

Best practice guidance on the provision of effective contraception and advice services for young people / Teenage Pregnancy Unit.

Contributors

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BEST PRACTICE GUIDANCE
ON THE PROVISION OF
EFFECTIVE CONTRACEPTION
AND ADVICE SERVICES FOR
YOUNG PEOPLE



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Best practice guidance on the provision of effective contraception and advice services for young people

Summary

The NHS Plan has set a target of a 15% reduction in the rate of conceptions among under 18s. This is to support the longer term Government goal of halving this rate by 2010.

Young people's use of contraception is often erratic and inconsistent and the majority visit advice and contraception services only after becoming sexually active. Improving access to services by young women and young men is central to the Government's strategy and is a specific action point of the Teenage Pregnancy Strategy.

Research looking at the factors affecting changes in rates of teenage conceptions, identified the introduction of young people's contraceptive services as a key feature in areas with declining rates on conceptions to under 16s.

Studies with young people have identified the features of a trusted and accessible service. These include an age specific focus, confidentiality, non-judgmental staff, accessible locations and opening hours, a friendly atmosphere and publicity in places where young people meet. To be effective, contraception and advice services for young people should be commissioned and provided against these criteria. Young people should be involved in planning and evaluating services.

Investing in contraceptive services saves the NHS money. On figures produced by the NHSE National Schedule of Reference Costs (1999), the Faculty of Family Planning and Reproductive Health calculate that an average investment of £80 per year to provide contraception to a teenager under 18, will result in a direct saving on abortion or maternity costs to the health budget of £750 for each pregnancy prevented.

Action

Local teenage pregnancy co-ordinators should work with commissioners, Primary Care Groups/Trusts and other NHS Trusts to:

- review services against this best practice guidance;
- action an on-going programme of service development, which involves young people, to ensure implementation of this guidance;
- establish links with other sexual health and youth services to explore the potential of partnership working.

Health Authorities should monitor performance of those delivering services against this best practice guidance under their Health Improvement Programmes as one of the key actions required to meet local teenage conception targets.

Where there are resource consequences to planned action these need to be fed into local SAFF discussions.

Involving young people

Services should be planned and evaluated in consultation with young people who reflect the diversity of the local community. Consultation should focus on service models, location, opening times and publicity. Young people's involvement should be ongoing.

Age specific service

Services should encourage access by younger teenagers by setting an upper age limit of 25 and encouraging older people to access other appropriate services. Primary care may also consider running separate sessions for young people to improve their uptake of contraceptive advice.

Confidentiality

Confidentiality is of paramount importance to young people. Health professionals are bound by their professional codes of conduct which state that their duty of confidentiality to younger patients, including under 16s, is the same as that owed to older patients.

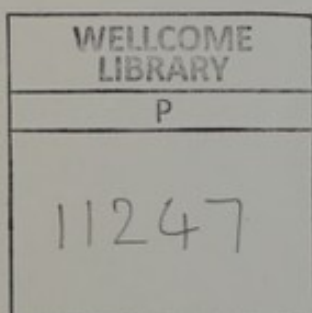
All services providing contraceptive advice should have an explicit confidentiality policy which young people are made aware of.

If a request for contraception is made by a young person under 16, health professionals should work within the current legal framework and refer to Health Circular (86)1/HC(FP)(86)1/LAC(86)3 *Family Planning Services for Young People*. If the young person is not competent to consent to treatment, and treatment is therefore not given, a request for confidentiality should be respected. There may be rare cases when a health professional believes that a young person is being exploited or abused, or is in some danger of so being. In such a situation they should follow locally agreed child protection protocols, as outlined in *Working Together to Safeguard Children*.

Staff attitudes

Non-judgmental attitudes are essential for effective communication with young people. This is an essential criterion in staff recruitment.

All staff should have an individual on-going development plan within the organisation's workforce plan. This should cover working with young people – including those at the lower end of the age spectrum – black and ethnic minorities, young men, bisexual, gay and lesbian young people and others with special needs.



Atmosphere

Services should be in non-clinical and comfortable environments. Décor, including posters and magazines should be young people focused, inclusive of young men's culture, and reflect the diversity of the local community. The use of radio or TV can create a more informal atmosphere and help to protect the confidentiality of clients at reception.

Location

The location of services should offer young people easy access with sufficient anonymity. They should be:

- accessible from schools, colleges, and places where young people meet;
- on a regular bus/train route;
- accessible to young people with pushchairs and those with physical or learning disabilities.

Services in generic youth friendly settings (and mobile services where appropriate) may be more acceptable to young people who are apprehensive about seeking contraceptive advice. Young people's services that deal with other aspects of health e.g. sexually transmitted infections, diet and acne would be a valuable model, as might a service placed in a youth project or leisure setting.

Opening hours

Young people find it easiest to access advice when services are open every day.

More restricted opening hours should:

- match young people's availability and leisure time e.g. after school and weekends;
- take into account the timing and limitations of local public transport, particularly in rural areas;
- be responsive to when there is the highest need for emergency contraception, i.e. around weekends.

When services are closed, young people should be clearly signposted to the nearest source of advice, including specific information on access to hormonal emergency contraception through accident and emergency departments, pharmacies working to Patient Group Directions, NHS Walk in Centres and other NHS services such as GP out of hours service.

Contraceptive and sexual health advice

To be effective, services should offer young people the time and support to make informed choices about their relationships and sexual health. This is particularly important for younger teenagers. Services should also ensure that young people

understand how to use their chosen contraceptive method, together with condoms to protect against infection. Care should be taken to ensure young people understand the risks of using contraception erratically and how to access emergency contraception if contraception is not used. A minimum level of service should provide:

- staff trained in counselling skills;
- condoms, hormonal contraception, including emergency contraception and where possible injectable contraceptives;
- pregnancy testing and non-judgmental advice;
- referral for NHS abortion services and antenatal care;
- wherever possible, chlamydia testing and treatment with partner notification undertaken in collaboration with local STI services;

Services should also offer verbal and written information about the following issues and support young people in accessing local services providing:

- the full range of contraceptive methods;
- STI screening and treatment;
- non-judgmental pregnancy counselling;
- support services for teenage parents (e.g. Sure Start Plus);
- youth counselling.

Links should be established and maintained with other supportive services, such as youth agencies, which provide advice and information on sexual health, so that they are able to actively facilitate onward referral when appropriate.

Pregnancy testing and pregnancy counselling

Apprehension about the disclosure of a pregnancy deters many teenagers from seeking early advice. As a result, a disproportionate number have abortions after the first trimester and attend late for antenatal care. Local services and publicity should encourage:

- early uptake of pregnancy testing, pregnancy counselling and referral to antenatal services when appropriate;
- quick referral to NHS funded abortion services, where abortion is the agreed course, in line with the Royal College of Obstetricians and Gynaecologists Evidence Based Guideline 7, (March 2000).

Practitioners with a conscientious objection should refer the patient to another doctor as soon as possible.

Publicity

Publicity materials should have resonance with the target group and highlight the words 'free' and 'confidential'. The term 'family planning' should be avoided. In liaison with local teenage pregnancy co-ordinators, information about services, including the address, telephone number and opening times, should be provided to:

- schools, so that young people have access to, and information about contraceptive information, advice and services, as highlighted in the DfES Sex and Relationship Education Guidance and the National Healthy School Standard requirements;
- colleges, community centres, leisure centres, bars, clubs and cinemas and other places where young people meet;
- local phone directories Thomsons and Yellow Pages, listed and cross referenced under 'contraception', 'pregnancy testing' and 'sexual health';
- all professionals working with young people and all other sexual health service providers.

References

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This guidance was issued by the Teenage Pregnancy Unit in 2000. The Unit co-ordinates the implementation of the Government's Teenage Pregnancy Strategy in England. It is based in the Department of Health and is funded by a number of Government departments.

Further copies of the guidance are available from the Teenage Pregnancy Unit, Wellington House, 133-155 Waterloo Road, London SE1 8UG or by visiting the units website at www.teenagepregnancyunit.gov.uk

*Available on the Teenage Pregnancy Unit Website.

