



Report To:	Inverclyde Alliance Board	Date:	17 June 2019
Report By:	Corporate Director Education, Communities & Organisational Development	Report No:	
Contact Officer:	Brian Young Health Improvement Lead Inverclyde HSCP	Contact No:	01475 715283
Subject:	Pregnancy & Parenthood in Young People Improvement Plan		

1.0 PURPOSE

1.1 The purpose of this report is twofold –

- I. To inform the Alliance Board on the local implementation of the Scottish Government's Pregnancy & Parenthood in Young People Strategy and associated local improvement plan
- II. To seek support from the Alliance Board for the proposed direction of travel, which is adopting a community planning approach.

2.0 SUMMARY

2.1 The Scottish Government's Pregnancy & Parenthood in Young People Strategy is the first Scottish strategy of its kind, setting out what actions are needed to tackle the cycle of deprivation associated with many cases of pregnancy in young people and providing extra support for young parents.

The Strategy also concentrates on increasing the opportunities available to young people, to support their wellbeing and prosperity across the life course. It aims to help young people develop the appropriate knowledge, skills and confidence in making decisions around pregnancy and parenthood through a partnership approach between professionals and young people.

2.2 The local implementation of the strategy is the responsibility of the Sexual Health Local Implementation Group (SHLIG) and a requirement of the national strategy is to have an 'accountable person'. This responsibility falls to the Corporate Director Education, Communities & Organisational Development, who is also the chair of the SHLIG.

A writing group was convened to develop the Improvement Plan, which was informed by a required self-assessment process, designed to consider the current assessment against the actions from the strategy and what further improvement work is required.

2.3 The Improvement Plan is contained in Appendix 1 and was agreed at Inverclyde Council's Education and Communities Committee (November 2018).

2.4 National rates of pregnancy in young people under 20 have seen a significant drop in recent years. The most recent data on conceptions in 2016 show that since 2007:

- rates in the under 20 age group have decreased by **45.1%**
- rates in the under 18 age group have decreased by **55%** and
- rates in the under 16 age group have decreased by **60.6%**

In 2004, Inverclyde had the third highest rate for teenage pregnancies of all the 32 local authorities in Scotland. By 2017, this had fallen to 24th out of 31.

3.0 RECOMMENDATIONS

- 3.1 That the Inverclyde Alliance approves the content of this report.

Ruth Binks
Corporate Director
Education, Communities and Organisational Development

4.0 BACKGROUND

- 4.1 Pregnancy in young people is often a cause and a consequence of social exclusion and should not be seen narrowly as a health challenge. Reducing levels of pregnancy in young people helps to reduce the likelihood of poverty and a recurring cycle from one generation to the next.

Universal services across all agencies have an important role to play in identifying and supporting the needs of young people. These responsibilities will be strengthened through the commencement of the provisions and duties in relation to the *Children and Young People (Scotland) Act 2014*.

In terms of local pregnancy data/rates, in 2004, Inverclyde had the third highest rate for teenage pregnancies of all the 32 local authorities in Scotland. By 2017, this had fallen to 24th out of 31.

Local actions that could be attributed to the reduction are as follows:

- A number of key research areas and learning from other strategic approaches have paved the way for the Inverclyde Sexual Health Implementation Group (SHLIG)'s direction of travel.
 - The local prevention and promotion activities that have formed part of the work through SHLIG, have seen targeted efforts that were initially attributed to a post that was specifically funded by CRF/Fairer Scotland Funding that now forms part of mainline budgets.
 - In parallel in this period, there has been a significant culture shift in attitudes and intense awareness-raising and support with and to both denominational and non-denominational schools.
 - In 2008, the Scottish Government Pharmacy Public Health contract was established, making Emergency Hormonal Contraception available free of charge in virtually every pharmacy in Scotland plus the numbers of Free Condoms sites from 6 in 2011, rising to 33 by the end of December 2016.
 - The Scottish Government (2007) released additional funds to enable local authorities and Health Boards to collaborate on training teachers to deliver Relationships, Sexual Health and Parenthood Education in Schools (RSHP). For Inverclyde, this triggered work allowing for the training to be delivered locally.
 - In a further drive to continually improve our performance in this area, there is the local articulation of the Scottish Government's Pregnancy and Parenthood for Young People Strategy, with the developments under the leadership of the SHLIG.
- 4.2 The Strategy focuses on increasing the opportunities available to young people, to support their wellbeing and prosperity across the life course. It aims to help young people develop the appropriate knowledge, skills and confidence in making decisions around pregnancy and parenthood through a partnership approach between professionals and young people.

In producing the final strategy, the Scottish Government is suggesting it should be seen as both a strategy and a practical plan for action. It works its way systematically through what we must do to improve outcomes for young people underpinned by the United Nations Convention on the Rights of the Child (UNCRC) and the national approach of 'Getting it Right for Every Child (GIRFEC).

- 4.3 To support the construction of its Strategic Plan, at the end of 2018, Inverclyde HSCP developed its Strategic Needs Assessment. This highlighted differences in the Inverclyde localities and the rate in Inverclyde Central is higher than in the other areas. In 2015/16 the rate was 37 per 1,000 women, the highest of the areas shown, but a decrease from the 54 per 1,000 in 2011-13.

There is specific work contained in the Improvement Plan, seeking to better understand and address these differences, augmented by the range of actions that are contained in this Improvement Plan has been carefully developed to ensure the overall aim is secured.

- 4.4 As stated above, the local implementation of both the strategy and the associated Improvement Plan is the responsibility of the SHLIG and the plan was developed by a writing group drawn from the SHLIG membership. A key document to inform the plan was the self-assessment process that was required by Scottish Government.

Throughout the writing of the plan, there were discussions with other key agencies, such as the Family Nurse Partnership, and there was a robust consultation process undertaken with a young mum's group (Barnardo's) and several young peoples' groups. These were facilitated by colleagues at Community Learning & Development and the views have been pivotal in the final draft that is attached as Appendix 1, ensuring the voices of the young people are, quite rightly, at the centre of the plan. It also provides robust evidence that the plan has been co-produced.

- 4.5 A core element of the required plan is the aspect of the tackling of inequalities –

Inverclyde has high levels of deprivation and associated physical and mental ill-health. There are areas of high primary and secondary care service use and some areas have high populations of more affluent and older people. Evidence suggests that poor socio-economic circumstances affect opportunities for good health and access to services.

Similar to many areas of Scotland, Inverclyde exhibits disparity in the life circumstances and quality of life of residents, with some areas of Inverclyde ranking amongst the most deprived in Scotland, whilst other areas of Inverclyde fall at the opposite end of this scale.

While there is a welcome improvement in life expectancy for both males and females in Inverclyde, longer life expectancy does not always translate to healthy life expectancy. Stark health inequalities continue to exist in life expectancy and other health outcomes across communities in Inverclyde.

National data highlights that a young woman living in Scotland's most deprived areas is five times more likely to experience a pregnancy as someone living in the least deprived, along with the most deprived areas have 12 times the rate of delivery compared to the least deprived.

Careful consideration has been given to each of the improvement actions to ensure there is the ongoing response to addressing inequalities.

5.0 CURRENT POSITION

- 5.1 The implementation of this Improvement Plan presents a number of opportunities to support the health and wellbeing of the young people who are affected by pregnancy and parenthood.

The improvement actions, underpinned by seeking to reduce inequalities, clearly demonstrate a continuing local strength of working together to bring about the best possible outcomes for the people of Inverclyde.

- 5.2 In addition, the improvement plan fully supports the "Nurturing Inverclyde" vision and is a further demonstration that the Inverclyde Alliance is committed to improving outcomes for all its citizens' and particularly those living in our most deprived communities and our most vulnerable residents.

6.0 IMPLICATIONS

Finance

- 6.1 None

Legal

6.2 None

Human Resources

6.3 None

Equality and Diversity

6.4 An Equality Impact Assessment (Appendix 2) has been completed to ensure these aspects have been addressed.

Repopulation

6.5 None

Inequalities

6.6 The improvement actions have a focus on addressing inequalities, which has also been considered in the attached Equality Impact Assessment (Appendix 2).

7.0 CONSULTATIONS

7.1 There were several consultations carried out with young people, in particular, and other key stakeholders, to ensure their views were reflected in the final plan.

8.0 CONCLUSIONS

8.1 The ECOD Directorate presents this report and associated improvement plan for the endorsement of the Inverclyde Alliance for final sign-off.

9.0 BACKGROUND PAPERS

9.1 The self-assessment that informed the Improvement Plan is available on request.

9.2 The Improvement Plan is contained in Appendix 1.

9.3 Equality Impact Assessment is attached in Appendix 2.

Pregnancy and Parenthood in Young People Strategy: Inverclyde Alliance Improvement Plan (2019 – 2027)

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) & Commentary
1.	There are a range of engagement and needs assessment processes already in place for young people including Clyde Conversations	Improve the understanding of the needs of young people	The outputs of engagement with young people need to be reflected in planning with feedback provided to young people on progress. Where issues raised by young people cannot be progressed this should also be communicated back to young people	Reviewed at SHLIG	SHLIG CLD-Lead Responsibility	
2.	Develop and implement processes that address the outcomes of the needs assessment and pathways in place that take account of data collecting protocols and data sharing practices		Clyde Conversations 3 – feedback to young people happens every year on progress			
3.	There is a requirement for a senior leader to be designated to take responsibility for multi-agency coordination of PPYP action, data sharing and intelligence gathering		Inverclyde Alliance to agree senior lead officer for local PPYP implementation	Lead Officer in Place	Inverclyde Alliance	
4.	Relationships, Sexual Health and Parenthood Education (RSHP) is provided in most		Young people have a better understanding of what healthy, safe, consensual and equal	Implement the Early Protective Messages approach in all pre-5 establishments	Evaluation Reports from training	

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	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) & Commentary
	<p>establishments. In Pre-5 establishment the Early Protective Messages has been piloted.</p> <p>In primary, secondary and ASL schools there are RSHP programmes and programmes of CPD for teachers.</p>	<p>relationships are.</p> <p>Young people have increased knowledge of nurture, attachment, preconception and parenthood</p>	<p>Implement an improvement plan to ensure teaching staff are confident at delivering RSHP and are supported by school management and parents and carers in delivery</p> <p>Ensure there is consistency synergy between delivery of RSHP and school-based programmes aimed at addressing Child Sexual Exploitation and Gender Based Violence in schools</p>	<p>Training Plan in place</p> <p>Annual report of teacher training numbers</p> <p>Outcome of School HWB Survey</p> <p>Evidence of joint planning plus review of individual school plans</p>	<p>Education/CLD Child Protection Committee</p>	
5.	<p>Young people can access contraception from primary care providers and from Sandyford sexual health service but face barriers in relation to accessibility.</p>	<p>Young people have increased knowledge and skills around contraception and sexual negotiation</p> <p>All young people have equal access to information about contraception</p>	<p>Sandyford will expand the availability of young people's drop-in clinics as part of the service review. This will include expanding digital provision of information and signposting.</p> <p>Sandyford will consult with young people about the potential for shifting the location of the drop-in to increase accessibility, including scoping provision within existing youth services.</p> <p>Staff working with young</p>	<p>Increased provision of services</p> <p>Report of consultation with young people</p> <p>Attendance data from services including uptake of contraception.</p> <p>Report of staff briefing sessions?</p>	<p>SHLIG (Education/CLD)/Sandyford</p>	

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	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) & Commentary
			people including those in secondary schools, CLD and Children's Services will be briefed on how to signpost young people to services.			
6.	<p>Young people who are or may be pregnant require easy and fast access to information about pregnancy and services which can support them.</p> <p>Staff that work with young people have a pivotal role in signposting or where required ensuring the Named Person is involved.</p> <p>Particularly vulnerable young people are able to access appropriate services</p> <p>Aligned services, focusing on the needs of vulnerable young people are supportive of their needs.</p>	Young people make early and informed choices following conception	<p>Ensure information about pregnancy and associated choices and services is available to young people in easy to access formats.</p> <p>Staff working with young people including those in secondary schools, CLD and Children's Services will be briefed on how to signpost young people to services.</p>	<p>Information available on Young Scot and Sandyford websites</p> <p>Report of staff briefing sessions</p> <p>Numbers attending Termination of Pregnancy and Referral (TOPAR) (assessment and referral) before nine weeks of pregnancy</p> <p>Number of women under 20-years booking early with a midwife</p> <p>Numbers engaging with Family Nurse Partnership (FNP) early in pregnancy</p>	CLD Sandyford FNP Midwifery	

Pregnancy and Parenthood in Young People Strategy: Inverclyde Alliance Improvement Plan (2019 – 2027)

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) & Commentary
7.	There are a range of support services in place for young parents. More work is required to provide a more joined up approach to supporting young parents. This includes ensuring young parents have access to appropriate and secure housing and financial inclusion support.	Young parents have increased knowledge about local services and are confident using them	<p>Use data produced as part of Action 3 to inform multi-agency service planning</p> <p>Develop an engagement process with young parents to highlight areas for improved partnership working</p> <p>Agreeing a Housing Charter, reviewed through the Corporate Parenting strategy</p> <p>Develop and implement a robust communications strategy, ensuring everyone working with young parents communicate effectively, across multiple services, putting the young parent(s) and their needs at the centre.</p>	<p>Report of engagement with young parents produced</p> <p>Housing Charter Developed</p> <p>Communication with partners issued</p>	CLD/Environmental Services Inverclyde Alliance (Outcome 6)	

Pregnancy and Parenthood in Young People Strategy: Inverclyde Alliance Improvement Plan (2019 – 2027)

	Where are we now?	Where do we want to be?	How will we get there (including timescale)?	How will we know we are getting there?	Who is responsible?	Progress (RAG status) & Commentary
8.	Young parents require support to ensure they can remain in education, training or access employment while ensuring their child has the best start in life.	Young parents are supported to stay in education, training or employment	<p>Review current support for young parents to remain in school during pregnancy and post birth.</p> <p>Use the outcome of the engagement process with young parents to guide Inverclyde Alliance to assess and if required frame improvements in vocational training and employability services.</p>	<p>Annual report of young parents remaining in Education</p> <p>FNP Data on young parents engaging with school, training or employment</p>	Education Inverclyde Alliance	

Equality Impact Assessment

This document should be completed at the start of policy development or at the early stages of a review. This will ensure equality considerations are taken into account before a decision is made and policies can be altered if required.

SECTION 1 - Policy Profile

1 Name/description of the policy, plan, strategy or programme	Inverclyde Alliance: Pregnancy and Parenthood in Young People Improvement Plan
2 Responsible organisations/Lead Service	Inverclyde Sexual Health Implementation Group (SHLIG)
3 Lead Officer	Brian H Young, Health Improvement Lead, Inverclyde HSCP
4 Partners/other services involved in the development of this policy	Membership of the Sexual Health Implementation Group (SHLIG)
5 Is this policy:	New <input checked="" type="checkbox"/> Reviewed/Revised <input type="checkbox"/>
6 What is the purpose of the policy (include any new legislation which prompted the policy or changes to the policy)?	The local improvement plan is a direct response to the Scottish Government's 10-year Pregnancy and Parenthood in Young People Strategy.
7 What are the intended outcomes of the policy?	<p>The plan has a number of improvement activities focusing on increasing the opportunities available to young people, to support their wellbeing and prosperity across the life course. It aims to help young people develop the appropriate knowledge, skills and confidence in making decisions around pregnancy and parenthood through a partnership approach between professionals and young people.</p> <p>This plan will support delivery of Equality Outcome 2 – Inverclyde's children, citizens and communities are able to access our services and buildings with ease and confidence.</p>
8 Geographical area (Inverclyde wide or a specific location)	Inverclyde wide
9 Is the policy likely to have an impact on any of the elements of the Council equality duty (if yes, please tick as appropriate)?	<ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act

	<p>2010</p> <ul style="list-style-type: none"> • Advance equality of opportunity between people from different groups • Foster good relations between people from different groups
<p>10 Will those who may be directly or indirectly affected by this policy be involved in its development?</p>	<p>The construction of the improvement plan has seen consultation with young people, young mums, and a wide range of professionals who have a support role for young people. The strategy has also been discussed at 'Clyde Conversations', which is an annual event led by young people, providing a platform to talk about pertinent health and wellbeing issues.</p> <p>The plan was also borne out of a requirement from Scottish Government to develop a self-assessment process, which involved a number of key stakeholders.</p>

SECTION 2 – Impact on Protected Characteristics

Which of the protected characteristics will the policy have an impact upon? (see guidance for examples of key considerations under each characteristic)						
Protected Characteristic	Impact					Reason/Comments
	Positive High	Low	Neutral	Negative High	Low	
Age	Y					N/A for young people up to the age of 18 (not Equality Act 2010)
Disability			Y			Young people with disabilities form a very small part of the plan but the intention is to cover this in other areas.
Gender reassignment			Y			No known correlation.
Marriage and civil partnership			Y			N/A
Pregnancy and maternity	Y					
Race			Y			
Religion or belief			Y			<p>According to the guidance on the implementation of Relationships, Sexual Health and Parenthood Education in Schools <i>“The Scottish Government is committed to ensuring that all children and young people receive high quality Relationships, Sexual Health and Parenthood Education (RSHP) in order to respect, protect and fulfil their human rights as they grow up”</i>. Moreover, national guidance on the curriculum is always developed on the basis of wide consultation. It is recognised religious authorities with a role in denominational education provide guidance on RSHP education for their denominational schools and that right will continue as at present. This national guidance should be seen to be complementary to the guidance provided by the religious authority while at the same time serving as a useful basis for everyone.</p> <p>Noteworthy is that the Scottish Government supports the right of the Roman</p>

						Catholic Church to give witness to its faith, and to uphold the traditions of Catholic education.
Sex (male or female)	Y					Should have a positive impact on young women in terms of preventing pregnancy and enhanced support for young men who may become fathers
Sexual orientation			Y			Will have more of an impact on heterosexual couples
Other groups to consider (please give details) Fairer Scotland Duty	Y					<p>Pregnancy in young people is often a cause and a consequence of social exclusion. Reducing levels of pregnancy in young people helps to reduce the likelihood of poverty and a recurring cycle from one generation to the next.</p> <p>National data highlights that a young woman living in Scotland’s most deprived areas is five times more likely to experience a pregnancy as someone living in the least deprived, along with the most deprived areas having 12 times the rate of delivery compared to the least deprived.</p>

SECTION 3 – Evidence

What evidence do you have to help identify any potential impacts of the policy? (Evidence could include: consultations, surveys, focus groups, interviews, projects, user feedback, complaints, officer knowledge and experience, equalities monitoring data, publications, research, reports, local, national groups.)

Evidence	Details
Consultation/Engagement (including any carried out while developing the policy)	<p>As per above plus discussions at SHLIG</p> <p>Throughout the writing of the Plan, there were discussions with key agencies such as the Family Nurse Partnership. There was also a robust consultation process undertaken with a young mums' group and several young people's groups.</p>
Research	<p>References in plan and statistics</p> <p>National rates of pregnancy in people under 20 have seen a significant drop in recent years. The most recent data on conceptions in 2016 shows that, since 2007, rates in the under 20 age group have decreased by 45.1%; rates in the under 18 age group have decreased by 55%; and rates in the under 16 age group have decreased by 60.6%.</p> <p>In Inverclyde, there are differences in the pregnancy rate in the localities; the rate in Inverclyde Central is higher than in the other areas. In 2015/16, the rate was 37 per 1,000 women, the highest of the areas shown (but a decrease from 54 per 1,000 in 2011/13).</p>
Officer's knowledge and experience (including feedback from frontline staff).	Sandyford input and school health; corporate director (education); self-assessment on teenage pregnancy & housing
Equalities monitoring data.	<p>Forms part of the Council's Equality Mainstreaming Reporting</p> <p>Able to track births and abortions with limited ethnicity data</p>

	Limited equalities monitoring data for sexual health service and FNP (check)
User feedback (including complaints)	Young parents and LGBT groups fed back positively
Stakeholders	
Other	SHLIG and committees (Education & Communities and Inverclyde IJB)
What information gaps are there?	<p>Routine reporting of pregnancy notifications for young women</p> <p>Limited knowledge of what data is routinely captured in young people and how this is fed into planning</p> <p>Family Nurse Partnership – criteria and what are HVs recording</p>

SECTION 4 – CONSEQUENCES OF ANALYSIS

What steps will you take in response to the findings of your analysis? Please select at least one of the following and give a brief explanation.		
1. Continue development with no changes		
2. Continue development with minor alterations	Y	Lifespan of the plan; data needs more exploration
3. Continue development with major changes		
4. Discontinue development and consider alternatives (where relevant)		
How will the actual effect of the policy be monitored following implementation?		

Through Teenage Pregnancy data – see plan

When is the policy due to be implemented?

Following approval by the Inverclyde Alliance on 17th June

When will the policy be reviewed?

In line with agreement with Scottish Government and Education & Communities Committee on an annual basis.

What resources are available for the implementation of this policy? Have these resources changed?

In kind support

Name of Individual(s) who completed the Assessment

Name(s): Brian Young

Position: Health Improvement Lead, Inverclyde HSCP

Date: 12th May 2019

Authorised by

Name:

Position:

Date:

Please send a copy of all completed forms to Karen Barclay, Corporate Policy Officer at karen.barclay@inverclyde.gov.uk