Reducing and responding to teenage pregnancy in Lothian

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Acknowledgements

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1. Introduction

Background

The *Reducing Teenage Pregnancy guidance and self assessment tool* was published by NHS Health Scotland and Learning & Teaching Scotland in 2009, with a supporting *Briefing paper* distributed in 2011. Action on responding to the challenge of reducing teenage pregnancy is also embedded in the *Sexual Health and Blood Borne Virus Framework 2011-15*. These documents emphasise the need for a multi-agency approach, with Local Authorities clearly identified as the lead agencies for this work.

Rationale

Reducing teenage pregnancy requires a complex approach including the delivery of high quality information, education and services, set within a context of action to impact on wider health inequalities, improve early intervention and youth development, and ensure the adoption of a holistic approach to young people’s health. While some aspects of this work sit within sexual health structures, much of it should be driven by GIRFEC Boards and appear in Integrated Children’s Service Plans (ICSPs).

This approach has been recognised in submissions to and the subsequent report on the Parliamentary Health and Sports Committee Inquiry into Teenage Pregnancy. The response of the Scottish Government to the Inquiry Report recognises the need for a focus on the wider determinants of health and to address these in order to help reduce teenage pregnancy.

Since the Inquiry, the Scottish Government has pledged to produce a new national strategy and to update the existing guidance document *Reducing Teenage Pregnancy*. In anticipation of these, NHS Lothian has developed this document - *Reducing and Responding to Teenage Pregnancy in Lothian* – to support the delivery of actions relating to teenage pregnancy.

Progress in Lothian

Those involved in developing this document acknowledge and commend the examples of good practice relating to both prevention and response already established in Lothian. A reduction in pregnancies in under-16s of 22.5% was recorded in Lothian between 2010 and 2011\(^1\). This is undoubtedly due in large part to the commitment and expertise of a wide range of agencies working with young people. A deprivation gradient persists however, so the need to ensure those most at risk of teenage pregnancy have access to good quality information, education and services is as vital as ever, within the context of tackling wider health inequalities.

\(^1\) ISD, 2011: Reduction from 7.2 pregnancies per 1000 in under-16s in 2010 to 5.6 per 1000 in 2011; down from 93 pregnancies (33 births) to 72 pregnancies (20 births)
This document

This document has been designed in partnership with a range of agencies and comprises three key elements which are designed to support local delivery of actions: A prevention logic model linking prevention activity to improved outcomes, early intervention approaches to supporting young people at risk of pregnancy or with a suspected pregnancy, and finally pregnancy pathways, to be completed locally, which define the roles and responsibilities of all professionals involved when a young person becomes pregnant.

The three key elements of this document are described below. They are designed to complement each other and be used alongside the forthcoming national strategy and updated guidance.

Prevention logic model: ‘Reducing’

The prevention logic model is the first ‘reducing’ element of the document. It is intended to be used as a planning tool. It shows a set of prevention activities which, if in place, should, based on best evidence, contribute to a reduction in teenage pregnancies, as well as potentially improving other outcomes for young people. The logic model is complemented on pages 9-10 by some examples of activities which should happen in each of the 6 key prevention areas on the far left of the prevention logic model.

Early intervention: ‘Reducing’

Even with prevention activity working well, some young people are known to be more at risk of teenage pregnancy. These include looked after children, those already a young parent, and young people disengaging from school, particularly in areas of deprivation.

Any professional who identifies a young person as being at risk of pregnancy must intervene as early as possible. Getting it right for every child means ensuring all possible supports are in place to prevent harm. If a young person is engaging in risky sexual behaviour (beyond that which is considered healthy adolescent development), and felt to be at risk of pregnancy, or pregnancy is suspected, the professional should act at the earliest opportunity to support the young person.

Further detail about early intervention is shown on page 11.

Pregnancy pathways: ‘Responding’

Many young women who do become pregnant are unable, for a range of reasons, to continue their education and often find barriers to accessing positive destinations. It is therefore vital to ensure young women continue engaging with school, are supported both emotionally and educationally through either abortion or miscarriage, and are enabled to continue with learning and education should they decide to continue a pregnancy.
The pregnancy pathways set out actions for management and support where a young woman (under 18) is confirmed as pregnant (see page 12). Pathways are described for three outcomes – abortion, miscarriage or continued pregnancy, including routes to health, educational and social support for young women whatever the outcome.

A pregnancy pathways template is included (see pages 13-15). It shows the process to be followed in the case of confirmed pregnancy. The template should be completed locally to show the people involved in supporting the young person each step of the way. This will include, for example, school nurse, deputy head teacher, guidance teacher, early years manager, LAC nurse, local community midwife, social worker, health visitor, childcare provider, specialist agency, etc.

The role of Community Planning Partnerships

NHS Lothian seeks a commitment from GIRFEC Boards and Children's Partnerships in Lothian to:

- Allocate this work to appropriate subgroups and named officers within local authorities and health services to ensure that actions to support both a reduction in teenage pregnancies and improved outcomes for young women who do become pregnant appear within local ICSPs
- Share this approach to teenage pregnancy by making provision for the delivery of engagement events for all stakeholders to ensure they have a sound understanding of the evidence of how to reduce teenage pregnancy
- In addition to regular reporting from associated subgroups, ensure reducing and responding to teenage pregnancy is on the agenda at least once a year, with specific reporting from Education on broad outcomes/destinations for those who have become pregnant while still at school.

The appropriate subgroups allocated the work should:

- Set out the detail of the prevention activity within the ICSP and related plans, using the prevention logic model and examples of prevention activity
- Complete the pregnancy pathways template with named agencies and individuals, making clear the roles and responsibilities of all parties in the process of managing pregnancy in young women under 18, and supporting them to continue their education wherever possible
- Deliver appropriate engagement events / continuing professional development for the young people's workforce on addressing teenage pregnancy in Lothian, including the early intervention approach and the role of the professional.
Further information

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Reducing and responding to teenage pregnancy in Lothian: Prevention logic model

**PREVENTION ACTIVITY**

- Deliver staff training and development
- Deliver gender-based violence (GBV) prevention programmes
- Deliver Curriculum for Excellence in all settings
- Deliver effective RSIP in all education settings with links to local services
- Deliver educational interventions in informal youth settings
- Increased identification and support for young people at risk of non-attendance at school
- Ensure young people friendly health services in all local areas, offering holistic approaches
- Ensure good quality nursery provision and early support for families including young parents
- Increased identification and support of young women with a suspected or confirmed pregnancy

**REACH**

- Multi-agency staff who work with children and families
- Multi-agency staff who work with children and families experiencing GBV
- All children (3-18) including those who are at risk of poor health and educational outcomes
- All young people including those who are at risk of poor health and educational outcomes
- All families including young parents in areas of deprivation
- All families with children aged 0-5
- Pregnant young women

**SHORT-TERM (1-2yrs)**

- Increased competence, confidence, knowledge and skills in staff
- Increased support to children and families experiencing GBV
- Improved attitudes and decreased acceptance of GBV
- Increased readiness to learn, confidence, knowledge and skills in children and young people
- Increased use of services, amenities and opportunities for young people
- Increased parental capacity and stronger attachment
- Increased readiness to learn in young children
- Young pregnant women remain in education during and after pregnancy

**MEDIUM-TERM (2-5yrs)**

- Increased quality, evidence based interventions with children and families
- Reduced harm to children and families from GBV
- Increased respect for relationships, communication and reduction in gender stereotyping
- Increased engagement in formal and informal education among young people
- Increased sense of control and ability to make informed decisions among young people
- Improved connectedness and communication within families
- Increased health, well-being and social support post pregnancy
- Decreased stigma around teenage pregnancy and abortion

**LONG-TERM (5-18yrs)**

- Quality interventions embedded as core part of services
- Reduced exposure of children and families to GBV
- Reduced harm from risk-taking behaviour
- Increased well-being, numeracy, literacy, aspirations, motivation
- Reduction in unplanned teenage pregnancies and abortions
- Increased resiliency in young people
- Reduction in cycle of deprivation as a result of teenage pregnancy

Principles and assumptions: GIRFEC, UNCRC, ELBEG Child Protection and Under 16s Guidance in place. Key Priority for Early Years Collaborative. Linked to Sexual Health and Blood Borne Virus Framework. Multi-agency response needed. Teenage Pregnancy Pathways to be created locally. Linked to local and national work to tackle health and economic inequalities. Evidence-based or informed practice in place.
3. Examples of prevention activity

The following six sets of examples are headed by Prevention Activities shown on the far left of the Logic Model. These are not exhaustive lists but are intended as examples only.

**Deliver staff training and development**

All staff working directly with young people have access to, for example: training courses, learning events, ongoing support, professional networks, resources and mentoring to support their work with young people relating to: Early years development and attachment, mental and emotional health, sexual health, relationships (including use of technologies and LGBT issues), child protection, drug and alcohol use and risk behaviours including adolescent development.

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**2. Deliver GBV prevention programmes**

Staff in schools and youth programmes are trained to deliver gender-based violence prevention programmes at primary and secondary school, e.g., Zero Tolerance Respect, and GBV prevention is included as part of RSHP programmes. Policies are in place to respond appropriately to gender-based bullying in schools and other settings. Protocols are in place to intervene early to support families experiencing GBV or thought to be at risk of it. Programmes are in place to support the needs of families experiencing GBV.

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**3a. Deliver Curriculum for Excellence (CfE) in all settings**

CfE is embedded in all settings where learning and teaching take place, not just schools. Health and Wellbeing is at the heart of learning and Responsibility of All in Health and Wellbeing is recognised and supported.

**3b. Deliver effective RSHP in all education settings with links to local services**

Educators are trained and confident to deliver good quality RSHP at all levels. Parents and young people are consulted on programmes to ensure they are meaningful, relevant and current. Schools and other learning settings work together with external agencies in delivering programmes, which explicitly link to services where young people can access information, advice and support. Young people with additional support needs have their RSHP learning needs met.

**3c. Deliver educational interventions in informal youth settings**

Youth workers feel confident in delivering RSHP interventions with young people,
and can access training, professional support and development opportunities.

3d. Increased identification and support for young people at risk of non-attendance at school

There are protocols in place for intervening early when a young person’s attendance at school declines; and support is put in place as soon as possible to enable the young person to attend / continue to engage with learning. This could include alternative provision, a reduced timetable, one-to-one support and/or enabling access to services for both the young person and their parents/carers if appropriate, for example in the case of a young carer or looked after young person.

4. Provide early support for families including young parents and good nursery provision

The Family Nurse Partnership programme is available, and where young parents do not qualify for this, alternative provision is in place. Young fathers are supported as well as mothers. Appropriate childcare provision is made to enable young women to continue to access education or achieve other positive destinations.

5. Ensure young people friendly health services in all local areas, offering holistic approaches

Young people are linked in, through their RSHP learning in all settings, to young person friendly services in their local area. These services should offer support, information and advice on a range of health issues, and be able to signpost to other agencies whenever required. Those working in services have good access to learning and development opportunities (see 1. above).

6. Increased identification and support of suspected pregnant young women

RSHP programmes include recognising the early signs of pregnancy, so that young people themselves present as early as possible. Any professional suspecting pregnancy is responsive to the situation, and follows established protocols. Staff feel confident in supporting a young person emotionally (see 1. above). Once a pregnancy is confirmed local pathways should be followed (see next section).
4. Early intervention

Who is most at risk of teenage pregnancy?

It is well documented that some young people are more at risk of teenage pregnancy. These include those living in areas of socio-economic deprivation, those from chaotic families with low family ‘connectedness’, daughters of teenage mothers, and those disengaging from school. Looked after young people, young offenders, those already teenage mothers, young women from minority ethnic communities and those with learning disabilities or identifying as lesbian, gay, bisexual or transgender are also potentially at risk.\(^2\)

In Scotland, too many young women, many already facing multiple challenges, are at risk of not completing their education. The aim of the early intervention approach is to prevent young women leaving school as a result of an early pregnancy, whether they decide to continue with that pregnancy or not.

The role of professionals working with young people

Where a professional identifies a young person at risk of early pregnancy, perhaps because of disengagement or poor attendance at school, or risk taking behaviour, they should intervene early. The professional should:

- Consider how they can support the young person
- Have a chat with the young person to make them aware someone has noticed, cares about their situation and wants to help
- In addition encourage the young person to talk to a youth worker, parent, carer, social worker, teacher or other trusted adult
- Signpost the young person to a service where they can receive sexual health, relationships and general advice, information and support, such as a Healthy Respect drop-in.

Where any professional suspects a young person is already pregnant, they should respond quickly, approach the young person as described above, and support them to attend a service where they can receive a pregnancy test and discuss their options in a caring, supportive environment. There is some local, anecdotal evidence to suggest young women are not recognising the early signs of pregnancy and presenting to services so late as to minimise their options significantly.

If a test confirms a pregnancy, local pregnancy pathways should be followed.

\(^2\) Reducing Teenage Pregnancy guidance and self-assessment tool, 2009, Learning and Teaching Scotland
5. Pregnancy pathways

Medical / surgical abortion
- Hospital / GP Chalmers Centre
  - Protocol for missed appointments
    - Post pregnancy health, education, social and emotional support

Miscarriage
- Hospital / GP / Home
- Unknown to services
  - Protocol for missed appointments
    - Post pregnancy health, education, social and emotional support

Continued pregnancy
- GP referral / centralised booking via to Maternity services
  - Multi-agency planning and communication with family
    - Protocol for missed appointments
      - Keep child
      - Loss of child / child relinquished
        - Post pregnancy health, education, social and emotional support
          - Family Nurse Partnership
          - Universal services
### 6. Pregnancy pathways template

<table>
<thead>
<tr>
<th>Medical / surgical abortion or Miscarriage</th>
<th>Process</th>
<th>People involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion: GP, Hospital or Chalmers Centre</td>
<td>Ensure pregnancy counselling and appropriate health attention is in place</td>
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<td></td>
<td>Include family and partner if appropriate</td>
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<tr>
<td></td>
<td>Identify trusted, responsible adult to accompany to Hospital / Chalmers Centre</td>
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<td></td>
<td>Seek consent from the young person to gain / share information between agencies</td>
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<tr>
<td>Miscarriage: Hospital / GP / Home Unknown to services</td>
<td>Where known to services, ensure counselling is made available</td>
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<tr>
<td></td>
<td>Ensure young-person friendly services such as a Healthy Respect drop-in are available in all areas and that young people know they provide emotional support as well as sexual health information</td>
<td></td>
</tr>
<tr>
<td>Protocol for missed appointments</td>
<td>Ensure someone is identified to follow the young person up in the event of a missed appointment</td>
<td></td>
</tr>
<tr>
<td>Post pregnancy health, education, social and emotional support</td>
<td>Ensure contraception is discussed and agreed and partner included if appropriate</td>
<td></td>
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<tr>
<td></td>
<td>Develop plan with timescales for return to education with appropriate support where required</td>
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<td></td>
<td>Assess Relationships, Sexual Health and Parenthood learning needs of the young person and ensure these are met</td>
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<tr>
<td></td>
<td>Assess emotional health and well-being of the young person and provide one-to-one support in school or community or refer to specialist agency</td>
<td></td>
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<tr>
<td>Continued pregnancy</td>
<td>Process</td>
<td>People involved</td>
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</table>
| **GP referral / centralised booking to Maternity Services** | Ensure ante-natal care is received and appropriate for a teenager  
Seek consent from the young person to gain / share information between agencies  
Discuss informing family with the young person | |
| **Multi-agency planning and communication with family** | Establish whether young person is eligible for Family Nurse Partnership (FNP)  
Ensure Deputy Head Teacher or Head of Pastoral Care is informed to monitor process  
Arrange meeting with family to discuss support issues: Education needs and options, childcare, financial support, transport, support to keep appointments, etc  
If family requires support hold case discussion based on identified needs and available resources. Consider: Ongoing education (this is crucial in helping prevent subsequent teenage pregnancy – for both parents where father is involved), childcare requirements, health and ante-natal classes, etc  
Agree strategy and implement it. Consider: Who will identify and meet cost of childcare and transport if required, what other links are required, eg, to meet health or parenting needs, etc. Ensure contact with all relevant agencies and budget holders  
Set review dates at least 6-weekly. Build these into existing meetings where possible, eg, LAC review meetings. Consider: The rights of the young person in terms of who attends which parts of these meetings | |
<table>
<thead>
<tr>
<th>Protocol for missed appointments</th>
<th>Ensure someone is identified to follow the young person up in the event of a missed appointment</th>
</tr>
</thead>
</table>
| Loss of child (late miscarriage or stillbirth); child relinquished (adoption or foster care) or keep child: Post pregnancy health, education, social and emotional support | Ensure post-natal contraception is discussed and agreed and partner included if appropriate  
Assess Relationships, Sexual Health and Parenthood learning needs of the young person and partner if appropriate and ensure these are met  
Assess emotional health and well-being of the young person and partner if appropriate and provide one-to-one support in school or community or refer to specialist agency |
| Keep child: Additional post pregnancy health, education, social and emotional support | Ensure a lead person is in place for the young parent(s) to ensure appropriate support for parenting is in place and being accessed (this is especially important if the young person is not accessing FNP)  
School to maintain contact with all relevant agencies / individuals involved in the strategy |
7. References


*Reducing Teenage Pregnancy guidance and self assessment tool Briefing paper* (2011) NHS Health Scotland

8. Notes