

### **1.3 Teenage sexual health and pregnancy; through to reintegration into education.**

#### **Introduction**

Jane is 15 lives at home with both her parents and her younger brother and sister in a house privately owned by her parents. She describes herself as white British. She has a reasonably good relationship with her parents and extended family. She has good relationships with adults in her school and is generally doing well.

#### **Current service delivery within universal provision and presenting issues**

Jane suspects that she may be pregnant. She has her pregnancy confirmed through access to free pregnancy testing at the drop-in health centre on her school site, which is provided as part of the extended school services. She is offered confidential and impartial advice from a nurse. The nurse is concerned for her welfare given her age and asks about the father, reminding her that any information she gives will be regarded as confidential and will not be shared, unless not to do so would place her at risk of significant harm. Jane refuses to name the father who was her boyfriend.

#### **Initial targeted response**

The Nurse talks with Jane about the support available from the Teenage Parenthood and Pregnancy specialist mentors should she choose to keep the baby, and the options for abortion or adoption. The Nurse stresses the importance of Jane making the decisions she feels right for her and asks whether she would like to speak to a pregnancy counsellor. She also encourages Jane to speak to her parents so they can support her in what she chooses to do. Jane agrees to see a pregnancy counsellor at the school drop in centre.

She tells Jane that despite the information Jane has provided about the circumstances of her pregnancy, given her age, she has a responsibility to take precautionary action to Safeguard Jane's welfare. She tells Jane that she will need to discuss her situation with the local Child Protection (CP) lead. The nurse explains the role of the CP lead and reassures Jane that information she has given will be treated confidentially and that Jane's identity will not be disclosed at this stage, unless not to do so would place her at risk of significant harm. She also tells Jane that in line with the schools confidentiality policy she will not at this stage disclose the information Jane has provided, to her form tutor or any of her teachers, unless not to do so would put her at risk of significant harm. Jane, although not entirely comfortable with this, understands from the Nurse's explanation why a discussion with the CP lead is needed and is confident that her identity will not be revealed.

The nurse checks ContactPoint, contacts Jane's form tutor without disclosing the reason why she has come into contact with Jane. He confirms that she presents no cause for concern. She contacts the nominated CP lead to discuss the situation. Based upon the information that Jane and the form tutor have given and the nurse's own assessment, the CP lead feels that at this point a referral to social services is not necessary and the relationship was consensual.

#### **Outcomes of initial targeted response**

Jane sees the counsellor on three occasions over a period of a week. She enables Jane to discuss every option and how she feels about the pregnancy. After some

deliberation Jane decides to keep the baby. The counsellor helps Jane overcome her concerns about telling her parents. She advises Jane to meet with the Teenage Pregnancy (TP) Advisor as soon as possible. Jane can opt to see the advisor either at the children's centre or at the young people's drop-in centre attached at the school. The counsellor contacts the TP adviser and outlines Jane's situation.

### **Further actions leading to coordinated targeted response**

TP advisor recommends a common assessment of and tells Jane and her mother about the Common Assessment Framework (CAF). She explains how the information may be used and how this will help in securing the right support. She also tells Jane and her mother about ContactPoint and how information from the common assessment and the services she receives, are recorded. She reassures Jane and her mother that the TPSS is classed as a 'sensitive service', details of the service would not be shown on ContactPoint, only an indication of an unspecified service would be visible on her record. She tells them that contact details for practitioners providing sensitive services are included on the Contact Point only with the subject's consent. She also tells them that the information recorded on the CAF will only be shared with others with her consent, unless it was felt that not to do so would place her at risk of significant harm.

Jane is reassured that she will be supported in coming to terms and dealing with the pregnancy and that the information on the CAF will help to ensure that she receives the kind of support she feels is right for her baby.

The common assessment of Jane's needs using CAF draws upon the information already collected by the school nurse and by the school. It is emphasised how important it is for Jane and her baby to receive regular antenatal checks and that an appointment is made for Jane with a midwife as soon as possible. Jane agrees for the information in the CAF to be shared with the team of midwives. Jane is worried about having time off school for antenatal care. Jane and her mother are told that Jane is entitled to 18 calendar week's authorised absence and that she will be supported to remain in school and continue with her education. TP advisor suggests that Jane and her parents and herself, meet with the schools pastoral lead and the Reintegration officer from the local authorities School Inclusion Team to discuss how Jane can be supported. She explains about the role of the Reintegration officer.

### **Outcomes of coordinated targeted response**

TP advisor tells Jane what the role of lead professional involves and how she would be the main point of contact for any questions or concerns that Jane and her mother may have. She would also act as a point of liaison between Jane, the TPSS, which will continue to be recorded as a sensitive service. Given this provision, Jane is happy for her to be her main point of contact and for her details to be recorded on ContactPoint. They agree to share the information from the common assessment with the Reintegration Officer and liaise with them regarding a meeting.

TP advisor is recorded on ContactPoint as lead professional and records the common assessment information on the eCAF system. This automatically updates Jane's record on ContactPoint, which now shows that a common assessment has been undertaken. It also shows the involvement of an undisclosed sensitive service.

The CAF is used as a TPSS referral and this information, along with the common assessment passes to the team of designated midwives.

### **Further actions leading to specialist response**

Using the information from the common assessment a care plan is agreed with Jane. Jane is assigned to one of a team of dedicated midwives who will see her through her pregnancy. She is given information about the options available to her for antenatal care, and for the birth of her baby. She opts to attend the teenage antenatal drop-in service at the children's centre where she can meet other young mothers and access information about health and nutrition, breast feeding, antenatal and parenting classes.

TP advisor arranges a meeting for Jane and her parents at the school with the schools pastoral lead and Jane's form tutor. At the meeting each member explains their role to Jane and her parents. Jane feels that she would like to remain in school as long as possible as she doesn't want to lose touch with her friends or miss out on her schooling. It is agreed that Jane will remain in school until she is 34 weeks pregnant when she will start her authorised absence period of which she will be taking 16 weeks. Until then she will be allowed additional authorised absence to attend the teenage antenatal drop-in once a week. She can also attend a parenting and childcare class run by the TPSS. The school nurse will provide pastoral support to Jane whilst at school via the school's drop-in centre. As lead professional, TP advisor will coordinate regular reviews of Jane's progress and care.

Jane receives her third scan after 24 weeks and talks with her midwife about options for the birth of her baby. She decides to have her baby in the midwifery led unit at the local hospital. Jane is very apprehensive about the birth but is reassured that one of the midwives from the TPSS will deliver her baby.

### **Outcomes of specialist response**

Jane is supported in keeping up with her studies by her learning mentor and continues to attend the antenatal drop-in. As her pregnancy progresses Jane begins to feel uncomfortable at school and different from her school friends. She is feeling increasingly conscious of her pregnancy and tends to feel happier with the new friends she has made at the antenatal drop-in. However despite her feelings Jane would prefer to remain in school. Jane uses the drop-in centre on the school site as a place to take time out during school breaks and talk with the nurse about how she is feeling as this is sometimes used by other young mothers. It is agreed with Jane's form tutor that Jane will be able to leave school slightly earlier than the other pupils so that she can avoid the school rush.

At 34 weeks Jane begins her period of authorised absence. Her form tutor co-ordinated work set for Jane to complete at home and the learning mentor visits once a week to provide additional support with her studies. Jane's midwife, also visits Jane at home to check on how her pregnancy is progressing. Jane enjoys attending a parenting and childcare course at the antenatal drop-in where she learns about all aspects of caring for a new born baby including the benefits for breastfeeding.

### **Appropriate maintenance within universal provision**

At 40 weeks Jane has a problem free birth with the support of her midwife and her mother at the midwifery led unit at the hospital. She gives birth to a baby boy, Ethan. Whilst in hospital Jane is helped and encouraged to start breast feeding Ethan by

a maternity support worker who tells Jane about a peer breast feeding scheme that is run by one of the maternity support workers from the TPSS with the support from older mothers. The scheme has four trained peer mentors, all of whom are young parents. Jane is very resistant to the idea but with the encouragement of the midwife and her mother she resolves to try.

With Jane's agreement the midwife arranges for the maternity support worker to visit Jane at home so she can tell her about the scheme and introduce one of the mentors to Jane's. She and Ethan are discharged home three days later after the delivery with information about pastoral care, including a leaflet about the breast feeding scheme, which has been developed by young mothers themselves. Jane is given the contraception she has chosen to use and asked whether she has any queries or concerns about its use.

The midwife and TP advisor visit Jane and her baby at home soon after the birth to see how they are doing. Jane is having difficulty adjusting to looking after her new baby, especially coping with breast feeding but a visit from the maternity support worker and a peer mentor has helped. Jane has arranged to meet her mentor twice a week for the first month. The midwife re-emphasises the benefits and the advantages and stresses to Jane's mother how important it is that she support Jane as much as she can in her decision to breast feed. She also gives Jane and her parents information about Jane's entitlement to claim child benefit for Ethan and that if her parents are in receipt of child tax credit that she and Ethan could be included in their claim. They may also be eligible for a maternity grant.

Ethan's eight week post natal check reveals he is doing well. Jane has been assigned a peer breastfeeding mentor and enjoys the opportunity to share her concerns and experiences with someone her own age. As a result she feels more supported and encouraged to persist in breastfeeding Ethan. The midwife explains to Jane that support for herself and Ethan will be transferred to Eleanor, a health visitor from the TPSS, who will support Jane over the next three months. Jane agrees for her TPSS case records and information from her common assessment to be shared with the health visitor. She reassures Jane that the TP advisor will continue to support her over the next 12-18 months.

At the end of her authorised absence Jane returns to school. She is apprehensive about being at school again and leaving Ethan but is reassured that she will continue to be supported by TP advisor and her learning mentor. The work she completed whilst she was on authorised absence means that she is not too behind in her learning. Her learning mentor helps her to settle back into school and catch up with her studies. Whilst at School Jane's baby is looked after by a crèche operating from the school site as part of extended school services. She is encouraged to spend her lunchtimes and breaks with Ethan allowing her to breast feed him and meet other young mothers. Jane's health visitor arranges to meet Jane at the schools drop-in health centre.