, specifically those from the following groups (1,3,4):

- Looked after young people/ young people leaving care
- Young offenders
- Homeless young people
- Teenage mothers
- Black and minority ethnic communities (variances in teenage pregnancy rates between minority ethnic groups are unexplained)
- Young people with learning disabilities
- LGBT young people

(e) Other

Evidence also suggests that in addition to some of these, other risk factors impact upon personal choices around planned pregnancy, such as (1):

- Desire for stability
- Social and family norms in local areas/peers
- Need for alternative life course/absence of alternative aspirations
- Positive preferences for parenthood
- Desire for attention and care
- Overwhelming emotions of love which come with a baby
- Short-term attractions of having a boyfriend and a baby
- Desire to make a 'reliable husband/boyfriend' out of father

Less is known about risk factors relating to young fathers; however reports indicate that they, like young mothers, also come from disadvantaged backgrounds, and that there is little support available to these young men (1).

3.2 Sexual health services

A recent UNICEF report (2) which captures the views of young people in the UK about their sexual health and wellbeing, showed that accessibility of sexual health services and young peoples' experiences of them, impact upon the level of use of these services. Only 51% of the respondents in this particular survey had used sexual health services and 22% of those rated their experience as being 'bad' or very 'bad'. This has an impact upon young people's education outside of the family and school setting around their sexual health and wellbeing, and access to contraception.

3.3 Negative impacts of teenage pregnancy

Teenage pregnancy can lead to poor outcomes for the baby, young parents and in particular young mothers. Negative health outcomes are often experienced by young women during pregnancy; poor mental health is higher amongst teenage mothers than older mothers. A lack of experience is said to impact upon the ability to moderate negative behaviour during pregnancy (such as smoking and seeking timely health care) and after the birth (such as persistence with breastfeeding and risk taking behaviour by the parent) (1). Low birth weight, high infant mortality rates and the increased risk of being born into poverty are all common risks for babies of young mothers (4).

Teenage pregnancy is both a cause and a consequence of social exclusion, as becoming a teenage parent is said to exacerbate inequalities in particular for those already considered to be vulnerable (1). One such outcome on the mother is further impact on (often already low) educational attainment leading to inadequate employment training, low income, poor childcare provision, and lack of support(1, 4). This considerable disadvantage in the labour market leads to a

high dependency on welfare and housing, and can result in temporary homelessness.

The poor health and wellbeing and educational outcomes relating to becoming a teenage mother are often then passed on to the next generation as the child is more likely to live in poverty, experience the same disadvantages and is therefore at higher risk of becoming a teenage parent themselves(4).

3.4 Teenage pregnancy in Scotland

A recent report by UNICEF into the sexual health of young people reflects that young people in the UK are more sexually active than in most other countries in the developed world (2). The rate of teenage pregnancy in Scotland is amongst the highest in Western Europe and young women living in the most deprived areas of Scotland are five times more likely to become pregnant than those living in the country's most affluent areas (5).

This high rate of teenage pregnancy has heavily influenced the previous administration and the current Scottish Government to reduce unintended teenage pregnancy. However, although high in comparison to other countries, the teenage pregnancy rate has remained fairly steady over the past decade. For example, in 2007, in the under 16 age group there were 8.1 pregnancies per 1,000, the same rate as in 2006. The rates in the older age groups have risen slightly with the under 18s rising from 41.5 per 1,000 in 2006 to 42.4 per 1,000 in 2007 and the under 20s from 57.9 per 1,000 to 58.6 per 1,000 (5).

Of NHS boards in Scotland in 2007, NHS Highland recorded the lowest rate of teenage pregnancy in the under 16 age group (5.8 per 1,000) and Borders recorded the lowest rate of teenage pregnancies in the under 18 age group (26.7 per 1,00) and under 20 age group (45.2 per 1,00). NHS Tayside has the highest teenage pregnancy rates across all three age groups with a rate of 12.1 per 1,000 for the under 16s, 55.3 per 1,000 for under 18s and 74.9 per 1,000 for the under 20s (5).

The reduction of teenage pregnancies is a Scottish Government national target and has been prioritised in key national policies and subsequently in national and local interventions.

3.5 The policy arena

Social, economic and biological influences all directly affect the quality of life of young people and crucially their choices related to planned pregnancies.

Although teenage pregnancy is commonly defined as describing conception among young women aged 13 to 19 years, recently NHS Health Scotland and partners' guidance (4) focuses on the prevention of pregnancy in the under 16 years age group. Consequently, many Scottish Government policies have implications for this group. Policies concerned with public health, health inequalities, anti-poverty strategies, economic development, children and young people, education, parenting and community development are all relevant and directly affect the sexual health and wellbeing of young people.

In reviewing relevant policies, the common themes of meeting Scottish Government's high level strategic objectives – wealthier and fairer, healthier, safer and stronger, smarter and greener - unsurprisingly the above priorities consistently come to the fore. But several other themes also emerge such as: working across ministerial departments, partnership working, working to agreed long-term outcomes, joined-up working and harnessing the ideas and expertise of individuals and the wider community. Therefore, there is real potential for public sector services, together with Third Sector organisations to work with young people, parents and others on creating a positive environment whereby young people can make informed choices about having children of their own.

From the previous and current Scottish Government administrations there are over-arching and targeted policies, programmes and initiatives related to the prevention of teenage pregnancies and support for teenage parents and their

children. Three key over-arching and connecting policies endorsed both by Scottish Government and the Convention of Scottish Local Authorities (COSLA) spell out the need for partnership working across public sector agencies, Third Sector organisations and with communities. We have selected those that have direct significance and should have prevalence in developing thinking and future priorities for Scottish Community Foundation. These are contained in Appendix 1.

3.6 National Programmes & Interventions

The national programmes and interventions emanating from these policies provide many and diverse opportunities for public sector agencies to work with Third Sector organisations and directly involve young people. However, instigating the changes required for this type of partnership working must take account of different agencies' agendas together with the needs of young people. It also demands changes in ways of thinking, methods of working, prioritisation of resources and measuring impact.

3.7 Opportunities:

(a) The review (2008) (6) of Scottish Government's national sexual health strategy and action plan 'Respect and Responsibility' (2005)(7)

The Review, undertaken by a cross-section of stakeholders across Scotland prioritised actions that implicate NHS, Local Authority and Third Sector organisations. Improvements were identified in a number of areas including:

- Reduced levels of regret and coercion
- Reduced levels of unintended pregnancy, particularly in those under 16 years but also to see a reduction in the number of repeat abortions in all ages
- Increased access to sexual health information and uptake of services

While there were already some actions in place to help progress these priorities, the Review called for these to be strengthened by focussing on 4 key priorities:

(i) Knowledge and awareness

- An increase in public awareness of sexual health issues and links to other risk taking behaviours such as alcohol use.
- Reduced stigma and discrimination associated with sexual health and HIV.
- Increased access to sexual health information and advice, particularly amongst disadvantaged groups and those at higher risk of poor sexual health outcomes.

(ii) Leadership, co-ordination and performance management

A co-ordinated approach to the delivery of evidence informed sexual health interventions across Scotland will be achieved through local and national leadership and performance management frameworks.

(iii) Standards and service provision

NHS Quality Improvement Scotland Standards for Sexual Health achieved in all NHS Board and local authority areas by 2010 leading to high quality information and service provision across Scotland.

(iv) Young people

- All young people receive evidence-informed, age appropriate Sex and Relationships Education (SRE) and have access to a linked local drop-in service which provides as a minimum, general health advice, Chlamydia testing, pregnancy testing and free condoms.
- Increased confidence and competence of education, nursing, community learning, social work, voluntary and community sector staff leading to provision of relevant interventions which meet young people's needs.

The fourth priority in particular creates a positive opportunity for Third Sector organisations to promote their expertise, knowledge and experience in working with young people. Enabling them not only to contribute their knowledge base of sexual health and wellbeing but also to offer proven models of working and engaging with young people in ways that encourage ownership and positive action on the health topic.

(b) Use of the ‘Reducing teenage pregnancy guidance and self assessment tool’ (4)

The tool recently produced by NHS Health Scotland and partners supports the implementation of the four priorities and also brings together current evidence and advice on the partnerships, strategies and interventions that need to be in place locally if teenage pregnancy rates are to be reduced on a long term basis (4).

(c) Overview of partnership working between agencies and organisations working on sexual health

Use of learning from the overview of agencies and the partnership arrangements required, influence positive change recently documented in an article on ‘partnership working and its contribution to improving sexual health in Scotland(8), In addition to highlighting the elements that have influenced effective partnership working between local authorities, other public sector agencies and Third Sector organisations (e.g. use of dedicated health improvement posts in local authorities) the article provides useful insights into different partnerships across the country including: Dundee, Midlothian, West Lothian, Highland, Dumfries and Galloway, North Ayrshire and East Dunbartonshire.

(d) Scottish Women's Convention Teenage Pregnancy Report (June 2009)(9)

Use of learning from the recommendations given by young women and articulated at the Scottish Women's Convention (SWC) event, 'Teenage Pregnancy', held in Dundee in June 2009. Young women put forward their ideas on the complex factors influencing pregnancy and bringing up a young family on your own or with a partner. They highlighted lifestyle, relationships, aspirations, health and education with a range of NHS health professionals and staff from local authorities and voluntary organisations. They developed dialogue with Shona Robison, Minister for Public Health and Sport and influenced SWC to recommend a number of actions on pre-pregnancy, pregnancy and post pregnancy. Some of which have direct consequences for partnership working. For example:

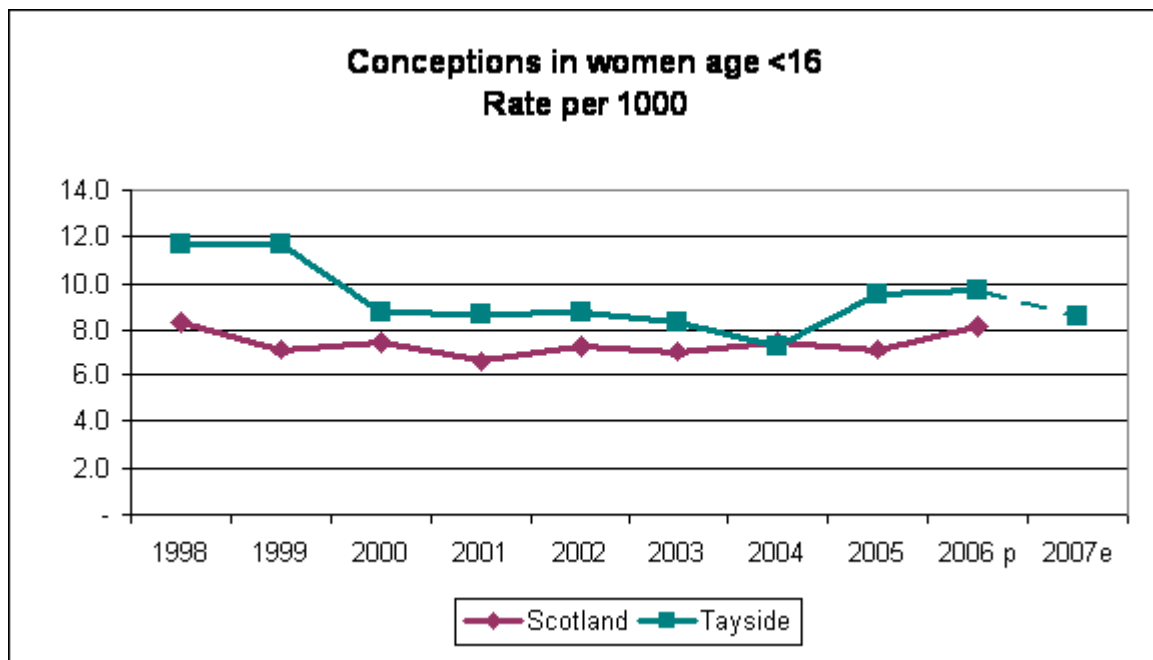
“Participants suggested to the SWC that multi disciplinary working was not always encouraged at strategy level. The SWC support the view of the participants that any strategy to reduce teenage pregnancy should focus on multi partnership approaches to address the wider consequences of social exclusion among teenagers in Scotland”(9).

Implementation of national health policies implicates all sectors in working on sexual health and teenage pregnancies and clearly there is a willingness for public sector agencies and voluntary sector organisations to work together. However, we shall see from the research findings and the issues identified in a report by Action for Sick Children(10) in 2008, that even with this willingness, it is extremely challenging for all sectors to develop and maintain coherent and sustainable strategies that consistently involve young people, take cognisance of their situation and make a significant difference.

3.8 Tayside & Dundee and teenage pregnancy

Over the last decade, Tayside has had the unenviable label of having both the highest rate of teenage pregnancies in the UK and more recently the highest rates of pregnancy termination amongst teenagers(12).

NHS Tayside has shown consistently higher conception rates in the under 16 age group than Scotland. The chart below illustrates this over time. The Tayside trend decreased between 1999 and 2004 and has shown a slight rise since then(11).



Source: ISD Online: p 2006 data are provisional: e 2007 point is an estimate from data for the first three quarters of the year

Includes pregnancies in women aged 13 to 15 years old (at the time of conception) ending in a live or stillbirth and pregnancies resulting in a therapeutic abortion or miscarriage which required hospital inpatient or day-case treatment. Excludes home births and births at non-NHS hospitals.

Significantly, Dundee City, is one of the five local authorities in Scotland with the largest proportion of their data zones in the 15% most deprived in Scotland (12). The recent Dundee Single Outcome Agreement (June 2009)(13) signed by NHS

Tayside, local authority and Third Sector organisations highlights how this level of poverty affects the City's health:

- Life expectancy at 71.8 for males and 78 for females continues to trail the Scottish average. More than one in five Dundonians reports having a long-term limiting illness.
- The population of Dundee has statistically significantly worse health than Scotland as a whole across a wide range of health indicators.
- Among the range of health inequalities evidenced in Dundee are a teenage conception rate 2.4% higher than the national average; 21.9% of Primary 1 children overweight or obese; high prevalence of smoking with an estimated two in five adults smoking leading to 383 smoking related deaths per 100,000 population every year.
- The percentage of mothers smoking in pregnancy (35.1%) is the worst (highest) of all 40 Community Health Partnership areas in Scotland. The percentage of babies exclusively breastfed at 6-8 weeks, and dental health in primary 1, are also worse than the Scottish average. The MMR immunisation uptake rate at 24 months is significantly better than average.
- Analysis of City's health is described in the following way:

“Importantly for partnership working with young people, community engagement is emphasised with the intention to build on good practice from previous years. Each Local Community Planning Partnership will develop its own community engagement framework underpinned by the National Standards for Community Engagement.” (12).

This health challenge has been taken very seriously by public sector decision makers and Third Sector organisations.

(a) Tayside Health Board

Since 2003, Tayside NHS, local authority and Third Sector organisations have fed into the Tayside Sexual Health Strategy Group which was set up to lead and develop an integrated local strategy. ‘Tayside Sexual Health and Relationships Strategy – enhancing sexual health and wellbeing for all’ was established in 2005(14).

NHS Tayside has promoted an engagement strategy to involve children and young people in their health and wellbeing. Young People (14 yrs – 22yrs) supported by youth workers represent the three local authority areas in Tayside and have recently established the ‘Youth Talkin’ Health Group. The Group meets on a regular basis to voice the views of young people across Tayside.

(b) Dundee’s Single Outcome Agreement (SOA)

The new Single Outcome Agreement (June 2009) brings together the aspirations of the community planning partners for 2009 – 2012 and seeks to improve the quality of life for all people living in Dundee. The SOA makes frequent references to partnership working .

The four strategic objectives are:

- Inequalities
- Physical and Mental Well-Being
- Jobs and Employability
- Children and Young People

<http://www.dundeepartnership.co.uk/file.php?id=1954>

(c) Inter-agency support

Dundee's health status has inspired some innovatory responses between sectors and in comparison to some other areas, Dundee leads the way in supporting a range of organisations that directly respond to the needs of young people and involve young people in the design and delivery of services responding to those needs. One example of an organisation that straddles both public sector and voluntary sector services is 'The Corner':

(i) The Corner

'The Corner' provides a range of confidential health and information services for young people between 11 – 25 years. This includes contraception and pregnancy testing, information on housing issues, money, employment, drugs, alcohol, mental health, individual support, opportunities to take part in training, drama, arts and free internet access. The Corner staff's approach is to offer information in a way that responds to the young persons' needs. Therefore, it provides information that ensures young people receive the relevant service at the appropriate time. This means taking time to build relationships and creating opportunities for young people to grow and develop.

(ii) Third Sector organisations

The health challenge has inspired a range of community and voluntary organisations to respond through holistic youth work i.e. provision of opportunities for young people to reach their full potential together with specialised services targeted at sexual health and wellbeing. We do not intend to list them all, as many examples of organisations can be sourced from a range of useful directories including:

- **'Cool2Talk'** (collaboration between NHS Tayside and Dialogue Youth)
<http://www.cool2talk.org/index2.php>;

- **NHS Tayside**
<http://sexualhealthtayside.org/cms/subsection/Sexual%20Health%20&%20Reproductive.doc>; and the new:
- **Scottish Government 'Sexual Health Scotland' website** on sexual health provides a good cross-section of support organisations, many of whom are in the Third Sector <http://www.sexualhealthscotland.co.uk/get-help/directory-of-local-and-national-services/>.

An example of one innovatory approach is the WEB Project (delivered by CAIR Scotland):

(iii) The WEB Project

The WEB Project (which also operates in other north eastern areas) is a confidential service which works with young people involved in risky behaviour (i.e. drug use, unsafe sex and offending). Detached work is used to meet young people, build relationships and give information and support on a range of young people's issues.

It aims to:

- encourage community involvement of young people and support the development of their responses to key issues affecting their own health, lives and those of their peers
- encourage and support young people in their gaining understanding of local community health needs and risk behaviour issues
- provide support to young people involved in risk taking behaviour in relation to drugs, alcohol and sexual health and develop programmes responsive to their needs

3.9 Issues and Concerns

Despite the strategies and range of activities on offer to young people, significant issues and concerns continue to create barriers to positive sexual health and wellbeing. In addition to our research findings, a Report by Action for Sick Children (2008)(10) illustrates some of the key issues and concerns:

- The report reveals fragmentation and lack of joined up working. It mentions only one dedicated ante-natal support for teenage parents provided by The Corner. It also goes on to assert that this reflects confusion as many believe that this is exclusively for young women with substance misuse issues.
- Many health professionals across Dundee are concerned that many young and vulnerable mothers are ill-informed about their pregnancies and under-prepared for the birth. Many young women lack adequate family support or even peer support. Where peer support does exist, this can take the form of peer education. The quality of peer education is an issue. Unfortunately, it can mean that inaccurate or inappropriate information is being cascaded among groups of young women.
- Isolation is a common problem for young women who are pregnant and for those who have delivered their babies. Their friends are either working or are still at school or college. Lack of money compounds the problems they are facing. A lack of information about entitlements and continuing lack of support means that these issues can last indefinitely.
- The report highlights issues with local service provision around accommodation, funding and staffing. Previous groups have been set up by Community Learning and Development, the voluntary sector and through midwifery services however these have either faced financial, accommodation or staffing difficulties and most have folded (2008).

- Short term funding can affect success of groups, if funding ends just as young mothers become dependant on the group and the peer support it provides.
- YM2B (young mums to be) groups in Tayside have had great success in attracting young women. They are essentially ante-natal groups but also provide specialist information and advice, on matters such as benefits, through external speakers. Some pay for the young women's transport and provide a snack.
- Geography can be an obstacle to groups in more rural areas. The report states that an issue in Dundee is that young women do not want to attend groups in different areas with other young people that they do not know. Attendance affects requirements for funding. Boundaries are problematic for midwives and Community Learning and Development staff too since they are confined to working in specific areas.
- Some services exclude young women of a certain age, e.g. under 16 or over 19. Although some accept young women up to the age of 21. Increased isolation can cause increased mis-information.
- The report states that strong bonds form between young women in groups and they can become heavily dependant on one another for support. This means some are reluctant to leave ante-natal groups once they have had the baby and so some voluntary organisations have recognised this and have mixed groups of ante natal and post natal mothers.
- The report describes discussion with Dundee young mothers which shows that while they do not hold school education responsible, more work needs to be done in this area, e.g. around how hard being a young mother is.

- Health professionals in Dundee report the need for education in parenting among young fathers as much as young mothers.

The Action for Children Report highlighted the following gaps in services:

- Ante-natal care
- Post natal care/ toddler groups
- Education of young mothers and fathers in parenting skills
- Education in schools regarding being a young parent.

4. Methodology

The research confirms that the underlying causes of teenage pregnancy are many, complex, interrelated and can be understood at the level of the individual and wider society. Mapping services that may relate to all of these factors is therefore complex, diverse and cuts across different sectors. In the course of this research the researchers have sought to illuminate issues relating to available services, their connection to strategic structures and the co-ordination of service provision across all sectors.

4.1 Literature Review

SCDC and CHEX carried out a literature review of evidence around sexual health and wellbeing, including national and local strategy documents. To inform the research we looked at current research and policy to identify:

- factors considered to impact on rates of teenage pregnancy
- types of intervention known to have an effect on those factors which are considered to impact on rates of teenage pregnancy

We also drew on existing wider organisational knowledge of work in this area and of knowledge of existing contacts and networks in both Dundee and Tayside.

4.2 Attending the Scottish Women's Convention

Two of the three researchers took the opportunity to attend the Scottish Women's Convention which focused on 'the issues of teenage pregnancy' and was held in Dundee on 12th June 2009. This provided the researchers with additional local information and contacts.

4.3 The Survey

Establishing local contacts

Our list of contacts in Dundee was derived from contacts provided by the Scottish Community Foundation (of organisations that had received small grants from the

foundation), the local sexual health strategic groups, our own contacts with organisations working with local young people and new contacts made via attendance by two of the researchers at the Scottish Women's Convention in June 2009.

Developing the Survey - Telephone contacts

The survey was developed after phoning more than 20 local contacts which allowed the researchers to update some of the contact list and gain insight into local issues particularly around partnership working and gaps in services locally. This background information, along with the literature review, informed the questions asked in the survey. We also hoped that it might positively influence the response rate since the survey would then be coming from a 'known' source. We told people that we would be undertaking a focus group session following the survey and that the means to register for that would be through responding to the electronic survey.

Testing the survey

Testing the survey. The researchers asked a worker from a Glasgow youth organisation to test the survey by asking him to look at the survey from a respondent's perspective but also to advise on appropriate use of language and any potential gaps in the information being requested.

Following feedback from the youth organisation the survey was finalised and sent, in August 2009, to a contact list of 71 people from statutory, community and voluntary sector organisations. The survey was called '*Working together: exploring issues around sexual health and pregnancy for young people in Dundee*'. Through the survey we sought to capture insight into the services and supports currently available for young people in Dundee relating to sexual health and wellbeing, and in particular pregnancy. We also sought to capture the views of stakeholders on strategic and partnership working in Dundee relating to this

issue and specifically how community and voluntary sector partners are currently working together to address the issue of teenage pregnancy in the area.

4.4 Focus Group

Following the survey, we held a focus group to which we invited the same 71 contacts from statutory, community and voluntary sector organisations. Seven people attended the focus group which was held in a young person's venue in Dundee. We provided a presentation of the preliminary findings from the survey and invited participants to discuss those findings in the light of their own experience of working locally. We then provided an opportunity for people to identify the issues which they face around working to address the high levels of teenage pregnancy in Dundee.

The focus group attendees represented both the voluntary and statutory sector. They included people working directly to support young people and their families on issues around sexual health and wellbeing; those working with young people on wider issues; and those who provide clinical health and support services.

A number of those contacted did express interest in the focus group but were unable to attend. It was expected that some attendees may bring young people themselves to the focus group but unfortunately this did not happen.

The anticipated outcomes for the focus group were:

- Increased understanding of work already happening in Dundee around teenage pregnancy
- Increased understanding of partnership working between community/voluntary organisations and public sector agencies
- To develop proposals to Scottish Community Foundation on strengthening partnership working, in particular involving young people in the process.

5. Research findings

5.1 The Survey

(a) Who did we survey?

The survey was sent to a total of 71 contacts, 25 (35%) from the community and voluntary sector, and 46 (65%) from the statutory sector.

We received a total of 24 (33%) individual responses from 18 organisations (7 responses were from NHS Tayside. No other organisation provided multiple responses). 13 respondents (55%) were from the community and voluntary sector and 11 (23%) from the statutory sector. 8 of the statutory sector responses were from NHS, 2 from Local Authority and 1 from the Scottish Government.

This means that for this particular survey there were proportionally more responses from the community and voluntary sector than the statutory sector as represented in the original contact group but that both sectors were fairly evenly represented in the final response; 55% and 45% respectively.

It is worth noting that some questions were not answered by some respondents although this was generally of a low level, usually one or two.

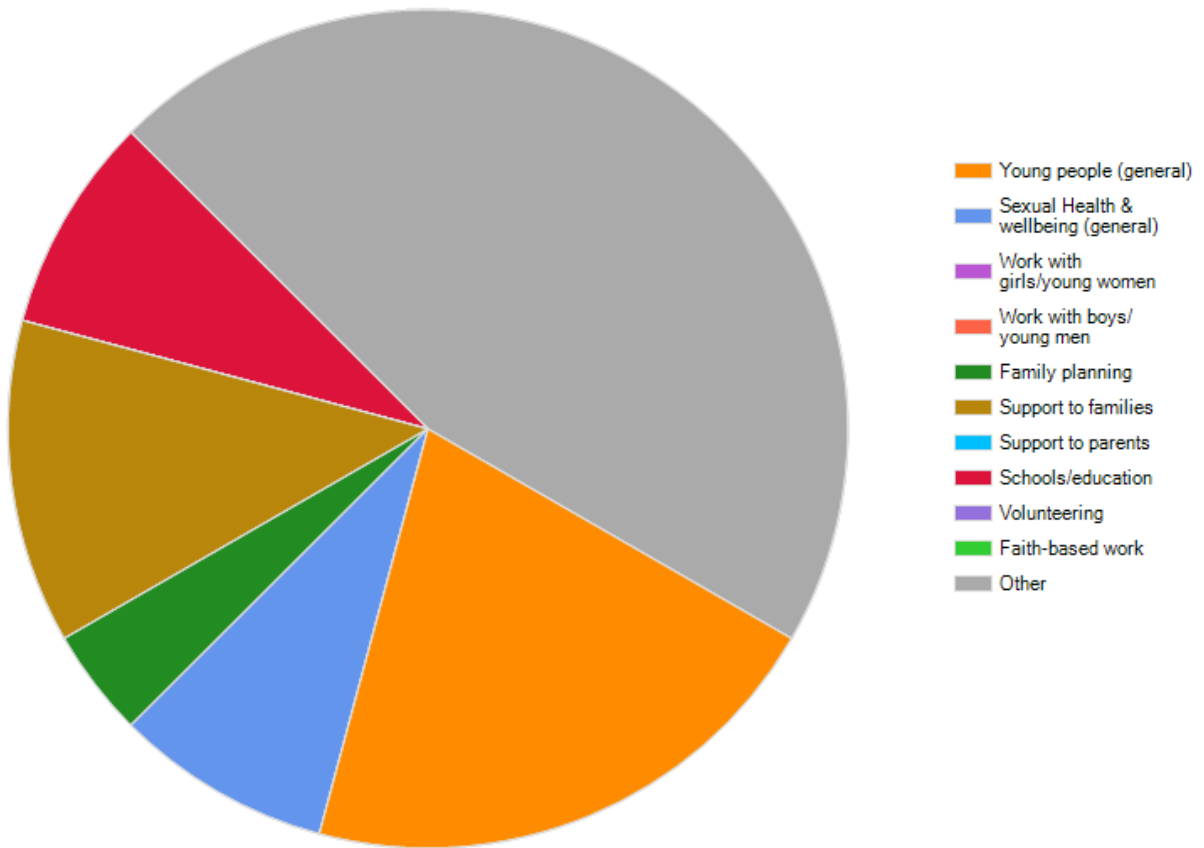
78% of respondents work across the whole of the city and 21.7% within a specific part (4.2% i.e. 1 respondent, didn't answer this question).

(b) The questions and responses

Question 6: "What is the primary focus of the work of your organisation?"

This was asked to try and provide an indication of the kinds of organisations working in this field in Dundee.

**What is the primary focus of the work of your organisation?
(please select one option)**



- 16 (66%) respondents selected a specific category

| | |
|--|-----------|
| Young people | 5 (20.8%) |
| Support to families | 3 (12.5%) |
| Counselling | 2 (8.3%) |
| Sexual Health and wellbeing | 2 (8.3%) |
| Schools/Education | 2 (8.3%) |
| Family planning | 1 (4.2%) |
| Community Health Services for young people | 1 (4.2%) |
- Interpretation of the meaning of these categories varied as some respondents answered 'other' rather than select from the available list.

- 8 (33%) respondents selected 'other' and then detailed this as meaning:
 1. "Social Work"
 2. "Specialist clinical services, sexual and reproductive health"
 3. "Peer education and health improvement"
 4. "Health Improvement and delivery of health services"
 5. "Wide range of community health improvement activities aimed at whole community"
 6. "Health protection, health improvement, tackling health inequalities"
 7. "Providing community based services and programmes to young people aged 10-25 which respond to risk taking behaviour associated with unsafe sex, sexual exploitation, drug and or alcohol use and offending"
 8. "Support to parents and carers, guidance into work or training"

- We can only speculate as to why individual categories were not chosen in preference for defining themselves as 'other' e.g. Social Work might have been included in 'Support to families' and "specialist clinical services, sexual and reproductive health" might have been included in 'Sexual health and well being'.

- The following categories were **not** selected by anybody:
 - Work with girls/young women
 - Work with boys/young men
 - Support to parents
 - Volunteering
 - Faith based work
 - Clinical services for young people

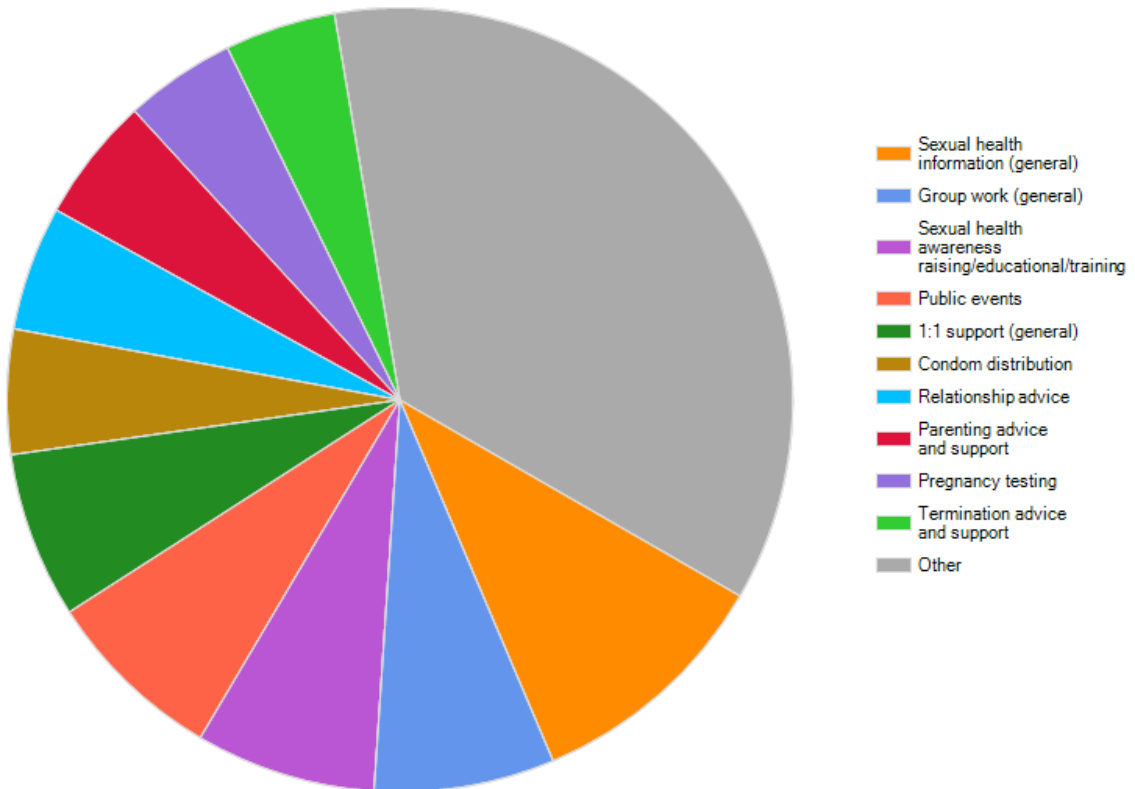
- It is interesting to note that although this refers to the **primary** focus of the work of an organisation that although nobody selected 'support to parents'

in this question, in answer to question 8 when people were asked to identify activities, 9 (37.5%) chose 'parenting advice and support'. So it may be concluded that although this work is not the primary focus of work for any single organisation who responded to the survey, it is undertaken by a substantial number within a range of activities that they include in their work. It could be conjectured that the work is undertaken by organisations who are not 'specialist' in this field but undertake the work anyway.

- If the absence of choosing a category as the primary focus of work is of significance then similarly no single organisation responding to this survey would appear to focus primarily on work with either girls/young women or boys/young men or specific clinical services for young people.
- Also no respondents selected 'Faith based work' as their primary focus although we know that church organisations were amongst the respondents. This may simply be that the phrase 'faith based work' doesn't accurately reflect the primary focus of the services even faith based organisations provide.

Question 8

What types of activities or services do you provide for young people in the Dundee area?(Please tick as many as apply)



- In answering this question 7 people (29%) selected the 'other' category. Of those: 2 cited further clinical services associated with STIs; 3 cited activities relating to personal development/confidence building work; and 1 cited seeking information through 'speakers'. The final respondent to choose 'other' didn't work in Dundee.
- The researchers have further categorised the options selected in response to Question 8 into the general categories of 'Information Giving', 'Clinical Services', 'Support' and 'Reaching People'. Although this is a subjective categorisation on our part and not an exact means of defining the activities, we believe the analysis is helpful in this instance.

- When this was done the colour coded table which follows shows that the highest number of respondents selected activities relating to 'Information Giving' and that 'Reaching People' activities are the least often selected. Activities relating to 'Clinical Services' are the most commonly selected from the options (this may simply be because we provided this category with the highest number of options to choose from).

Key to the table

| Category | No of options selected |
|--------------------|------------------------|
| Clinical services | 11 |
| Support | 9 |
| Information giving | 5 |
| Reaching people | 4 |

Options selected by respondents - In descending order

| | |
|-------------------------------------|------------|
| Sexual health information (general) | 18 (75%) |
| Sexual health awareness | 13 (54.2%) |
| Public events | 13 (54.2%) |
| 1:1 support | 12 (50%) |
| Condom distribution | 9 (37.5%) |
| Relationship advice | 9 (37.5%) |
| Parenting advice and support | 9 (37.5%) |
| Pregnancy testing | 8 (33.3%) |
| Termination advice and support | 8 (33.3%)* |
| Outreach work/home visits | 7 (29.2%) |
| Peer educator support | 7 (29.2%)* |
| Emergency Contraception | 6 (25%) |
| Contraception | 6 (25%) |
| Clinical services provision | 5 (20.8%) |

| | |
|---------------------------------|------------------|
| STI Testing | 5 (20.8%) |
| Counselling | 5 (20.8%) |
| HIV Testing | 4 (16.7%) |
| Street work (general) | 4 (16.7%) |
| Youth club/organisation work | 4 (16.7%) |
| Other clinical services | 3 (12.5%) |
| <i>Other (see below)</i> | 7 (29.2%) |
| | |
| <i>Clinical services</i> | 2 |
| <i>Personal development</i> | 3 |
| <i>Provision of Information</i> | 1 |
| <i>Don't work in Dundee</i> | 1 |

* These options fall within more than one of our categories, e.g. although the primary focus is clinical services, we understand that these services will also include information giving and support.

Question 7: “Do you use community development approaches to your work practice?”

This question was asked to ascertain how common it was for organisations working locally to use community development approaches to their work.

- The responses were: ‘Yes’, 18 (75%) and ‘No’, 6 (25%)
- Those who said ‘Yes’ were asked to provide examples of their community development work. Below is the list of responses
 1. “Initiatives with the voluntary sector (Web Project etc)”
 2. “We involve individuals and groups in our work and design of services”
 3. “We go out into communities to deliver our services with the view that deliver in this way benefits the participant who then disseminate this to other community members”
 4. “Various young people’s consultation. Young People empowered as subject experts to tackle community health issues”
 5. “Working closely with YPHW”
 6. “Focus on alcohol”
 7. “Supporting local people to identify and respond to their own health needs and issues”
 8. “Targeted outreach programmes to vulnerable young people, community based sexual health service, volunteer programme”
 9. “Informing, consulting and increasing young peoples opportunities to participate in service developments is integral to our work”
 10. “The use of outdoor education to assist with development issues”
 11. “other agencies”
- The researchers didn’t provide a definition of community development and it is likely that the term was interpreted differently by different respondents.

The Scottish Community Development Centre defines community development as :

** “A broad approach to health improvement that has the explicit aim of supporting communities experiencing disadvantage and poor health outcomes to:-*

- identify and define what is important to them about their health and wellbeing*
- identify and define the factors that impact on their health*
- take the lead in identifying and implementing solutions”*

Question 11: “What type of organisations do you work with?”

(Response options: ‘never’, ‘occasionally’, ‘frequently’)

In asking this question we hoped to shed light on the degree of collaboration and partnership working in which respondents were involved.

- Combining the ‘frequently’ and ‘occasionally’ responses for those working with the statutory sector shows that 95.5% of those responding work with the statutory sector:

| | |
|------------|--------------|
| 19 (86.4%) | frequently |
| 2 (9.1%) | occasionally |
| 1 (4.5%) | never |

This may reflect the statutory duties connected to working with young people.

- An example of high levels of contact with a statutory agency is illustrated by the response to those working with Social work (Children and Families) which equals 95% comprising:

| | |
|----------|--------------|
| 10 (50%) | frequently |
| 9 (45%) | occasionally |

*This is the definition used by the researchers and which we would apply to the reference made to community development in our recommendations

- Contact with the voluntary sector showed that 100% (22) of respondents work with community and voluntary sector:

| | |
|------------|--------------|
| 17 (77.3%) | frequently |
| 5 (22.7%) | occasionally |

- This appears to reflect a relatively high level of contact with organisations with whom there is no statutory obligation to work.
- Organisations with which respondents work less frequently were:

Faith based organisations

| | |
|------------|--------------|
| 5 (26.3%) | never |
| 12 (63.2%) | occasionally |
| 2 (10.5%) | frequently |

Tenants and Residents Associations

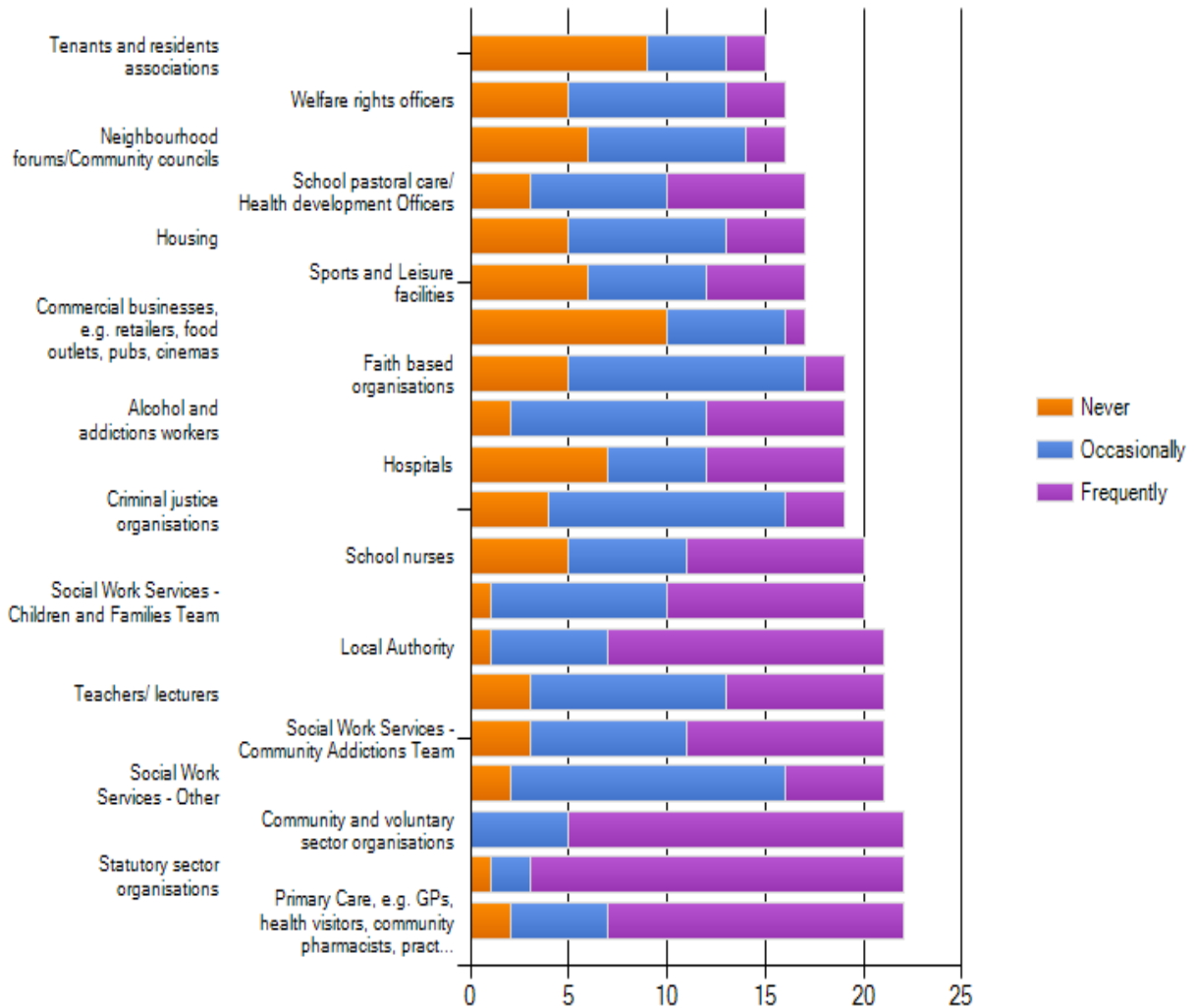
| | |
|-----------|--------------|
| 9 (60%) | never |
| 4 (26.7%) | occasionally |
| 2 (13.3%) | frequently |

Commercial business

| | |
|------------|------------------------|
| 10 (58.8%) | never |
| | 6 (35.3%) occasionally |
| 1 (5.9%) | frequently |

- This lack of contact is reflected in the responses to question 12 where the commercial sector is highlighted as the kind of organisations with whom people would like to have increased contact.
- The complete table of responses to Question 11 follows:

What types of organisation do you work with?(if you do not work with any of these organisation types, you do not have to select an option)



Q12: “Are there organisations that you don’t currently work with, with whom you feel it would be beneficial to work?”

This question was asked to highlight any gaps in collaborative/partnership working.

- Only 11 people answered this question.

- Given the small response rate it may not be significant that the top three kinds of organisations that people wanted to work with more were:
 - Hospitals 3 (27.3%)
 - Commercial businesses 3 (27.3%)
 - Alcohol & addiction workers 2 (18.2%)

- The following organisations were not selected by anybody for increased contact:
 - Faith based organisations
 - Local authority
 - Teachers/lecturers
 - School pastoral care/health development officers
 - Social Work Services –Other
 - Housing
 - Welfare Rights officers
 - Tenants and residents associations
 - Neighbourhood forums/Community councils

- We cannot tell why these organisations were not selected and are unable to differentiate between those for whom:
 - a) the level of contact is appropriate, and so there is no need for additional contact,

- b) there is a reluctance to increase contact or it is felt that there is no perceived benefit to increased contact.
- The additional information provided in answer to this question is also open to interpretation:
 1. “better links needed between services”
 2. “Many residents suffer from multiple addictions which have an impact on their children”
 3. “To explore options to improve recreational activities/services for young people as part of preventing risk taking behaviours”
 4. “Would be useful to develop multi-agency approaches to social marketing which are based on work completed by young people. Would like to link more with under 18 facilities (nightclubs etc) to provide on-site support and crisis intervention.”
 5. “Young people involved in the criminal justice system often take bigger risks with many aspects of their life – including their sexual health. It would be a good opportunity to provide some education and raise awareness.”
 6. “Our organisation is very well networked with others and I feel that we could be doing more with the private sector to encourage greater awareness, sponsorship and build on the commercial services young people use e.g. Virgin and our sexual well-being agenda”
 7. “The more agencies we work with the more young people can make informed choices however the support needs to be in place in order to assist with all the different choices”

Questions 13, 14 and 15 are linked:

Question13: “Do you feel you are appropriately linked to local/regional sexual health strategy groups (e.g. in Dundee/Tayside?)”

Question14: “If you answered no to question 13:

- **Do you think you would benefit from closer links with these strategic groups? Yes/ No**

**-Are there any barriers to becoming more closely linked?
Yes/ No”**

Question 15: “If there are barriers, what are they and in what ways could they be overcome?”

These questions were asked so that we could illustrate the links to strategic groups and strategy development in Dundee/Tayside. We also wanted to know if people were not linked if they could identify any particular barriers to involvement and if so how those barriers might be overcome.

- 5 (22.7%) respondents did not feel appropriately linked and 4 (80%) felt that there were barriers to being linked appropriately.
- When asked to identify what barriers prevented links to strategic groups respondents referred to a range of issues including:
 - Capacity
 - “we are a small group”*
 - “one is our time another is “knowing how to”*

- Knowledge/information
“who and where they are”
- Organisational culture (e.g. the complementary contributions that different organisations can make)
“Greater need to bridge social model with medical”

Question 16: “If you are not linked to local/regional sexual health strategy groups, are you linked to other helpful networks or structures?”

- Of the 5 respondents who felt they were not ‘strategically linked’ 2 felt that they were not linked to other ‘helpful networks or structures’.

Question 17: “Do you feel young people in Dundee have all the appropriate services and support that they need for good sexual health?”

This question was asked to provide a general sense from people working in the field in Dundee if they felt that there might be room for improvement in services for young people locally.

- 20 answered

| | |
|-----|----------|
| YES | 7 (35%) |
| NO | 13 (65%) |

- The researchers consider the answer to this question is very significant with 65% of respondents feeling that young people in Dundee do **not** have all the appropriate support that they need for good sexual health.

Question 18: “Do you think local young people are involved in the development of sexual health services in Dundee?”

This question was asked to illicit respondents’ views of the involvement of young people in developing the services they use.

- 21 people answered this question

YES 14 (66.7%)

NO 7 (33.3%)

- The ‘please comment’ section following this response raises a number of issues.
- ‘The Corner’ figures in 3 of the 8 responses. This clearly identifies them as a well recognised provider of youth services however it also raises the following questions.
 - Is there an over-dependence on a single organisation for the involvement of young people?
 - Are there issues for other youth organisations about their visibility or capacity to be involved?
 - Are there other ways of using existing settings e.g. education, for greater involvement of young people?
 - Or are more organisations like the Corner required in other areas of the City?
- One respondent appears to suggest that more support is needed for fuller involvement of young people:

“There are many projects within Dundee that deal with sexual health, however more is required in order to involve everyone”

- The need for more young people to become involved is also referred to by another respondent:

“Feel that it is possibly only a small percentage of young people that would feel confident to get involved in putting forward their views”

- One respondent clearly feels that the structures for consultation with young people are not adequate:

“No structures, which young people would access, for consultation/action within sexual health or as part of development of Integrated Children’s Services Strategy, current emphasis has been on clinical services rather than developing community based prevention programmes.”

- Another respondent takes a diametrically opposite position and seems to feel that structures and processes ensure the involvement of young people:

“Services such as the Corner are specifically designed in consultation with young people. Clinical Governance standards within the clinical settings ensures that we seek the view and opinions of our service users and develop services that are accessible to them”

Question 19: “If you think there are gaps in services and support for young people, what do you think they are and how do you think they could be addressed?”

This question was asked to try and capture any specific gaps in services and potential solutions to such gaps.

- 15 people answered this question. Recurring themes from those responses include:
 - The need to provide support services where young people are e.g. schools, community settings and closer to home.
 - That those services need to be non judgemental.
 - That clinical services alone are not sufficient
 - Any worker in contact with young people might provide support and information
 - More peer group education/support is needed

- Additional services requested include
 - “One to one support for vulnerable young people”
 - Work with “local community centres to offer drop-ins/sexual health services”
 - “More drop in sexual health services including contraception services in schools”
 - “As part to multi-agency care plans young people should have access to 1:1 long term support linking with other services appropriate to their needs rather than emphasis being on clinical services”

Question 20: “Do you have any further comments?”

This question was included to provide respondents to offer information not covered by our previous questions.

- Five people provided additional comments

- The first illustrates the general ambiguity around the terminology relating to 'young people'.
 1. *"What is your definition of a young person as this can vary dependant on the funder. For instance young parents we define as 25 and under".*
- The second refers to the potential opportunities offered by a new service
 2. *"Hoping that extending pharmacist roles will increase access to some sexual health services for young people, not appropriate however for particularly vulnerable young people"*
- The third and fourth cover a range of topics including strategic approaches, funding/resources, creativity/innovation and sharing of practice:
 3. *"The sexual health strategy needs to secure funding for at least three years (as per Compact) to allow services to be embedded into core strategy, whilst allowing pockets of innovation to challenge and move forward current thinking/practice to contribute to an overall reduction in health inequalities"*
 4. *"Dundee has some great examples of good work but this isn't always acknowledged and competition for resources and funding has not helped. Good time now to look ahead be creative, ambitious and share learning with others."*
- The fifth refers to the need for basic information

5. *“If young people have all the information they are more inclined to make the right choices”*

5.2 Focus Group Findings

(a) The anticipated outcomes for the focus group were:

- Increased understanding of work already happening in Dundee around teenage pregnancy
- Increased understanding of partnership working between community/voluntary organisations and public sector agencies
- To develop proposals to Scottish Community Foundation on strengthening partnership working, in particular involving young people in the process.

(b) An unintended outcome of the focus group was that participants used the opportunity to do a considerable amount of constructive networking. This included exchanging contact details and providing insights for each other of the work they are currently involved in; highlighting examples of good practice and sharing information about available resources or further contacts. (several expressed regret that the Dundee Action on Sexual Health (DASH) group had not met for a substantial period of time and expressed the wish that more frequent opportunities for networking could be organised)

(c) About the focus group participants

The focus group consisted of seven people, only two of whom had completed the survey. Although a small group they represented people from both the voluntary and statutory sector with a range of experience and responsibilities across a variety of aspects of service provision for young people including working with individual young people, family support and clinical services.

(d) Focus group discussions

The preliminary findings of the survey were presented to the group and this generated discussion which raised the following points:

- Focus on and support for a community development approach – **young people more involved** in planning and service delivery
- Consistency is needed to provide **high quality information** when working with young people (regardless of which professional is providing the information)
- There is a need to develop more opportunities to pursue **more in-depth dialogue with young people**; not just information distribution:
“kids go off you if they feel you haven’t done right by them”
- There appears to be extensive **good will at a strategic level** to address teenage pregnancy and involve young people in the process. **But do decision-makers understand the implications of this?** i.e. additional resources required to support the development process.
- **Are decision-making structures and processes open?**
- There is a need to improve **communication and networking**:
“opportunities to talk so that we know who is doing what and where.”

We then posed two questions to the group for further discussion:

1. How can we improve working together on reducing teenage pregnancy in Dundee?
2. How do we ensure that young people are involved in these processes?

The following key areas were identified:

- Services need to be formal and informal; **responsive to need**
- A holistic approach to providing services for young people needs a holistic partnership approach. **“We need to involve everybody**, young people

themselves, health workers, youth workers, school staff, people from both statutory and voluntary sectors as well as the wider community.”

- An **open door service** is needed and regardless of who the first person is to meet the young person, they should have the capacity to take them to the right place (described as ‘aggressive hand holding’). Support is needed alongside signposting (good examples of this already exist in Dundee via ‘drop in’ services).
- Need to get away from rigid ways of working – needs **flexibility**. Use lots of different ways of working and different situations.
- Who’s business is it? Sexual health is not a priority for some people. **The profile of sexual health and wellbeing should be raised** to show that it is not just about sex, it is about relationships, being adults, becoming parents etc.
- Consulting with young people about sexual health is not easy for some professionals when they are not confident about the topic. **All professionals working with young people need access to high quality training** for this.
- **A target driven culture** determines where resources will be directed. If these are predominately clinical targets then services focusing on building relationships with young people struggle to be appropriately resourced.
- **Schools** are an ideal place for sexual health information/services as young people are all together there, however there are **barriers to working in schools** (in particular Roman Catholic schools). These should be addressed to ensure young people are receiving all of the information

they need. Parental consent is an important aspect for organisations working with pupils particularly from Roman Catholic schools.

- **A mapping exercise of all services** could be carried out, ideally by the City Council as they are the biggest provider of mainstream services to children and young people. A one stop place was suggested (e.g. website) which could direct anyone to the correct services so that referral/signposting was easy. NHS Tayside Sexual Health Website exists already. Cool2Talk also directs people to services.

Key findings from the focus group discussions came under the following headings

1. Achieving accessible and responsive services
2. Increasing the involvement of young people to inform both services and strategies
3. Improving communication between organisations and individuals
4. Good access to high quality training
5. Strengthened commitment and support for community development
6. Improving partnership working
7. Well informed strategic decision making
8. The role of targets

6. Conclusions and Recommendations

The research showed a willingness from public sector agencies and Third Sector organisations to work collaboratively and involve young people in the process. However, it also revealed significant barriers that prevent the full benefit and value from partnership working that would provide a robust infrastructure of support to young people to not only make informed choices about pregnancy, but help develop their full potential. Significantly, 65 % of our respondents felt that young people in Dundee do not have all the appropriate services and support that they need for good sexual health.

The research directly informs the following recommendations and we would advocate that they are supported by the Scottish Community Foundation with consideration of further development to help embed them in local policies and strategies.

The recommendations are of a practical nature and have been targeted at decision-makers, funders, policy makers, practitioners and young people.

6.1 Collaborative working

Certain structures and processes have previously been put in place to foster collaborative working and sharing of good practice between public sector agencies and Third Sector organisations. However, some are currently inactive. Focus group participants particularly cited the role of the Dundee Action on Sexual Health (DASH) network for practitioners that is currently moribund.

Recommendation 1

Further direction, leadership and support is given by Tayside Sexual Health Strategy Group (TSHSG) and Dundee Community Planning Partners (CPP) to facilitate links and development of collaborative working between public sector agencies and with Third Sector organisations.

Recommendation 2

Further support is given by Community Planning Partners to support participation of Third Sector organisations in outcome focussed planning and implementation of SOA.

Recommendation 3

The DASH Network is re-instated to share practice between sectors and systematically advise the Tayside Sexual Health Strategy Group and Dundee Community Planning Partners of models of good practice and practice development issues.

Recommendation 4

Investment by all partners in local partnership working by piloting learning from a partnership agreement between public sector and Third Sector organisations. The pilot would seek to document the mutual advantage gained from partnership working, the uniqueness and complementary roles and responsibility of each partner, and added value brought to working with young people on teenage pregnancies.

6.2 Young people – needs and participation

Capacity building and support should be consistently tailored to the individual needs of young people. Focus group participants consistently reported that young people are not a homogenous group with diversity in ethnic backgrounds,

sexual orientation, educational background, experiences of poverty, levels of confidence and self esteem. But all have aspirations for a happy, fulfilling and healthy life for themselves and their children. The research reflected the range of work that is currently being carried out to meet their needs; some focussing on service provision and others prioritising development of individuals and groups of young people.

Recommendation 5

The Scottish Community Foundation support an annual Dundee city-wide conference focusing on a holistic approach to the development of young people with the explicit long-term outcome of improved sexual health for young people in Dundee. In the intervening months between conferences the DASH support a local practitioner network. Examples of local good practice to be showcased at the annual conference.

6.3 Community development approaches

Dundee has a long and proven track record in community development. However, the research reveals inconsistencies, together with limitations in understanding the benefits and potential impact of undertaking community development approaches with young people.

Recommendation 6

DASH Network, once established, provides a range of opportunities to share practice on community development approaches.

Recommendation 7

Local agencies and organisations working on sexual health and wellbeing should be encouraged to link into the 'Healthy Communities: Meeting the Shared Challenge' a national programme on community-led health (contact SCDC/CHEX

for more information). Although the national programme itself will end in March 2010 it has generated resources which will continue to be available thereafter.

Recommendation 8

The NHS Health Scotland/CHEX/Edinburgh University training initiative, 'Health Issues in the Community' has proven to be a successful community development capacity building tool for some community groups in Dundee. The training initiative could be used by young people in schools and youth initiatives (contact CHEX for more information).

Recommendation 9

Local and national organisations with expertise in community development are commissioned by funders to undertake tailored capacity building with public sector agencies, Third Sector organisations and young people.

Recommendation 10

Data is collected by those working with a community development approach, who may work in any sector (e.g. NHS, local authority, or voluntary sector), to demonstrate how community development approaches assist Community Planning Partners to achieve specific SOA indicators.

6.4 Work with schools

While there were limited responses on work in schools in the survey, the topic was highly prevalent in the focus group. Participants viewed schools as one of the key settings not only for informing young people but also for working to engage them fully in understanding about relationships, sexual wellbeing and having choices. The focus group findings also revealed the barriers to preventing young people in all schools from receiving accurate information and that this should be consistently addressed by national and local decision-makers.

Recommendation 11

Consistent application and monitoring of NHS Health Scotland and partner's recently introduced 'Reducing Teenage Pregnancy: Guidance and self-assessment tool'⁽⁴⁾ by all professionals working in schools.

Recommendation 12

That existing links between schools and other statutory agencies and the Third Sector organisations be further strengthened at all levels, including setting of strategy and implementation of operational objectives. This may involve increasing the number of staff from schools and educational services in decision-making structures related to sexual health and wellbeing. Further, the provision of opportunities for more focused sharing of practice between those involved in educational services and services and organisations.

Recommendation 13

The need for schools to further demonstrate their engagement with parents, young people and the wider community in the development of school culture and developing a supportive school environment

6.5 Networking and sourcing information

The research revealed a number of services and organisations working to address sexual health and well being at a national and local level. There is a need however for greater clarity on who is doing what and with whom. While directories exist at a national and local level, there is a need for:

- Linking up and supporting young people to access appropriate service/support (via some mechanism for 'hand holding');
- Mapping of local services/supports and their complementary roles. It is essential to keep this updated and maintained;

- Engagement in strategic and networking groups and how to inform strategy (it needs to be possible to influence strategy from the bottom up).

Recommendation 14

A central registry of those offering services, advice and support to young people to be kept and maintained by a local central body but available widely e.g. part of council website. The register could graphically illustrate how different services deliver on the national and local policies and show linkages between activity on the ground and national performance indicators.

Recommendation 15

All sectors should sign up to the national Wellbeing in Sexual Health Network(15). The Network provides regular e-bulletins, newsletters, evidence to practice information, policy development and national networking events.

Appendix 1: The policy arena

‘Equally Well’ (2008) Report and the subsequent Implementation Plan are the Ministerial Task Force recommendations on tackling health inequalities. In recognising the need to unite Ministerial portfolios to address the underlying causes of health inequalities, it brings together thinking and action on poverty, lack of employment, children’s lives and support for families and physical and social environments, as well as on health and wellbeing. Actions are laid out for joined-up working between Scottish Government, local public sector agencies and Third Sector organisations, many of which have direct consequences for affecting the positive or negative environment that result in teenage pregnancies. The Report and Implementation Plan can be downloaded from:

<http://www.scotland.gov.uk/Resource/Doc/229649/0062206.pdf>

<http://www.scotland.gov.uk/Resource/Doc/254248/0075274.pdf>.

Achieving Our Potential – A Framework to tackle poverty and income inequality in Scotland (2008) this is the Scottish Government framework for tackling both the root causes and effects of poverty. Again, there is significant emphasis on national government, local public sector agencies, Third Sector agencies and communities working together on identified anti-poverty measures including: reducing income inequalities; introducing longer-term measures to tackle poverty and the drivers of low income; supporting those experiencing poverty or at risk of falling into poverty; and making the tax credits and benefits system work better for Scotland. Working in ‘solidarity’ is the term used to describe the delivery e.g. *delivering Solidarity will mean working across Government and public services in a joint national effort to create the conditions for more and better paid jobs in Scotland: to provide the skills needed to participate and progress in the workforce: and to remove the barriers that stand in the way of individuals realising their full potential.* The Report can be downloaded from:

<http://www.scotland.gov.uk/Resource/Doc/246055/0069426.pdf>

The Early Years Framework (2008) this policy emphasises the need for joint working and calls for new thinking and ways of working. *Early intervention must start in the early years, where it is most effective, but we must also look for opportunities to deliver early intervention through a broader range of policies. This reflects the fact that, for some people, the intervention will need to be sustained beyond the early years, for others, risks will on become apparent at a later stage.* The Framework focuses on pre-conception through pregnancy, birth and up to 8 yrs. The four key themes addressed to create a healthy environment for young people are:

- Building parenting and family capacity pre and post birth.
- Creating communities that provide a supportive environment for children and families.
- Delivering integrated services that meet the holistic needs of children and families.
- Developing a suitable workforce to support the framework.

The Report can be downloaded from:

<http://www.scotland.gov.uk/Publications/2009/01/13095148/0>

Respect and Responsibility:

Delivering improvements in sexual health outcomes 2008-2011 (2008)

Scotland's first national sexual health and relationships strategy, *Respect and Responsibility: Strategy and Action for Improving Sexual Health*, was launched in January 2005 with £15 million of funding over 3 years. This funding was extended by the Scottish Government within *Better Health, Better Care: Action Plan (2007)*, which will continue until 2011. The current policy is based on a review and recommendations from the initial Strategy and advocates a cultural shift in how sectors and organisations work together to enhance sexual health and wellbeing. Strong emphasis is placed in working across services such as educational attainment, access to further education, employment, housing and welfare. The current policy builds on existing good

practice and reinforces proven effective actions that are most likely to improve sexual health and wellbeing. With long-term outcomes focussing on knowledge and awareness, leadership, co-ordination and performance management, standards and services and young people; stating that: “all young people receive evidence informed, age appropriate Sex and Relationships Education (SRE) and have access to a linked local drop-in service which provides as a minimum, general health advice, Chlamydia testing, pregnancy testing and free condoms.

Increased confidence and competence of education, nursing, community learning, social work, voluntary and community sector staff leading to provision of relevant interventions which meet young people’s needs”

The Report can be downloaded from:

<http://www.scotland.gov.uk/Resource/Doc/924/0079236.pdf>

Respect and Responsibility:

Delivering improvements in sexual health outcomes 2008-2011 spells out direct links to several other Scottish Government policies, a number of which have been highlighted in NHS Health Scotland’s recently published guidance on ‘Reducing Teenage Pregnancy, a Self-Assessment’ tool(4). The guidance and self-assessment tool is being promoted in all local areas and brings together *current evidence on advice on the partnerships, strategies and interventions that need to be in place locally if teenage pregnancy rates are to be reduced and the reduction maintained in the long-term.* The tool draws on additional key national policies focussing on health, education and youth work and includes the following:

Scottish Government, a Guide to Getting it right for every child, (2008)

‘Getting it right for every child focuses on the way adults and organisations think and act to help all children, young people and their families grow, develop and reach their full potential. NHS Health Scotland states it is an

approach with values and principles required to ensure all children and young people are safe, included, responsible, respected, active, nurtured, achieving and healthy. It provides the foundation for all work with children and young people and also affects those working with parents and carers.

The Report can be downloaded from:

<http://www.scotland.gov.uk/Publications/2008/09/22091734/0>

Learning and Teaching Scotland, Curriculum for Excellence Health and Wellbeing 3-18, 2008

NHS Health Scotland highlights the key developments in education affecting young people since 2008, in particular Curriculum for Excellence Health and Wellbeing 3-18, the accompanying paper Health and Wellbeing: Principles and Practice, guidance for local authorities and schools. Implementation of these policies calls for schools to treat health and health promotion as 'core' business, alongside literacy and numeracy.

'The health and wellbeing experiences and outcomes include a range of opportunities to develop skills for life and skills for work, including working effectively with other people and career planning. These experiences and outcomes also include opportunities to develop a range of skills and attributes that will enable children and young people to pursue a healthy and active lifestyle. The health and wellbeing experiences and outcomes include guidance (Health and wellbeing for all) that explores how all staff might review and develop these skills across the curriculum'.

The Report can be downloaded from:

<http://www.scotland.gov.uk/Publications/2008/06/06104407/4>

Scottish Executive, Looked after children and young people: We can and must do better, (2007)

NHS Health Scotland points to this policy emphasising that health and wellbeing is integral to the lives of looked after young people. The policy contains an action plan to improve health outcomes for looked after children and young people and care leavers.

The Report can be downloaded from:

<http://www.scotland.gov.uk/Publications/2007/01/15084446/0>

Scottish Executive, Moving Forward: a strategy for improving young people's chances through youth work, 2007

NHS Health Scotland states that this Strategy focuses on the role of youth work in supporting and promoting a good quality of life for all young *people*. *Youth work has a major part to play in providing life-enhancing experiences for children and young people - and the learning and development opportunities it offers must be seen and valued as an integral part of what society provides for young people across the board - children's services, school education, post-school education and training.* It places great significance on involving young people in influencing and determining the services that directly affect them.

The Report can be downloaded from:

<http://www.scotland.gov.uk/Publications/2007/03/08113759/0>

Scottish Government: Valuing Young People – Principles and connections to support young people to achieve their potential, (2009)

NHS Scotland states that this joint publication by Scottish Government and COSLA was produced with substantial input from young people. It is aimed at supporting partners to deliver positive outcomes for all young people; recognising that some need more help than others to realise their potential. Partnership working across public sector services and Third sector organisations is integral throughout, together with working alongside young people to secure services that are both responsive to expressed needs and fit

within high level objectives set out by national government and Community Planning Partnerships.

The Report can be downloaded from:

<http://www.scotland.gov.uk/Resource/Doc/270002/0080381.pdf>

Scottish Government, Towards a mentally flourishing Scotland: Policy and Action Plan 2009-11 (2009)

A robust evidence base connects the experience of early years to a range of physical and mental health outcomes. The Chief Medical Officer in his 2006 Annual Report emphasised the importance of pregnancy and parenting in influencing positive health outcomes. Exposure to high levels of parental stress, neglect and abuse can have a severe effect on brain development. There are clear differences between the development of children in these situations and those in less stressful households.

This policy sets out the direction for mental health improvement in Scotland between 2009 and 2011. Two of the major priorities are working with children and young people and working towards healthy communities; citing social cohesion and social capital as two main elements of a healthy community. The Report can be downloaded from:

<http://www.scotland.gov.uk/Resource/Doc/271822/0081031.pdf>

Good Places: Better Health (2008)

Although not directly connected to the sexual health and wellbeing of young people, this policy 'Good Place: Better Health' intends to influence the physical environment that young people grow up in and therefore has direct impact. It is an attempt to forge stronger links between the physical environment and health. Initial work is prioritising children's health and

sustainable places, with a primary focus on obesity, unintentional injury, asthma and mental health.

The Report can be downloaded from:

<http://www.scotland.gov.uk/Resource/Doc/254447/0075343.pdf>

The Community Empowerment Action Plan (2009)

Last but by no means least; the Community Empowerment Action Plan was launched in March 2009 to work with communities on the Scottish Government's five strategic objectives. It aims to stimulate and harness the energy of communities and work with them in developing joint solutions to local challenges. It provides a significant opportunity for public sector services and Third Sector organisations to work with communities on health priorities that are important to them; developing community-led health activity that helps to build skills and confidence as well as influence more responsive services.

The Report can be downloaded from:

<http://www.scotland.gov.uk/Resource/Doc/264771/0079288.pdf>

References:

- 1) *Freedom's Consequences: Reducing teenage pregnancy and their negative effects in the UK*. Lemos, Gerard (2009). Lemos & Crane, London
- 2) *Sexual Health, Rights and Staying Safe: Young people's views on sex and UK sexual health services*, UNICEF and the Terrance Higgins Trust (2009) www.stayingsafe.org.uk
- 3) *Teenage Pregnancy: an update on key characteristics of effective interventions*, Health Development Agency (2001), www.hda-online.org.uk
- 4) *Reducing teenage pregnancy guidance and self-assessment tool*, Scottish Government Draft Document, October 2009
- 5) *Information and statistics: Teenage Pregnancy* ISD Scotland, <http://www.isdscotland.org/isd/2071.html> (accessed 08/09/09). These are the most recent statistics representing conception (2007).
- 6) *Respect and Responsibility: Delivering improvements in sexual health outcomes 2008-2011*

- 7) *Respect and Responsibility: A Strategy and Action Plan for Improving Sexual Health*, Scottish Executive, Edinburgh (2005)
- 8) 'Transforming sexual health in Scotland: cultural, organisational and partnership approaches' A. Gardner (2009)
- 9) *Teenage Pregnancy Report* (June 2009) Scottish Women's Convention
- 10) Tayside Teenage Pregnancy, Action for Sick Children (2008)
- 11) A Summary of Sexual Health Data: NHS Tayside, November 2008, Phyllis Easton, Caroline Snowdon, NHS Tayside
- 12) *Scottish Index of Multiple Deprivation 2009 General Report*, <http://www.scotland.gov.uk/Publications/2009/10/28104046/0>
- 13) *Dundee Single Outcome Agreement 2009-1012*, July 2009, Scottish Government, Dundee Partnership, <http://www.improvementservice.org.uk/library/577-single-outcome-agreements/681-phase-2-single-outcome-agreements-2009-onwards/view-category/>
- 14) Tayside Sexual Health and Relationships Strategy – enhancing sexual health and wellbeing for all (2005) www.nhstayside.scot.nhs.uk
- 15) <http://www.healthscotland.com/topics/health/wish/index.aspx>

Useful Websites:

Action for Sick Children - <http://www.actionforsickchildren.org/>
 Community Health Exchange – CHEX www.scdc.org.uk
 Cool to Talk <http://www.cool2talk.org/index2.php>
 Dundee City Council - <http://www.dundee.gov.uk/>
 Health Spot - <http://www.healthspot.org.uk/>
 NHS Health Scotland – <http://www.healthscotland.com/topics/health/wish/index.aspx>
 Sandyford Centre - <http://www.sandyford.org/>
 Scottish Community Development Centre - <http://www.scdc.org.uk/>
 Scottish Government - <http://www.sexualhealthscotland.co.uk/>
 Scottish Women's Convention - <http://www.scottishwomensconvention.org/>
 Tayside Health Board - <http://www.nhstayside.scot.nhs.uk/>
 The Corner Youth Initiative – <http://www.thecorner.co.uk/>
 The WEB Project - <http://www.youngscot.org/dundee/staysafe/?ss=581&s=239&sr=1038&ID=228>