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<b>Report To:</b>	<b>Education &amp; Communities Committee</b>	<b>Date:</b>	<b>30 October 2018</b>
<b>Report By:</b>	<b>Corporate Director Education, Communication &amp; Organisational Development</b>	<b>Report No:</b>	<b>EDUCOM/95/18/BY</b>
<b>Contact Officer:</b>	<b>Brian Young</b>	<b>Contact No:</b>	<b>01475 712748</b>
<b>Subject:</b>	<b>Pregnancy and Parenthood in Young People Strategy Improvement Plan</b>		

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## 1.0 PURPOSE

1.1 The purpose of this report is twofold:

- I. To inform the Committee on the local implementation of the Scottish Government's Pregnancy and Parenthood in Young People Strategy and
- II. To request the Committee to endorse the proposed direction of travel that the associated Improvement Plan adopts for a community planning approach.

## 2.0 SUMMARY

2.1 The Scottish Government's Pregnancy and 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 provides 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 In constructing the final strategy, the Scottish Government engaged in several consultation processes (July - September 2015) with key stakeholders, particularly young people who were provided with a range of opportunities to have their say on what was contained within the strategy. Our local area participated in this consultation and an analysis of all of the responses is available at <http://www.gov.scot/Publications/2015/12/8309>.

2.3 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.

The final draft of the Improvement Plan is contained in Appendix 1.

2.4 In addition to all of the above, teenage pregnancies in Scotland are at their lowest level since

reporting began in 1994. Rates decreased for the ninth consecutive year to 31.6 per 1,000 women in 2016.

From an Inverclyde perspective, there was a 23% (n=15) decrease when comparing 2016 and 2015 data. This is mostly attributable to under 18s (n = 11) and the under 16s take up the remainder of the decrease.

### **3.0 RECOMMENDATIONS**

- 3.1 That the Committee endorses the content of this report and the final draft of the local Improvement Plan.
- 3.2 That the Committee agrees that, once approved, the plan be submitted to the Inverclyde Alliance for final sign-off.

**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 31 local authorities in Scotland. By 2013, this had fallen to 22nd 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, has 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.
  - 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 are 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 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 mums' group (Barnardo's) and several young people's 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.

4.4 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, and the most deprived areas have 13 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 an ongoing response to addressing inequalities.

**6.0 IMPLICATIONS**

**Finance**

6.1 There are no new financial implications, with costs being met from within existing resources.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

**Legal**

6.2 None

**Human Resources**

6.3 None

**Equalities**

6.4 Has an Equality Impact Assessment been carried out?

Following approval of this report, an Equality Impact Assessment will be carried out, for subsequent submission to the Inverclyde Alliance Board

Yes See attached appendix

No This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

**Repopulation**

6.5 None

**7.0 CONSULTATIONS**

7.1 There were various consultations carried out with young people, in particular, and other key stakeholders, to ensure their views were reflected

**8.0 CONCLUSIONS**

8.1 The ECOD Directorate presents this report and associated improvement plan for the endorsement of the Education and Communities Committee and for further remit to 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.

**Pregnancy and Parenthood in Young People Strategy:  
Inverclyde Alliance Improvement Plan (2018 – 2027) – Final draft (26/9/2018)**

	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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	<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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			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	



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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)	

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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	