

## Evidence Based Public Health Practice

### Teenage Pregnancy

#### Stoke-on-Trent

#### Teenage Pregnancy Services; Early Identification (and Intervention) of Young People at Risk

This service has been attributed locally in helping to bring about a very positive reduction in their Under 18 conception rate, supporting young people into education/training and preventing first time entrants to the criminal justice system.

#### Introduction

This example shows the success of early identification of young people who are at risk of a range of negative outcomes. It shows that identifying young people at risk is only the first part of a process - services need to work together at a local level to make sure there is appropriate support ready to work with that young person. It also illustrates the inter-connectedness between young people's risk factors and the benefits to all of those agencies from joint working.

#### Background

Our Teenage Pregnancy Strategy was revised in 2007 following a visit from the Teenage Pregnancy National Support Team (TP NST) in February 2007. At that time we identified a significant gap in terms of working with young people at risk of becoming teenage parents/young people who are generally vulnerable. Our Under-18 conception rate at the time was particularly high and had remained static for many years.

In order to bring about a reduction in under 18 conceptions, preventative work was seen as key. We drew on national research relating to teenage pregnancy and early intervention, as well as focus groups with young people and professionals, multi agency meetings of professionals, together with feedback and support from the TPNST.

In order to identify young people at risk we needed the right tools so we developed a screening toolkit, (including guidance for professionals). The toolkit mirrors the sections of the CAF<sup>1</sup> documentation and has been built into local CAF guidance and procedures. Amongst other themes it covers health, learning, background, family history, substance misuse. As well as being used initially as part of the Teenage Pregnancy (TP) Strategy, a lot of the risk factors are generic enabling us to identify young people who are vulnerable and in need of a wide range of support, (they may be at risk of pregnancy, becoming NEET, involved in crime etc).

In order to support young people at risk, a dedicated Teenage Pregnancy Prevention Team was established in September 2007.

In 1998 (baseline year) our under-18 conception rate was 68.5 per 1000 15 - 17 year olds, equating to 305 actual conceptions. During 2007 (the year we revised the strategy) we saw an expected increase of 4.3% from the baseline (329 conceptions), with impact of the revised strategy expected during 2008.

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<sup>1</sup> Common Assessment Framework

## Aims and Objectives

### Aim

To bring about a reduction in under 18 conceptions (and contribute to linked agendas, i.e. ensuring continuing education, young people not involved in crime etc).

### Objectives

- Identify and support young people at risk.
- Gain the view of young people and professionals to shape service plans / delivery.
- Ensure appropriate training of the workforce in respect of identifying risk.
- Ensure that young people receive support and services that are appropriate, timely and value for money.
- Ensure connectivity and integration of all key elements of the revised TP strategy.
- Identify gaps in service provision with particular reference to the views of service users.

## Appropriateness

The early identification model is particularly appropriate as it allowed us to swiftly identify young people at risk of pregnancy, or who are vulnerable and in need of support. The screening toolkit and associated training, (mandatory for all front line staff and managers across Children and Young People's Services (CYPS) and Connexions), is now widely accepted and used across all five neighbourhood areas by many young people and professionals. We have supported large numbers of colleagues from other local authorities in developing a similar model.

Local conception data has been used to provide more timely information regarding 'hotspot' areas for under 18s conceptions, which in turn has been mapped against hotspot areas for young people not in education, young people involved in crime etc, in order to give us a more complete picture of areas of need across the city.

We have consulted with young people and professionals and have trained young people, foster carers, social workers, training providers, schools and many more. We have also engaged with parents through our parents' engagement partnership.

The early identification model compliments other key elements of the revised Teenage Pregnancy strategy including a new area-based delivery model for Contraception and Sexual Health services, where all clinics are now walk-in clinics for under 25s, with no appointments. These had previously proved to be a barrier for young people, and not timely. There are close links between the model and the introduction of our multi agency centres (MACs Places) which offer drop-ins from a range of different agencies including the Teenage Advice Service (Pregnancy Prevention Team), Connexions, the Youth Service, mental health services, the police, substance misuse services, Quit Smoking service, Clinic In a Box service, young people's panel (peer support) and many more.

Agencies complete the same data return in order to overcome the barriers of data being collected in differing ways. This has meant that it has been much easier to analyse the throughput of Multi Agency Centres (MACs) and the type of interventions that young people require. In addition, the agencies all attend steering groups for each MAC that they support where joint decisions and planning are facilitated and strategy leads for MACs attend quarterly task group meetings. This ensures consistency across the Centres.

There were seven pilot MACs, and this has been extended to a total of 21 MACs: 16 MACs in secondary schools (including two special schools, and one faith school, two PRUs) with plans to roll out into the remainder. In addition we have MACs provision in our main College (two sites), and are currently running a MACs Pilot in four of our primary schools. The centres have been identified in area inspections as 'an excellent example of integrated working'.

The Centres operate drop-in services for young people from a range of different agencies. The drop-in sessions are instant access and therefore we have reduced waiting times in mainstream service delivery.

The Teenage Pregnancy Prevention Officers provide training in identifying risk. More than 600 professionals<sup>2</sup> have been trained across the City. The Prevention Officers offer a range of provision suited to the needs of individual young people. They offer intensive 1:1 support to young people identified as high risk. This intervention will involve support in all areas identified as part of the screening process. They act as lead professional, where appropriate and ensure that young people are provided with a co-ordinated multi agency action plan. The intensive support covers a range of areas from contraception/sexual health, support with education, substance misuse, self esteem/aspirations, careers and many more.

The team also offer group sessions for young people identified as medium to low risk, covering the same issues as with the intensive support but at a lower level and more suited to group delivery.

The final intervention is the drop-in service as part of MACs (and in non- MACs) settings. This is a service that young people visit on a voluntary basis in order to receive sexual health and contraception advice and support and much more.

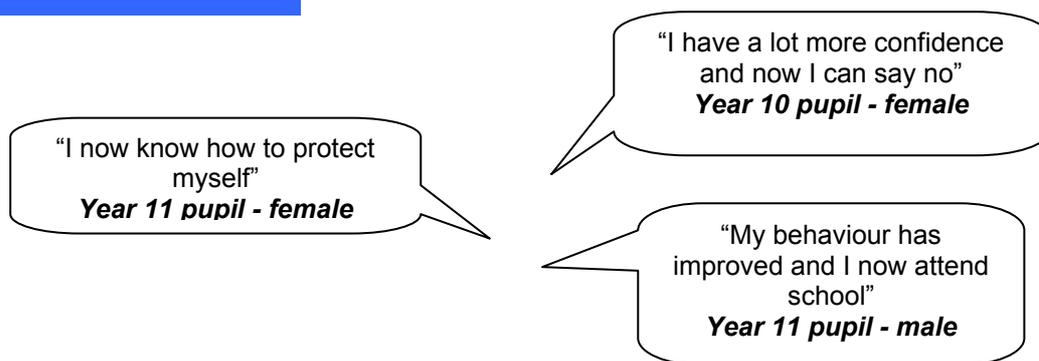
## Accessibility and Acceptability

- The prevention service is widely accepted across the city with all key agencies trained to identify risk and make appropriate referrals.
- The drop-in services across MACs (and other) settings, provide instant access to a range of advice and support, reducing waiting times and removing appointments.
- A recent evaluation of the seven pilot MACs gained the views of many young people (i.e. 1,500 questionnaires returned, and 14 focus groups held with young people who had accessed the centres, and those who had not). There was a considerable amount of evidence that MACs are providing the support and guidance that many young people require across the City.
- The evaluation found that the range of services offered varies across the schools but for the most part schools are offering a range that is appropriate to the needs of the majority of pupils who feel the need to seek advice and guidance. Again the evidence suggests that the majority of pupils who have sought help have found the service they have consulted provide a service that is either useful or very useful.

- MACs services are delivered on school and other sites, making it particularly easy for young people to access the services.
- MACs provision also operates in special schools and a faith school.
- Dedicated resources have been developed to use with young people with Learning Difficulties or Disabilities.
- The prevention team will visit young people in a venue/setting of their choice (including youth centres, school, home, youth buses, college etc).
- Robust training for professionals has facilitated more appropriate timely referrals for young people at risk.
- Young people have a significant say in service design and delivery.

**Teenage Pregnancy used to be seen as a ‘topic’ dealt with by specialist agencies, it is now everybody’s business.**

### Service User Feedback



### Partnership Working

- More collaboration between agencies is evident.
- Single data collection, joint planning/meetings as part of MACs.
- Young people’s panels attached to all MACs provision to ensure that young people have a say in how the centres are shaped. The panels are due to be trained in the validation of ‘You’re Welcome’ submissions and will form part of the validation panel.
- Multi agency strategic meetings/ plans/ delivery related to the TP strategy.
- Multi agency needs assessment (teenage pregnancy) is currently being revised alongside the CYP needs assessment, the JSNA, and the IYSS needs assessment.
- Continued Multi agency ‘experts’ involvement to inform the next phase of the teenage pregnancy reduction approach, including further integration of teenage pregnancy and sexual health services.
- MACs have encouraged reconfiguration of services to operate on a drop in basis, providing instant access for young people.

## Funding

Discussions are currently underway to mainstream MACs funding due to the small amounts of funding for each Centre (i.e. £5,000).

Service redesign gives the opportunity for mainstream funding to incorporate costs which had previously been supported by the local Teenage Pregnancy element of the Area Based Grant.

Many areas have incorporated use of the assessment tool with their existing programmes of training around SRE at no extra cost.

## Effectiveness, Efficiency and Equity

- The prevention team have worked with over 350 young people identified as high risk.
- They have worked with more than 500 additional young people in group settings, and have received visits from over 6,000 young people as part of the drop-in service<sup>3</sup>.
- Stoke has seen a fairly steady reduction in the rolling average under 18 conception rate from Q4 2007, to Q3 2009. The timeline for the establishment of the prevention team correlates directly with the consistent quarterly reductions. The conception rate for 2008 was the best since the Teenage Pregnancy Strategy started in 1999. There has been a reduction of 10.6% from the baseline in 1998.
- The formal evaluation of the 7 pilot MACs Places consulted with many young people, professionals, and multi agency centre hosts (schools). The evaluation made 7 recommendations most of which have now been addressed.
- The screening toolkit is about to be included as part of the initial healthcare assessments for Children in Care to ensure appropriate referral and support.
- Specialist resources have been developed for young people with Learning Difficulties or Disabilities
- Stoke has also seen much better results in supporting young people into education/training, and for reducing first time entrants to the criminal justice system. These areas are also considered due to the close working practices now evident across different agendas.

## 5 Key Steps to Setting Up the Service

1. Ensure that you know what you are trying to achieve and are aware of the needs in your area, especially priority agendas.
2. Consult with many young people and professionals before deciding on service provision for your area.
3. Ensure that you have the tools to identify young people at risk (e.g. we have the toolkit and MACs in particular) and ensure that you have support services in place to support young people once identified, (e.g. prevention officers, multi agency teams, MACs etc).
4. Ensure robust workforce development is in place (eg mandatory training relating to the identification of risk).
5. Consider the indicators that compliment each other, and where joint delivery can contribute to numerous agendas/targets.

## Contact Details

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