

3.3 Teenage Pregnancy

Improvement Project Title: Reducing Teenage Pregnancies
Executive Sponsor: Rob Polkinghorne (ICS Board Chair)
Project Lead: Rachel Thompson, Health Improvement Officer, Children & Young People
Aim statements: <ul style="list-style-type: none">• Reduce the rate of teenage pregnancies [under 16s) by 3% by 2021• Reduce the rate of teenage pregnancies [under 16s) in the CPP locality areas by 10% by 2021 <p>This work will aim to identify and challenge issues which lead to pregnancy in young people, supporting choices and providing opportunities to improve their relationships and sexual health. This work will ensure young people will be at the heart of any Improvement activity identified to improve choice and opportunities.</p>
Link to Local Outcome Improvement Plan: Stretch Outcome 3: 95% of children(0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2016
Why is this important: Evidence indicates that teenage pregnancy is reducing. In Aberdeen City the most recent figure indicates 33.2 per 1000 (Pregnancies in under 20s; 3-year rolling average number and crude rate per 1,000 females aged 15-19 years) which is currently higher than the Scottish average of 32.7 per 1000. Within areas of deprivation teenage pregnancy rates remain much higher than the national average with South locality recording 47 per 1000 and Central locality with 44.4 per 1000. Deprivation also a factors in regards to the outcome (delivery or termination) of a pregnancy. Evidence indicates that once pregnant, those aged under 20 and living in the most deprived areas are more likely to deliver than to terminate their pregnancy. In contrast, those living in the least deprived areas are more likely to terminate their pregnancy than to go on to deliver. Whilst it is recognised that teenage pregnancy may be a choice and a positive experience, in many situations teenage pregnancy can: <ul style="list-style-type: none">• Link to child poverty - Teenage parents being more likely to be in receipt of income-based benefits or be in low paid work.• Impact on Health and wellbeing – Being a teenage parent may lead to negative short, medium and long-term health and mental health outcomes for young mums.

- Isolation and disconnect from support networks - Teenage mums being more likely to be lone parents, and are more likely to experience family conflict
- Lead to non completion of education - Young mums are less likely to complete their education, pursue positive post-school destinations (in employment or education), or to attain qualifications in adulthood.

The pregnancy and parenthood in young people (PPYP) 10 year strategy(2016) aims to further reduce teenage pregnancy by ensuring young people are supported to achieve, have increase aspirations and opportunities to flourish into adulthood. There is an expectation that young people are placed at the centre of any change or improvements and that community planning partnerships (CPPs) are ideally placed with their role to ensure young people stay connected with education, training and employment.

This work will aim to identify and challenge issues which lead to pregnancy in young people, supporting choices and providing opportunities to improve their relationships and sexual health. This work will ensure young people will be at the heart of any Improvement activity identified to improve choice and opportunities.

Measures:

Outcome measures

- Reduced rates of teenage pregnancies in CPP area.

Process measures

- % young people reporting a clear understanding of 'consent'
- % young people accessing school nurse for support
- % staff confidence for responsible signposting to services
- % Increase young people accessing sexual health services
- Number of young people accessing local pharmacies for free condoms
- Number of young people accessing local pharmacies for Emergency contraception
- Number of young people reporting positive experiences when accessing pharmacy services
- Partners providing condoms: % of registrations / orders of free condoms from HPAC (resources online) from partners working with young people

Balancing measures

- Increased pupil and parental engagement in secondary school

Feedback from staff and YP

Staff are unclear and lack confidence in knowing if they are doing the right thing in providing condoms to young people under the age of 16 years old – There gray areas surrounding the disclosure of sexual activity/ child protection procedures and safety (the means to reduce the likelihood of pregnancy)

Consideration needs to be made around what is relevant to young people and what works for them – 5th year pupil

Most of the girls I work with that have been pregnant have been sexually exploited – 3rd sector support worker

As a pregnant teenager, I felt judged and was made to feel that I wasn't able to be a good parent because of my background- Young Parent who was care experienced

Practitioners have been questioned by peers on the appropriateness of being prepared to provide pregnancy tests, condoms etc

There needs to be more teaching on consent and relationships – 4th year pupil

Change ideas

- Sexual Health and Relationships Education resources (RSHP.scot) are promoted. Staff development needs to support use of resource are identified – current SHARE and SRE training packages are adapted according to need.
- Promotion and testing of the opportunities to incorporate the Key Messages on Healthy relationships and Consent
- Development of localised information pack to support use of RSHP resource to support with:
 - Awareness raising and myth busting opportunities for staff and young people – developing accessible tools which hold key messages and F&Q's, training /learning opportunities created according to need
 - Improvements on sign posting and accessing services
- Working with young people - Joint objective setting with YP to understand what their learning/ development needs are
- School nurse profile and referral process is tested as part of a pathway development for support
- Development of a mechanism for young people to assess/ rating local services – possible links to Child friendly cities
- Delivery of MVP (mentors in violence prevention) – test to look at impact on relationships between males/females (power imbalances and toxic masculinity)

- Multi agency inputs (Relationships/ CSE / body image etc) - Develop an understanding on what is available and what is being delivered – improvements in approaches/ delivery / training needs
- Condom pathway – testing current pathway and further development according to the needs of partners using it - Staff development and confidence building in being able to offer condoms to YP under the age of 16

Potential risks and/or barriers to success & actions to address these

- No budget has been made available to support implementation of the PPYP strategy
- Attitudes and values of parents/staff – perceptions i.e. offering condoms might promote young people engaging in sex – Relationships and sexual health has always triggered polarised opinions.
- Aberdeen is a city of many cultures and varying religious beliefs which need to be respected but may conflict with the needs of young people.
- Young people, staff, parents don't engage in developments.
- Fear of doing the wrong thing (issues with child protection processes with young people under the age of 16 disclosing that they are sexually active)
- Negative Media attention due to 'hot topic' sex and relationships
- Managers may not 'buy into' project – capacity issues and other priorities
- Poor buy-in across agencies – possibly seeing PPYP as a 'health' issue and not being able to recognise the part they play in the agenda
- Agencies/ departments 'fire fighting' with current services and lacking capacity to support with change ideas
- Time constraints for staff / Capacity to deliver tests/ reflect and review practice
- Organisational Change/ financial cut backs – low staff morale

Project Team:

Chair of Informed Choices, Positive futures multi agency group:

- Rachel Thompson – Health Improvement Officer Children and Young people
- Still to connect with CPP manager (Paul Tytler and Jo Mackie)

Social work representation:

- Mim Smith – Principle planning and development officer CSW
- Vickie Doherty – Westburn Youth Team

Youth Development Team:

- Craig singer – Youth work manager

3rd Sector Liaison:

- C&YP 3rd Sector Liaison Officer
- Cammy Preston – Barnardos CSE Advisor
- Hannah Bennett – Green light project

Education:

- Lauren Mackie – Health Improvement Officer schools
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Police Scotland:

- Derek Bain- Partnership Development Officer

Health representatives:

- Sexual health lead nurse
- School Nursing
- Hilary Young - Family Nursing Partnership(FNP)
- Penny Gillies – Public Health Specialist
- Linda Gray – LAAC nurse

Data Management:

- Jacqueline Bell – MCN SH & BBV Researcher

Local area team for Torry locality (TBC)

Sharon Deboix – Senior Youth worker

Suzanne Thomson - Community health worker

Local Pharmacy link

Sexual health services link

Education link

Local Social work link

Deeside family centre link

School Nurse link

FNP

**Outline Project Plan - Set out your initial plan about the timeline for your project.
(This should be reviewed regularly)**

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<p>What initial activities are required to get started? (Forming the improvement team; developing the project charter; gathering and analysing baseline data; understanding the current system)</p> <p>Looking at Identifying The charter group – this has started.</p> <p>Base line data – Figures for TP too small to use in intermediate zones – Can use Scotpho (children and young peoples H&WB profile data, however this would be for the South Locality (not just Torry specific)</p> <p>Work on collating data -Base lines could be gathered to capture awareness (Key messages and resources, Local support) ? Effective signposting information and knowledge of local support?</p> <p>Support provided - Condoms being discussed and distributed buy services and staff?</p> <p>Recording mechanisms when there is disclosure of someone being sexual active – what happens next -advice and signposting/ CP reporting? ?</p>	<p>When do you expect to complete this stage?</p> <p>First Charter group discussion August 2019</p> <p>Data sources and collation opportunities clarified and agreed by End November 2019</p>

	<p>Pregnancy tests requested? Emergency contraception discussion and dispensing? MVP data on relationships? Child protection reports on underage Sexual Activity? Any local data on body image? SN referral data(green forms)?</p>	
<p>Designing and Testing Changes (Project Score 4-7)</p>	<p>What activities are required to start testing changes? (Identifying changes and prioritising; engagement with customers & colleagues; Identifying the people, place to start testing)</p> <ul style="list-style-type: none"> • Use of Newly developed national resource on key messages for healthy relationships and consent and RSHP.scot national website – the go to resource for providing education (school and wider partners) launching in September 2019 • Discovering what needs to be pulled together to support use of the RSHP.scot resource (pack to be created for local information on services and information– where can it be sourced) • Signposting materials / tools developed to support timely and needs led support • Testing out pathways for condom distribution • Learning needs analysis to further develop training for staff 	<p>When do you expect to complete this stage?</p> <p>April/ May 2020</p>
<p>Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)</p>	<p>What actions would be required to implement and sustain the changes that have resulted in improvement? (Training?; Changes to procedures?; changes to resources?)</p> <p>Training</p> <ul style="list-style-type: none"> • 2 way Process to ensure training is accessible and needs led • Network created to allow for communication and staying up to date with information 	<p>When do you expect to complete this stage?</p> <p>July 2020</p>

	<ul style="list-style-type: none"> • Connecting training providers and making links to teenage pregnancy outcome i.e. Mental health, Substance use, Domestic abuse, Child sex exploitation, online accessibility and influences etc • Parental influences – training needs • Peer influences <p>Pathways / procedures are reviewed and scrutinised for appropriateness/ effectiveness</p> <p>Resources – new national resources are endorsed and used by all staff working with Children and young people to ensure consistent messages are provided.</p> <p>Partnership working to ensure messages are consistent and progressive or consolidate/ are not duplicated (to an extent that it has a detrimental effect on learning) and there are no gaps in learning</p>	
<p>Spreading Changes (Project Score 9-10)</p>	<p>What actions are required to reach the full scale of the project? (Engagement of other teams/colleagues; other locations?)</p> <p>Ensuring young people are kept involved as part of the learning and implementation process -</p> <p>Engaging with wider partners/ services across localities</p> <p>Wider engagement through the ICS outcome groups</p> <p>Data sharing processes to be agreed</p> <p>Communication plan to be developed: Identifying opportunities for partners to promote the work across the city – team meetings/ conferences/ newsletters</p>	<p>When do you expect to complete this stage?</p> <p>April / May 2021</p>