Teenage Pregnancy: Accelerating the Strategy to 2010

Trudy Mills
Teenage Pregnancy Co-ordinator
East Sussex County Council

Teenage Pregnancy Unit

Teenage Pregnancy Strategy (1999): the goals

- ★Halve the under 18 conception rate by 2010 – a joint DfES and DH Public Service Agreement - as part of a broader strategy to improve sexual health

- ★Improve the health and social outcomes for teenage parents and their children, with a goal of 60% of 16-19 mothers in education, employment or training (EET) by 2010

- ★10 year strategies in each top tier Local Authority - led by local teenage pregnancy co-ordinators with Teenage Pregnancy Partnership Boards and integrated into the Children and Young People's Plan ..and TYS

Teenage Pregnancy: a continuing priority for 2008-11

- Under 18 conception rate one of the five national indicators in the new Public Service Agreement (14) – *Increasing the number of children and young people on the path to success* - with NEETS, Positive Activities, Substance Misuse and New Entrants to Criminal Justice System

- Local Government National Indicator Set (NIS) includes under 18 conception rate, chlamydia prevalence in under 20s

- New Local Area Agreements: each LA, with partners, to select up to 35 improvement targets from the NIS, and integrate actions into revised Children and Young People Plans – with sign off by May 2008.

- TPU briefing on relevant indicators in the NIS to inform LAA negotiations and planning

Progress to date: 1998-2005

★13.3 % decline in under 18 conception rate

★13 % decline in under 16 conception rate

★Under 18 rate at the lowest level for 20 years, but decline needs to accelerate

★.. and progress varies between areas

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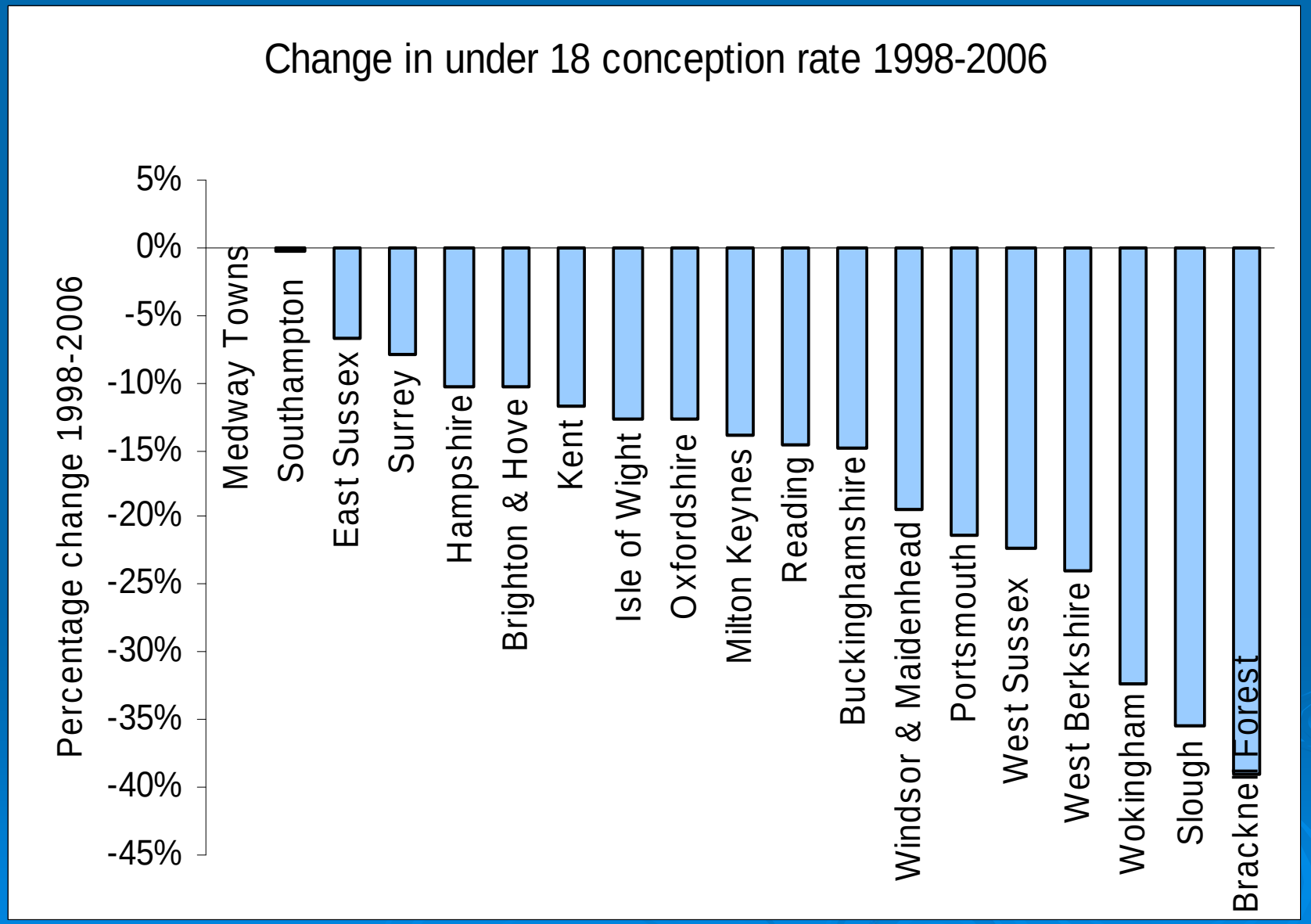
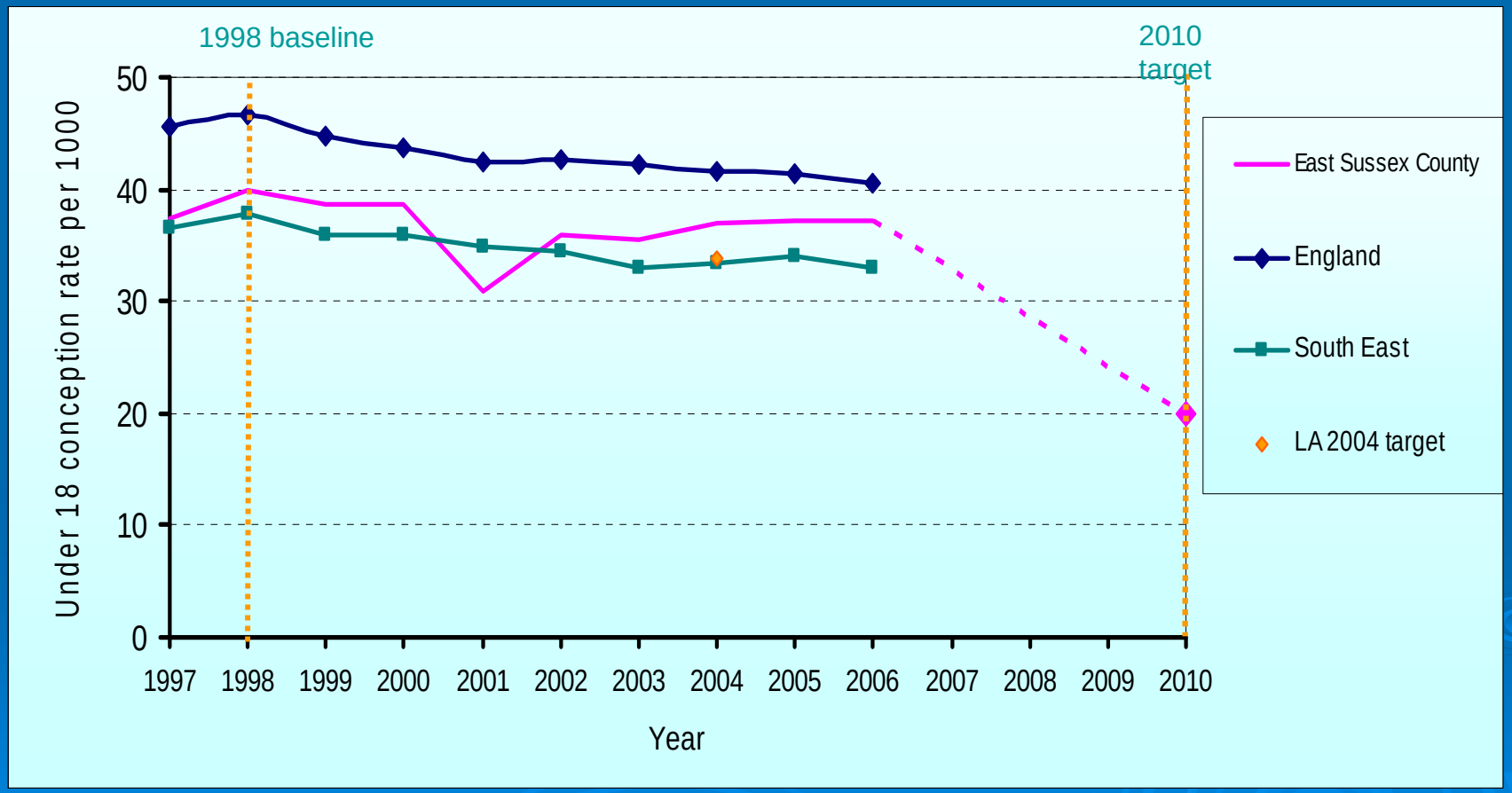
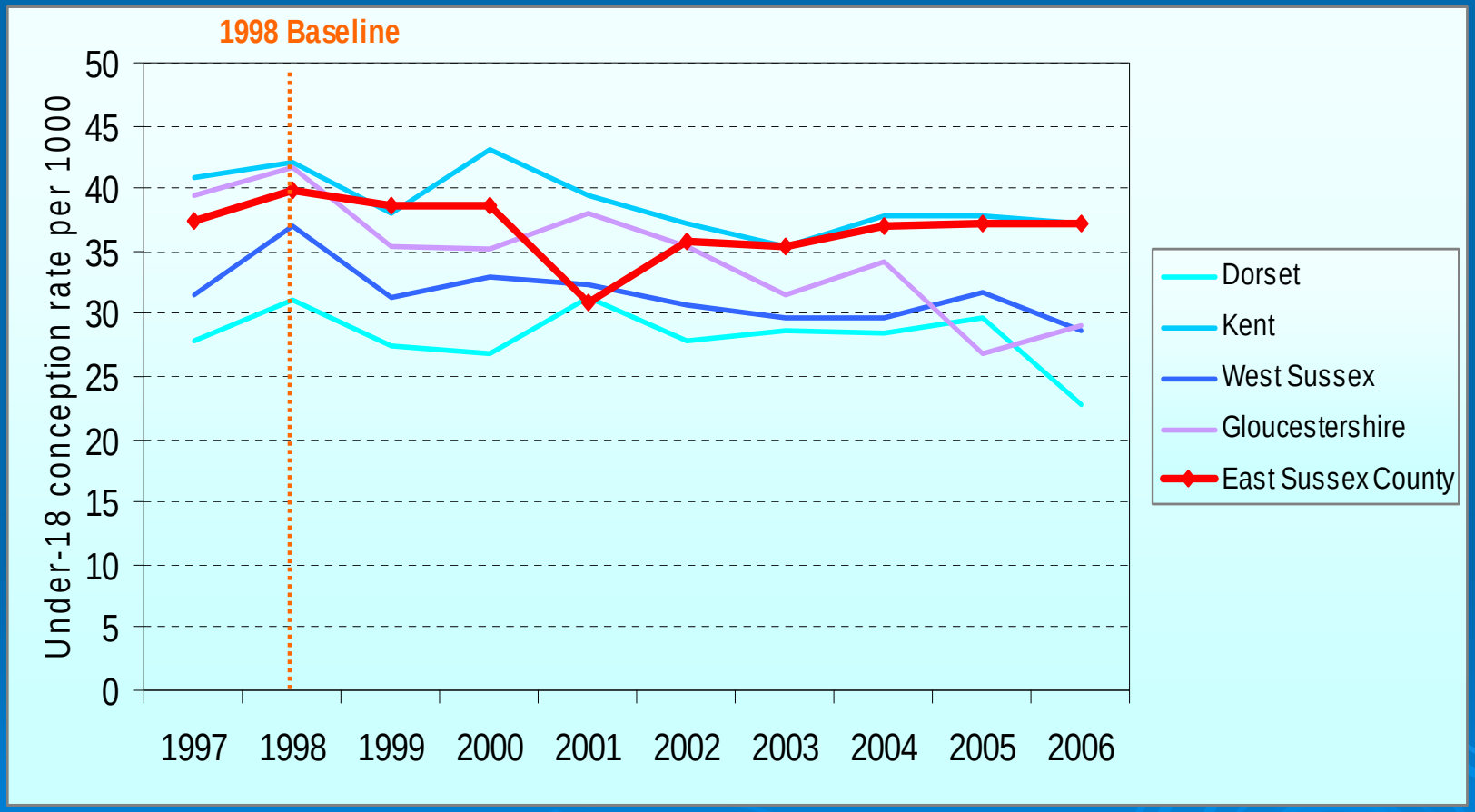

Change in under 18 conception rate 1998-2006
Percentage change 1998-2006
5%
0%
-5%
-10%
-15%
-20%
-25%
-30%
-35%
-40%
-45%
Medway Towns
Southampton
East Sussex
Surrey
Hampshire
Brighton & Hove
Kent
Isle of Wight
Oxfordshire
Milton Keynes
Reading
Buckinghamshire
Windsor & Maidenhead
Portsmouth
West Sussex
West Berkshire
Wokingham
Slough
Bracknell Forest

U18 Conceptions Trends in East Sussex



Statistical Neighbour Analysis



East Sussex County Statistical neighbour analysis

- U 18 conception trends

LA code	LA	Deprivation score	Under-18 conception rate 1998	Under-18 conception rate 2006	% difference 1998-2006
21	East Sussex County	17.3	39.8	37.2	**-6.7%**
29	Kent	16.0	42.1	37.1	**-11.8%**
19	Dorset	13.0	31.1	22.7	**-26.9%**
45	West Sussex	11.9	37.0	28.7	**-22.4%**
23	Gloucestershire	13.5	41.6	29.2	**-30.0%**

3Yr aggregated district rates

	1998-00			2001-03			2004-06			*% change in rate*
East Sussex County	Number	**Rate**	*% leading to abortion*	Number	**Rate**	*% leading to abortion*	Number	**Rate**	*% leading to abortion*	*98/00 - 04/06*
Eastbourne	199	50.6	*48*	206	42.9	*44*	229	46.2	*44*	*-8.6%*
Hastings	291	65.1	*33*	231	47.8	*41*	310	59.3	*39*	*-8.9%*
Lewes	197	40.9	*51*	162	33.7	*47*	155	29.8	*52*	*-27.0%*
Rother	129	32.0	*49*	131	30.7	*40*	159	34.7	*51*	*8.5%*
Wealden	167	21.0	*52*	170	22.1	*56*	207	24.1	*59*	*14.6%*

N.B. Rates are per 1000 female population aged 15-17.

2004-06 data are provisional

Rates for 2001-2003 were rebased in November 2007 using revised population estimates (August 2007)

Sources: Office for National Statistics and Teenage Pregnancy Unit

Teenage Pregnancy: what's working in areas with declining rates

The ten key characteristics of successful programmes

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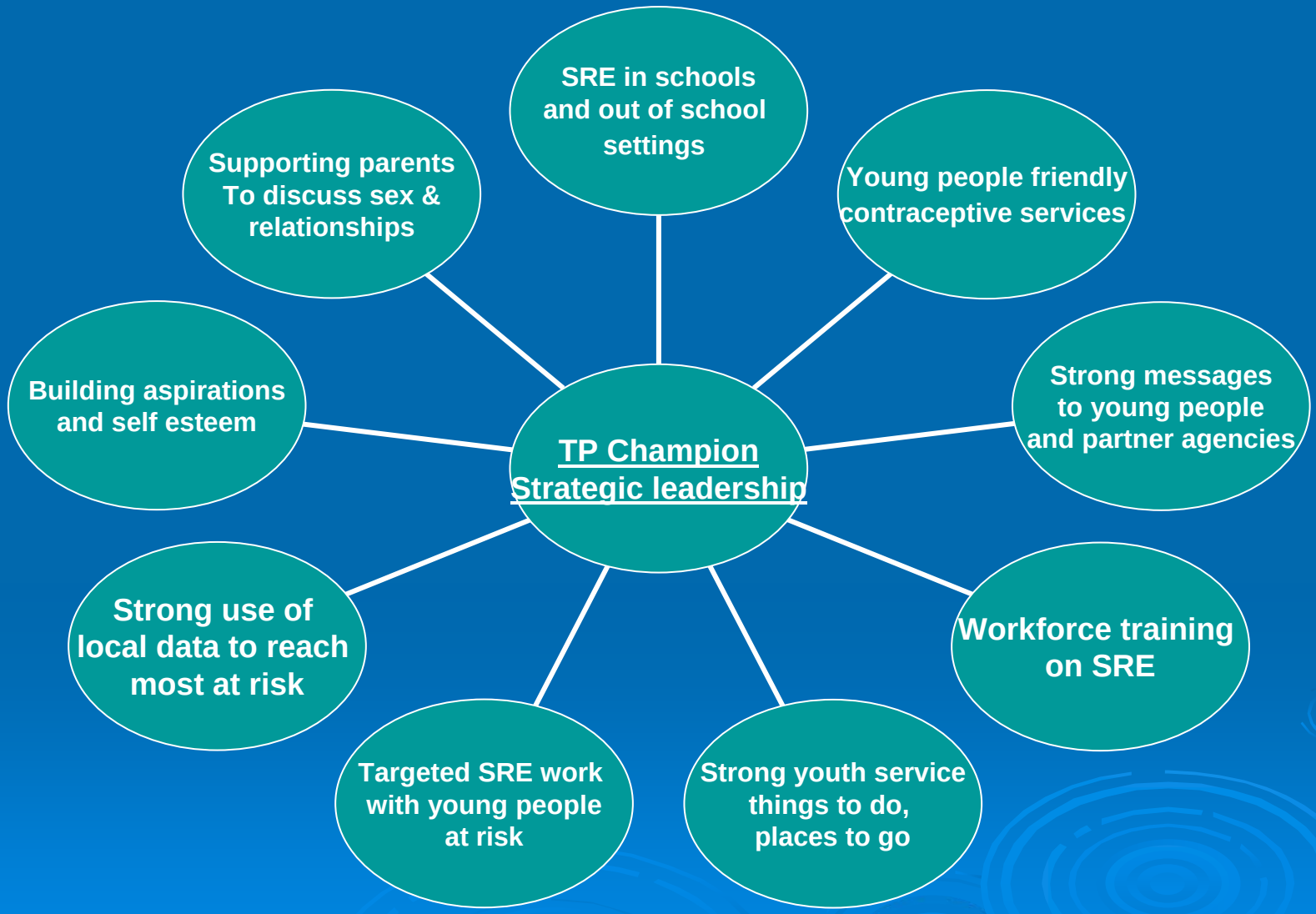
SRE in schools and out of school settings
Supporting parents To discuss sex & relationships
Young people friendly contraceptive services
Building aspirations and self esteem
TP Champion Strategic leadership
Strong messages to young people and partner agencies
Strong use of local data to reach most at risk
Workforce training on SRE
Targeted SRE work with young people at risk
Strong youth service things to do, places to go

Key success factors reflect international evidence based on prevention of early pregnancy and STIs

- ★Clear accurate messages on risks of unprotected sex to young people, in their own media
- ★Open and supportive discussion with parents/carers
- ★ SRE in schools and out of school settings providing knowledge **and** skills on delaying early sex, risks of unprotected sex and effective contraceptive/condom use, linked to …
- ★Easy access to confidential youth friendly contraceptive/sexual health services
- ★Emotional resilience and aspiration - adding the motivation to the means to prevent pregnancy

ALL factors in place: universal provision for all young people with strengthened delivery to those most at risk

➲ Targeted Youth Support

Reducing teenage Pregnancy the overlapping risk factors

★Strong links with deprivation but education attainment appears to have **overriding** influence: rates double in similarly deprived wards where girls achieve poorly at GCSE

★Poor school attendance – dislike of school important predictor

★Low maternal educational aspirations of daughter at age 10

★LAC/ care leavers – 3 times prevalence of motherhood <18

★Young people with mental health problems

★Young people in trouble with the police and involved in crime

Strengthening local delivery to young people most at risk

- Development of specialist PSHE teams, recruitment onto PSHE certification programme and Healthy Schools status prioritised for schools serving hotspot wards - and Pupil Referral Units

- Provision of contraception/Chlamydia screening/condom distribution schemes in target schools as part of multi-agency drop in services – and in FE colleges: 80% of under 18 conceptions are to 16-17 year olds, many of whom will be in FE settings

- Targeted publicity of services to young people at risk – with publicity boosts at key times of the year – e.g. December/January

Strengthening local delivery to young people most at risk

- ★Youth development and ‘positive activities’ programmes targeted at disadvantaged young people – with focus on times of the year/time of day of key risk!

- ★Outreach work to young people most at risk – linking them into services providing full range of contraception

- ★Workforce training on SRE for professionals in touch with young people most at risk: Information Advice and Guidance providers/Cx PAs, youth support workers, YOTs, social workers/foster carers – *and TYS Lead Professionals*

Questions for Scrutiny Committee

young people still find it difficult to talk to their parents/carers about sex relationships. What can we do to help improve communication and support for parents and young people

Effective delivery of SRE how can we improve on delivery ? e.g. in Schools and Community / targeted work

Access to contraceptive and sexual health advice, what can we do to improve access focusing on schools and Further Education

More information for those who need it!

- *Teenage Pregnancy Next Steps: Guidance for Local Authorities and PCTs on effective delivery of local strategies* (July 2006)
- *Teenage Pregnancy: Accelerating the Strategy to 2010* (September 2006)
- *Teenage Parents Next Steps: Guidance for Local Authorities and PCTs* (July 2007)

Agenda Item No. 5

Committee:	**Scrutiny Committee for Children's Services**
Date:	**14 March 2008**
Title of Report:	**Key issues for reducing teenage pregnancy**
By:	**Director of Children's Services**
Purpose of Report:	**To report on recent teenage pregnancy data and key issues for teenage pregnancy**

Recommendation:
The Scrutiny Committee is recommended to consider and comment on the report and the current priority actions outlined in the Strategic Action Plan to reduce under 18 conception rates in line with the national target

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1. Financial Appraisal

1.1 A critical element of the strategic action plan (attached as Annex A) is to target resources in 2008/09 to help reduce rising conception rates in hot spot wards. Although the primary costs arising from the strategy will be met from the teenage pregnancy grant, it is expected that all agencies will support the implementation of the strategy.

2. Supporting Information

2.1 All local authorities have in place 10 year strategies in line with national policy and Local Authority Agreement (LAA) targets to prevent teenage pregnancy and support teenage parents, including Council Plan targets to reduce under 18 conceptions. These targets underpin national Public Service Agreement (PSA) targets shared jointly by the Department for Health (DH) and the Department for Children, Schools and Families (DCSF) to halve under 18 conceptions by 2010.

3. Performance Data

3.1 There is a fourteen month time lag in the publication of national statistics. To record a conception, the Office of National Statistics (ONS) first requires information on the birth or abortion resulting from that conception. As birth registration can legally be undertaken up to twelve weeks after the birth, information on the birth may not be available until 11 months after the date of conception. When all birth and abortion data is available, ONS requires 3 months to compile the conception statistics. The most up to date and complete data, therefore, is already two years old and this makes it difficult to track the effectiveness of the current strategy.

3.2 Provisional 2006 data shows an overall decline of 13.3 % in the under 18 conception rate between 1998 and 2006 for England.

3.3 Final re-based ONS data for 2006 in East Sussex shows a decline of 0.1 to 37.2 per 1,000 female population aged 15-17 for 2006. However, the Teenage Pregnancy Unit recognizes that one year figures are potentially unrepresentative of overall trends, as fluctuations between years can be quite marked. It, therefore, uses a three year period (the last three years each time the annual return is announced – see Annex B.)

3.4 ONS has released provisional 2006 conception statistics which have been re-based using revised ONS population estimates. District re-based statistics are expected by March 2008.

4. Progress to date against the Teenage Pregnancy Strategy

4.1 The structure of teenage pregnancy leadership and support has been strengthened by refreshing the membership and terms of reference of the multi-agency Teenage Pregnancy Board to ensure that it can effectively provide strategic direction.

4.2 In terms of delivery, there are now two Teenage Pregnancy Action Groups (one per Primary Care Trust) to deal solely with implementing actions. These are additionally supported by the identified champions and strategic links as above.

4.3 The East Sussex Teenage Pregnancy Partnership Board has reviewed and refreshed the strategy in line with the latest guidance based on good practice across the country. The strategy now outlines the attached priorities to take forward in order to achieve a further reduction in the under 18 (U18) conception rates for East Sussex.

5. Priority actions identified and currently being progressed

5.1 Five key priority areas have been identified to work progressively with in 2008/09, in order to achieve a further reduction in the under 18 conception rates for East Sussex. (Please see Annex D.)

6. Conclusion and Reason for Recommendation

6.1 The attached document is the teenage pregnancy strategy developed by the Teenage Pregnancy Strategic Partnership Board. It provides strategic direction for all young people's sexual health and teenage pregnancy services. It proposes that the strategy is reviewed and updated annually, and will take into account the changing needs of service users and the emerging teenage pregnancy national agendas. The Scrutiny Committee is asked to consider and comment on the report and support the strategic direction, key aims, objectives and priorities.

MATT DUNKLEY
Director of Children's Services

Contact Officer: Trudy Mills, Teenage Pregnancy Co-ordinator, Tel: 01323 769433

Local Members: All

BACKGROUND DOCUMENTS: None

EAST SUSSEX TEENAGE PREGNANCY STRATEGIC ACTION PLAN
2007 – 2008

Traffic Light Key:

	Green (G)	Achieved		**Amber (A)**	Some Progress		**Red (R)**	No Progress

SECTION ONE: Local Co-ordination and partnership arrangements

1 – Delivery of the Teenage Pregnancy Strategy is strategically linked with other key programmes of work, including the ECM

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
1.1	**Universal** Maintain reporting from the Teenage Pregnancy Partnership Board to Children and Young People's Strategic Partnership, representation at CTEG. Children Leads PCT Meetings. Ensure TP issues are in Local Area agreement plans.	**G**	TPBB Met b-monthly Attendance at CYPSPB	Chair /Board members / TPC AS	Bi-monthly	LIF funding for full time TPC	Increased awareness of TP issues at strategic level	
		G	Review TPPB membership Board to represent a more commissioning function, ensuring representation from the 4 key agencies.	Chair, TPC AS, TM	April 07		Key representation of all key agencies at TPPB	
1.2	Review and revise strategy in light of 'Next Steps' guidance DfES		Proposal of change of structure within PCT and LA children services	?Chair ?TPC				
1.3	There is clear commitment and responsibility of the TPPB to take forward the TP Strategy ensuring less dependency of the TPC	**G**	Sub-groups to be set up that will feed into TPPB	TPC TM	July 07		Local action planning completed	
1.4	Implementation of identified Key		Key commitment delivery	TPPB	Ongoing all		Key characteristics of	

	characteristics of self-assessment Toolkit		engagement from Key Agencies at TPPB level		year		self assessment implemented	
1.5	**Targeted** Establish strategic leads for teenage pregnancy at PCT level		Strategic development of local Implementation Plans done at PCT level Strengthen Links at strategic level between PCT and new Senior Manager /directors, Education and Youth Services				local area plans completed	
1.6	Link with YOT and YDS	**R**	Representation of YOT on board and at local level	Chair and TPC	May 07			
1.7	Strengthen Links with housing to raise profile of young parents with the county-wide housing strategy	**A**	Representation from housing and support partnership Board	Chair and TPC	May 07		Housing leads sit on local teenage pregnancy action groups	

2 – The Teenage pregnancy Partnership Board has a media and communications strategy in place to manage pro-active and reactive media work

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
2.1	**Universal** Communications leads are identified in each PCT(s) and in the local authority and media protocols for promoting the local strategy and for ensuring agreed consistent responses to media enquiries developed.	**A**	Communication Strategy to be refreshed Communications strategy needs to be developed ASAP. Key leads to be identified as requiring communications training.	TPPB /Sub Group T Mills R Watson	June 07	LIF funding where appropriate supported by PCT core funding	Strong media strategy in place	
		G	Communication sub-group to be set up with representation from the four key agencies				Relevant members identified and membership confirmed implementation of media campaigns	
2.2	Links are made with relevant national campaigns	**G**	Use existing young people groups linked to CYPSPB for views on venues and events		Ongoing all year	LIF funding if appropriate	4 campaigns run across the year Improved co-ordination	

			for forthcoming events and ideas.				of campaigns and links to young people's groups needed in H and R.	
			Run national campaigns especially linking with sexual health campaign	TM	Feb 08 July 08 December 08		Media coverage	
			Run Care to Learn events across County				Increased uptake of C2L applications	
		A	Evaluation of information and leaflets. Alongside campaigns to ensure effectiveness of materials				Evaluation Feedback Evaluation of leaflets and campaigns done through peer mentoring group and mystery shopper exercise in H and R. Youth Health trainers to be recruited to strengthen YP input and feedback.	
2.3	**Targeted** Promote services to young parents	**G**	Mad Magazine distributed widely county wide to all relevant areas				Feedback and evaluation Local H and R parenting groups regularly feed into MAD magazine and magazine is distributed to all relevant org in H and R.	
2.4	Ensure vulnerable hard to reach young people have access to information	**A**	LAC leads and SMS represented on TPPB	V Finnemore T Lavenne Hill			Monitor uptake of resources Impact needs to be measure through mystery shopper exercise and young people groups.	
2.5	Credit card review	**A**	Credit card scheme out to all schools				LAC Teams Credit card service information has been reviewed and pocket rocket leaflet detailing	

							seven days a week service provision to be completed by Nov.	

3 Detailed, accurate and up to date data and information is available to identify young people most at risk in order to provide effective targeted programmes

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
3.1	**Universal** ESTPSPB use TPU, ESCC and NHS (PCT) data to look at trends in conceptions, births and terminations	**G**	Develop local data, to indicate the trends and inform progress on local interventions; eg on births and terminations	JG data sub-group TM JS	May 07		Up to date data available for mapping of services Head of public health information for H and R to be present on East Sussex Steering group. Mapping software to be obtained to improve local service provision.	
3.2	IMD data related to local wards with TPU data on education attainment etc. Limited links between some local data sources eg births, schools, NEET for very local areas	**G**	Look at links between data on schools and Connexions information	Data sub-group	May 07		More robust data available. Efficient targeting of resources	
3.3	**Targeted** Limited Information on 'looked after' children, care leavers	**R**	Set up data sub-group. Reports to TPPB. Improve links and information sharing with agencies responsible for vulnerable young people	TPC TPPB /data sub group. SMS LAC TLH	May 07 Ongoing all year		Up to date information on numbers LAC pregnant	

SECTION TWO: Being Healthy

1 All young people receive quality Sex and Relationships Education within Personal Social and Health Education in schools, and out of school settings, including those in post 16 education.

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
1.1	**Universal** Increase percentage of primary and secondary schools engaged with healthy schools programme and has written policies in place	**G**	Policies – all schools undergoing Healthy schools review in 06/07 must have an SRE policy that has been reviewed in the last 3 years ie before 2003/04. 93% of schools signed up to take part in programme	PSHE and Healthy Schools Team	Policies – April 08	Core funding from sexual health budget	All schools have policies in place and are familiar with the TP strategy.	
1.2	PSHE /SRE training and consultancy are offered to all schools	**G**	1.All primary,secondary and special schools are offered training through network and consortia meetings; on central courses and school based INSETS. 2. 1:1 consultancy given to all schools taking part in HS programme and SRE training needs are identified. 3. Training also built into 3 projects: (1)Secondary Key Stage 4 (in 12 schools) (2)Primary Key stage 1 and 2 SRE audit (training follow up tbd but 4 schools likely (3) TP3 group facilitators training sessions 4. Training offered to teachers in ITT and those returning to teaching			Core funding from Sexual Health Budget with LIF bid supply cover	Identified schools have improved the planning, content and delivery of SRE, with reported increase in teacher confidence and more positive evaluations from children and young people. Projects: **KS4** – selected schools have action plans in place based on consultation. Training delivered or planned Yp more positive evaluations. **KS1/2**: 60% response from primary schools **TP3**: Positive focus group evaluations with yp. Schools sustain delivery of TP3.	

							Positive evaluations from ITT and returners.	
	PSHE /SRE is offered to governors as part of their training programme	**A**	Training – 2 year key stage 4 SRE project. 12 schools further training to be developed 07/08 Training – Teaching activities, exemplar lessons to be produced and piloted for key stage 4 Governor workshops to be delivered as part of central programme. Deliver in East/West locations		April 08	As above with LIF bid supply cover	Governors are all committed to delivery of consistent SRE/PHSE within their schools	
	YDS SRE guidelines disseminated							
	YDS sexual health programme in place	**G**					YDS east delivering sexual health programme in community venues and schools across H and R.	
	YDS targeted sexual health work in place	**G**			April 08		Targeted work being delivered through YDS focusing on sexual health and TP in the East.	
1.3	**Targeted** Teachers are recruited to the national CPD PSHE certification programme and receive accreditation	**G**	Governor workshops to be delivered as part of central programme 13 (National Target) are recruited 4 training days and school based support are given, with positive evaluations and successful accreditation (75% with SRE specialise)	PSHE and Healthy Schools Team	Sept 08 completion Training begins June 07	Funding from TPU through local LIF	Delivery of SEC within schools by specialised staff Positive evaluations and successful accreditation (75% with SRE specialism)	
1.4	Community nurses recruited including from both PCTs	**G**	Recruitment of 2-4 nurses for 2007/08 training with teachers (as above) and additional	Nurse managers and PSHE and Healthy Schools	Nurses – successful certification	Funding needs to be identified to	Nurses as above, with increased time allowed for SRE 1:1 support	

			support to be given by successful SN from 06/7 group.	Team	of 06/07 group (3) by July 07. Update and recruitment workshops to be held in Sept 07	support this training	for yp and classroom work alongside teachers in schools.	
1.5	Selected schools used for consultation and the development of effective SRE for Years 10 and 11 (LIF 2 year project)	**G**	LIF Project – schools selected in areas with high TP incidence. Consultation with teachers and yp. SRE module drafted linking themes of alcohol, mental health and self-esteem			LIF project – 2 years	Marilyn to fill in	
1.6	***To be confirmed***. 3 HR schools with higher teenager pregnancy rates to be targeted for additional SRE/ work on self esteem/aspirations for identified vulnerable groups, especially in KS 3 (11 to 14 yr olds)	**A**	Data used to confirm choice of schools. Project worker used to plan teaching pack and deliver to KS3 groups with PCT/Connexions partner based in school. Y11 pack (see above) also used to improve SRE in KS4 Wider improvement of core SRE also part of an action plan for the school.			LIF project (3)	3 school implement . KS3 groups with positive evaluations from yp Aspects of new Y11 pack delivered in Y11. School puts in place actions to improve SRE..	

2 Parents feel confident and skilled talking to their children about sex and relationships

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
2.1	**Universal** Support for parents re SRE is	**A**	Respond to requests to support parents evenings (up	PSHE Healthy Schools Team	April 08	LIF Money PCT core	Increased skills	

	offered to schools to help parents /carers communicate with children and young people and understand the school's position		to 6) and run workshops if requested. Emphasis on targeting schools in hotspot wards and schools.	with multi-agency colleagues FE		sexual health funding for PSHE team		
2.2	TP embedded within the Parenting Support Strategy, and parenting training delivered countrywide	**A**	Ensure Strategic lead for parenting on TIPPB. Deliver positive parenting courses, including support for parents of teenagers	Parenting Support Manager	Ongoing all year	LIF Funding CS Funding	Increase in number of parents attending PP courses SRE to be embedded within H and R parenting programmes.	
2.3	Support is given for parent evenings about SRE	**A**	Link in with parent forums, children centres attend programme managers meetings to raise profile of TP strategy	TPC /Chair	June 08		Increase courses for parents	
2.4	Improve the co-ordination and minimising the duplication of parenting support	**G**	Managers meetings to raise profile of TP strategy				TPC linked into Family support strategy shared targets agreed	
		A	SRE to be included in CRI IFIP parenting courses					
		R	Pilot support for parents 'Talking to your child about sex' groups.	CS /FE /ALS			Feedback and evaluation from parents	
2.5	**Targeted** County parenting partnerships run across the County	**G**	TPC to attend LPC in hot spot wards	TPC	Ongoing all year		Hot spot words delivering PP courses	
2.6	Post 16 transition teams dovetail effectively with universal service provision	**R**	Leaving care teams and YOT teams to be included in SRE universal training programme	ESCC			Numbers attending training	

3 All young people know about sexual health and contraceptive services in their areas

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
3.1	**Universal** School SRE programmes for		Use and disseminate LEA guidance ie The new planning	PSHE and Healthy Schools	April 07		Evaluation of new planning tool	

	schemes of work should contain specific activities and inputs about local services	**A**	tool /SRE Scheme of work. Work with one new cluster or extended school to pilot how best to publicise services, produce exemplars for others As part of the new LIF SRE project, consult with yp in schools (Yrs 10 and 11) about services and about effective SRE	with multi-agency partners /YDS				
3.2	Arrangements in place to regularly update Sexwise	A	Sexwise and local web based databases updated 6 monthly	TP project worker /sexual health leads PCTs	July 07 March 08		Number of hits on website	
3.3	Ensure RU Thinking is up to date	A		PSHE /HS project worker				
3.4	**Targeted** Foster carers and residential home staff have access to SRE materials	A	Ensure SRE educational materials are distributed to all specialist teams	PCT /ESCC	December 0		Raised awareness amongst FC & SW Feedback and evaluation	

4 All young people have access to young people friendly contraceptive and sexual health services appropriate to their needs in statutory and non-statutory settings

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
4.1	**Universal** The needs of young people are included explicitly within the commissioning plan for contraceptive and sexual health services which is integrated into the relevant PCT Local Delivery Plan	**G**	Good links and partnership working with Sexual Health PCT Lead. The commissioning should be developed with the PCT Sexual Health leads against the criteria set out in the TPU Best Practice Guidance and to include services for boys and young men, and for black and minority ethnic young people.	Chair of Board of LIGs /TPC /sexual health leads for PCTs	April 08		TP Agenda is kept high profile at senior management level	

			It should also reflect the DH guidance on the duty of confidentiality to young people under 16 (issued July 2004)					
4.2	Improve number of secondary schools with on-site sexual health services	**A**	Work with Extended schools provision. To offer services at times that is convenient for young people.	Extended schools manager, LPC, PCT Leads, LA, TPC	Throughout year /on going		Increase update in sexual health advice Increase in numbers attending Two schools within H and R offering on site sexual health services. ETC offering on site sexual health services	
4.3	General practice is pro-actively engaged in PCT training programmes to improve young peoples access to advice and this should be based on the RCGP /TPU 'Getting it Right' initiative and the 'Confidentiality Toolkit'	**A**	Attendance at Health Promotion Training by GP staff. GP surgeries signed up to Charter for Children and Young People. GP display poster on confidentiality in surgery	Sexual Health Leads PCT's /Local Planning Groups	March 08		GP training to be reviewed as pat of LES and "your'e Welcome package.	
4.4	Arrangements are in place for seven-day access to NHS funded emergency contraception. Increase uptake of LARC	**G**	Update of services available in each PCT area. Service provided 7 days a week accessible to young people living in East Sussex	PCT Chairs /pharmacy advisors	March 08	PCT pharmacy	Increase uptake of EHC Reduction in subsequent pregnancies EHC available seven days a week across H and R. Service has seen an increase in uptake since provision has been available (see EHC report)	
			Increase EHC scheme available through pharmacies. More information on effectiveness of LARC to be publicised to YP	Sexual Health Leads, PCTs, HP trainers	Throughout year	PCT pharmacy	Increase uptake of EHC Reduction in subsequent pregnancies	
4.5	Arrangements for condom distribution are in place to provide	**R**	Condom Distribution Scheme secured funding.	BM /Health promotion	On going throughout	PCT	Increase uptake of condoms	

	free and easy access to condoms for all young people.		Providers appropriately trained. Review scheme.	IR, RW	the year		Evaluation & monitoring CDS audit to be completed across East Sussex.	
4.6	**<u>Targeted</u>** Identify 'hot spot' wards in partnership with Colleges and Schools with low attainment and attendance records to inform provision of community and outreach work and extended schools provision. (ESIF Database)	**A**	Links made with extended /full service school scheme. Schools and colleges identified and targeted for outreach work. Accessible community based provision of sexual health services. Use of ESIF database to help identify hot wards. Base resources on up to date data.	PSHE /YDS /TPC /PCT Leads	October 07	LIF	Increase number of schools having TP3 Reduction in conceptions in hot spot schools Two pilot projects being delivered in Hastings and Bexhill targeting attendance as a key indicator for TP. TP4 being delivered in hot spot school in H and R. Identified 3 hotspot schools action plans now completed for these schools targeted work to be delivered to all yr groups.	
4.7	Ensure services are more accessible, attractive and relevant for vulnerable young people	**A**	Develop more outreach work in the West of county, who actively seek out vulnerable young people, to help engage them back into services	PCT /YDS	July /August 06	LIF /YDS funding	Ongoing review of services in H and R, ensuring those young people engaging in risky behaviour are targeted. Rye now having outreach sexual health support onsite sexual health services being delivered at Thomas Peacock and Eastbourne Technical College.	

5 All young people have access to free pregnancy testing and counselling and speedy referral to NHS funded abortion or maternity services

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
5.1	**Universal** Easy access to well publicised free pregnancy testing, non-judgemental advice, and referral, as set out in the TPU Best Practice Guidance, is included in PCT commissioning plans.	**R**	Appropriate signposting from other agencies to sexual health services. Steering Group to meet regularly.	PCT /Maternity /education /YDS	First meeting May 07		Increase uptake of pregnancy testing Increase early booking appointments Pregnancy testing services are well publicised in H and R and 100% of services are working within TPU best practice guidance.	
5.2	All practitioners working with young people have up to date information on free pregnancy testing and non-judgemental advice and actively refer young people who suspect they may be pregnant.	**R**	Dissemination of best practice guidance and training as necessary. RU Thinking is up to date.	PCT /BM /YDS	October 07		Attendance at training 80% of services have up to date information regarding free pregnancy testing, local awareness of services to be assessed through CDS audit.	
		R	Link into full service schools programme for delivery of sexual health services	TPC	On going			
5.3	Review BPAS contract ensuring tailored for young people needs.	**R**	BPAS contract reflects guidance for provision of sexual health services for young people.	PCT /ESCC BM	Nov 07			
5.4	Review maternity services and teenage pregnancy midwifery post Ensuring work plans are well , guidance linked into 'Next Steps'	**G**	Maternity services are tailored to meet the need of young parents following a review of work to date. Plans in place for mainstreaming of roles.	TPC /ESCC	October 07		Key work strands identified and priorities taken forward in line with Next Steps	
5.5	**Targeted**	**A**	Social services staff	TPC /ESCC	October 07		Increased attendance	

	All practitioners working with young people, especially those working with vulnerable young people, should have up to date information and guidance and refer on young women who think they might be pregnant.		appropriately trained.				at sexual health training sessions Train the Trainers programme being developed across county.	
			Paper based directory in each team				Well distributed directory	
			LAC nurse in each locality					
			Clear referral systems are in place					

6 Teenage parents have access to ante-natal and postnatal services tailored to their needs to improve the physical and mental health outcomes for them and their children

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
6.1	**Universal** Services should be planned and commissioned in line with Royal College of Midwives /DH /TPU commissioning guidance 'Teenage Parents: Who Cares?' as recommended in Standard 11 of the National Service Framework for Children, Young People and Maternity Services and Maternity Matters, and against Sure Start Programme objectives, where appropriate, to improve breastfeeding rates, reduce smoking in pregnancy, infant mortality, and mental health problems. Health inequalities and infant mortality.	A	Provision of maternity service that meets specialist needs of teenage parents as distinct group. Implement key actions outlined in Maternity Matters and Next Steps Guidance Increase in rates of breastfeeding amongst teenage parents 9baseline figures to be collected if not currently available)	PCT /Maternity /Sure Start ST /TPC	07 /08			
		A	Reduction in smoking amongst	Health promotion			Teenage parents	

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			teenage parents 9baseline to be collected, if not already available)				health coordinator to be trained in smoking cessation.	
		A	Improved ability of staff to identify young parents with mental health difficulties.				Training of core services such as midwifery and HV to be explored in relation to Teenage Parents.	
6.2	All health and other professionals working with teenage parents, including young fathers, are aware of the local support services available, are trained to assess need, and refer to support services	**A**	Staff training on mental health. Appropriate referrals made to mental health services. Increase knowledge of the services available to teenage parents.				Improved coordination of core staff access to training needed in H and R.	
			Access to The HUB (web site directory)					
6.3	Health and non-health professionals working with teenage parents have the knowledge and skills in supporting teenage parents to avoid second unplanned pregnancies	**G**	Staff trained in sexual health and contraception information. TP Midwives offer additional sexual health support to help second pregnancies. Promoting Choice course 12/01/08				Attendance at Promoting Choice course Ensure training is disseminated to staff and in hot spot areas.	
6.4	**Targeted** Where appropriate specialist antenatal and postnatal care is provided to young parents, including young fathers, through specialist teenage pregnancy midwives and health visitors	**A**	Teenage Pregnancy Midwife role reviewed and recommendations acted upon with support from PCT's, Role of HV reviewed, increase resources in West of County	All staff working with young parents Maternity /PCTs /TPC	Ongoing May 07		Mainstreaming of TP Midwives TP Midwife recruited to SDW PCT Engagement of young fathers to be explored across county.	
6.5	Antenatal and postnatal support for teenage parents is integrated into Children's Centres	**G**	Ensure all CC are delivering AN /PN services for teenage parents	EY Teams /TPC	Ongoing all year	LIF /match PCT Funding /Children Centre Funding	AN & PN services being delivered from Children's Centres Specialist midwives available in CS in H and R.	

SECTION THREE: Staying Safe

1 All services and practitioners working with young people around sexual health understand their duty of confidentiality to young people but are able to identify abuse and exploitation of young people and refer appropriately – linked to the Common Assessment Framework. Workforce Training on SRE within mainstream partner agencies

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
1.1	**Universal** Training programmes with all practitioners on sex and relationships and referral to services to include training on confidentiality and child protection in line with Safeguarding Children Boards	**G**	Training programmes across social services and health partners include training on sexual health and confidentiality. All staff are aware of sexual offences age and child protection issues	Safeguarding Children's Board /training depts	Throughout year 07/08		Database of all staff attending training Increased awareness amongst staff of SRE Train the trainers programme being developed across county and key agencies will be targeted in relation to gaps and need within services.	
1.2	Training for professionals providing contraceptive and sexual health advice for young people should be linked into the Every Child Matters and National Service Framework workforce development programme	**R**	Contact made with Workforce Development Prog Manager at Board level and PCT level.	Richard Watson	Jan 08	LIF PCT	Attendance at Training Courses, Monitoring and Evaluation	
		A	Prog of training developed in line with recommendations using Sexual Health Network. Including Work shops updates for school nurses.	ESCC /PCT Leads	Throughout the year 07/08		School nurses attending delay training in H and R.	
1.3	**Targeted** Specialist workers undertake specific training	**G**	Specialist Services continue to facilitate training for workers, integrated with other agencies	SMS /ESCC /Health Promotion /PCT	Ongoing 07/08			

2 Support for young parents experiencing domestic violence

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
2.1	**Universal** Training of practitioners working with young parents to appropriately assess and identify risk of domestic violence and refer appropriately	G	Identification of lead person on Domestic Violence to link in with TPPB	SS /Domestic Violence Forum	TPPB /May 07		Training evaluation & feedback	
			Training of staff on DV as appropriate				As above	
2.2	**Targeted** Clear care pathways to support young parents identified as at risk of domestic violence	G	Developments of flowchart to assist staff identify routes to support. Link with Children Centre's	Domestic Violence Forum	March 08		Agreed pathways	

3 Support for young parents to help their children thrive and develop

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
3.1	**Universal** Plans including tailored support to meet needs of teenage parents and their children. Health visitors and other practitioners working to support families are aware of the specific needs of teenage parents.	**G**	Agreement with PCTs on Health Visitor collecting data to be sent to Connexions for inputting. Data sub-group to develop this.	PCTs /Connexions	Ongoing		Currently achieving over benchmark target figure. Expansion of work targeted at young mothers ongoing. Co-ordinated package of care in place for young parents across H and R.	
	Links in with Children Centre's	G	Integrated work with Children's	Sue Talbot	Jan 08		Activity monitoring	

	practice guidance & supporting teenage parents		Centres to provide additional support to young vulnerable parents. Using family outreach workers				Monitoring of outreach workers and referrals	
3.2	**Targeted** Intensive support provided for vulnerable young parents with additional support needs	G	Through Children's Centre's family support teams	EY Team /ESCC /PCT YDS /SMS /LAC Sue Talbot			In place through teenage parents co-ordinator in H and R.	
	Co-ordination of support package for young parents 16+ for each PCT area	A	Closer working with east and west youth support teams, for young people that present high risk factors	As above	Ongoing 07/08		As above Need more work with TYS	

4 All under 18 lone parents are provided with accommodation with support in a safe environment

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
4.1	Annual needs assessment to identify number of under 18 lone parents who need accommodation with support	A	Housing to provide regular reports on a quarterly basis of young parents applying for accommodation with support	Borough Leads Housing leads	Qtly		Monitoring & needs assessment completed	
4.2	Provision of accommodation with support is included in local Supporting People strategy, Housing Strategy, and Homelessness Strategy. Where there is clear evidence of the target not being met, plans should specifically address steps and timetable to meet the target	G	Continued representation of Teenage Pregnancy on Housing, supporting people and homelessness strategy groups				Housing lead invited to attend H and R Action group.	
			Quarterly reports to be made on strategy developments to be made to the Board					
4.3	There is a teenage pregnancy lead on the Supporting People team and a representative from	G	Transition plans to independent living are reviewed					

	the district level housing authorities on the Teenage Pregnancy Partnership Board							
	Arrangements are in place to support teenage parents to transition to independent living	G						
4.4	**Targeted** Support needs of groups of particularly vulnerable young parents such as care leavers, those released from custody, young asylum seekers /refugees should be addressed	**G**	Ensure vulnerable young people receive a personalised package of support, information, advice and guidance; co-ordinated by a lead professional, delivered by agencies working together	Social Services /16+ service /SMS /PCT	Ongoing		Specialist HV in post for teenage parents/Asylum seekers and refugees in H and R.	
			Regular updates of vulnerable young parents to be received by Board quarterly					

SECTION FOUR: Enjoying and Achieving

1 All young people have opportunities to build self-esteem and aspirations to fulfil their potential and minimise risk-taking behaviour

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
1.1	**Universal** The PSHE /SRE programme in schools will be developed to improve activities to raise self-esteem and explore risk taking behaviour	**A**	Deliver activities in schools that will raise self-esteem and relationship skills in classroom and small group settings	As above	Spring Term 08	Additional funding may be sought to support this work	Monitor uptake attendance at activities Targeted work programmes including TP3/TP4, homeless intervention project being developed across H and R.	
1.2	Young people have access to safe environments and appropriate activities such as PAYP programmes (Positive Activities for		Dedicated FAB (Future after Births) Pas in place working with young parents.	As above with multi-agency partners	July 07/08	LIF funding	Monitor PALIP uptake and attendance PAYP programmes targeting young women	

	Young People), Connexions and Youth service programmes. Information on local prevention and support services relevant to the teenage pregnancy strategy should be available to people these programmes	**A**					most at risk of TP and PAYP for young parents being developed in H and R. Jan 08.	
1.3	**Targeted** Continue to run targeted SRE in schools i.e Teenage Pregnancy Project (TP3) developing its sustainability	**G**	Sustain TP3 in all East Sussex schools. Targeted hot spot wards to deliver extra courses	PHSE /TPC M Steven	On going	Additional funding may be sought to support this work	Monitor delivery of courses evaluation & feedback Clearer identification of young women for TP3 programmes being implemented in H and R.	
1.4	Young parents most at risk of social exclusion have access to intensive support programmes	A	Connexions data base to help identify vulnerable young people. Referred onto transition project	Connexions	October 07		Increase percentage of young parents in EET in line with target figures by 2010.	

SECTION FIVE: Making a Positive Contribution

 # 1 Young people representative of the local community are involved in the needs assessment, planning, delivery and monitoring of work to prevent teenage pregnancy, improve sexual health, and support teenage parents

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
1.1	Consult with Young People about their SRE programmes in school and about their sexual health needs re: services	**G**	Plan, with partners, to re-use the HRBS in 2008 to influence PSHE /SRE and local services in schools	MS	July 07		Feedback from HRBS Completed Jan 08	
			Produce a draft of the findings of the new LIF SRE project (Year 1) – As uses consultation with yp	PCTs				
1.2	Plans in place to ensure young people are consulted and involved	**A**		PCT leads YDS leads			Youth health trainers to be in place in H and R	

	on the delivery of the Teenage Pregnancy Strategy (on both prevention and support elements). This should include representation by young people on Youth Forum, Patient and Public Involvement Forums in the NHS, and local authority Scrutiny Committees						by Feb 08.	
	Plans in place to ensure young people's views influence the improvement of service delivery such as through mystery shopping of local services, training of professionals such as midwives, and peer education	**G**	Mystery Shopping Project to continue in 07/08. Report back to TPPB on findings	PCT	Ongoing through out year 07/08		Findings of Mystery shopping Mystery Shopper exercise being delivered in H and R. New recruit of young people to be trained in peer education. Youth health trainers to be recruited by 08.	
1.3	**Targeted** Work is undertaken to ensure consultation and involvement of young people most at risk of early pregnancy or poor sexual health	**G**	TP3 programme to continue to provide evaluations from young people involved with programme aimed at those most at risk	M Stevens			Ongoing in H and R as above.	
	Young parents are consulted and involved about service delivery to support them and their children	**G**	Young parents involvement in the MAD magazine	Re-integration officer	Quarterly 07/08		Young parents to be represented on local forums such as positive steps.	

2 All teenage parents are provided with a co-ordinated package of support

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
2.1	**Universal** All teenage parents have a worker employed to deliver personal support and advice so that they	G	Identification of lead agency to co-ordinate support packages In line with guidance from Teenage Parents Next Steps	Connexions /YDS /Maternity /HV	TP Guidance launched		All Teenage Parents have a lead Professional	Resources

	can make well-informed decisions about the outcome of their pregnancy and receive co-ordinated support packages, tailored to their individual needs.							
			Identification of workers whose role it is to provide this support /Link in with CAF Up to date service database to help give advice - ISA					
2.2	**Targeted**		Links and referrals are made to appropriate services which are signed up to the delivery of support to teenage parents. Staff trained				Increase use of Multi – disciplinary teams Increased referrals to Children's Centres	

3 All young parents of school-age are supported to continue their education to meet their full potential

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
3.1	**Universal** There is a designated LEA lead for school aged parents to ensure that they are provided with education appropriate to their age, ability, aptitude and individual needs as set out in the DfES guidance (DfES/0629/2001)	G	Report on the analysis of school aged mums with reference to key attributes of lifestyle and school attendance	Reintegration Officer /TPC Lyn Silvester	Ongoing	Standards fund	Monitoring Evaluation Data collection able to identify Hot Spot schools. Additional resources are invested in schools with increasing conception rates	
		G	Regular contact with Re-integration Officer (RIO) at Board meetings	LS				
3.2	**Targeted** Local analysis of backgrounds of school aged mums	G	Regular reports from RIO to Board of work	LS			Attendance at TPPB Meetings	

4 All young parents under 19 in education or work based learning have appropriate childcare to meet their needs

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
4.1	**Universal** A teenage parents lead identified from the Early Years Development and Childcare Partnership	A	Attendance at Board meetings by EY manager	EY manager	Quarterly throughout the year			
4.2	Childcare provision for teenage parents is integrated into Early Years and Childcare strategies linked to Children's Centres and Extended Schools	G	Training for childminders based on care2learn. So to provide specialist childcare to teenage parents	EY /Childminding Network co-ordinators	Throughout year		Increased use of childcare provision for young parents	
4.3	Arrangements are in place for all relevant partners to actively promote the 'Care to Learn' Scheme to teenage parents in education and work based learning and take-up is monitored by the Teenage Pregnancy Partnership Board.	**A**	Increase in number of young parents accessing care to learn funds	EY /YDS /Connexions /colleges	Throughout year		Increased uptake of C2L applicants.	
			Partners working with young parents are aware of, and have promotional materials for the Care to Learn Scheme					
			Regular reports about take up are reported to the Board meetings		Quarterly reports			
	Targeted							

5 All one parents under 18 who cannot live at home are provided with accommodation with support to make a successful transition to independent tenancies

No	Intended Outcome	Rating	Key Actions	Lead Responsibility	Timescale	Resources	Impact Measures	Risk
5.1	**Universal** Practitioners working with lone under 18 parents in supported accommodation have the skills and knowledge to ensure young parents access specialist advice on education, training and employment	A	Practitioners are informed about the services available to young parents	Housing support services /NCH	Ongoing		Increase numbers of young parents in supported accommodation going back into EET	
			Appropriate referrals are made to specialist services		Throughout year		Increased uptake of referrals	
5.2	**Targeted**		Staff has been trained on teenage pregnancy issues as part of CPD plans		Throughout year			

Appendix 1
Strategies and plans relevant to teenage pregnancy:

Children and Young People's Plans
PCT Local Delivery Plans (including sexual health strategy implementation)
Plans for local implementation of the National Service Framework and Public Health White Paper
Connexions business plans
Plans for Information Sharing and Assessment
Housing Strategies
Supporting People Strategy
Homelessness Strategy
Early Years Development and Childcare Plans
Children's Centres
Extended Schools
Plans for the National Healthy School Standard Programme
Neighbourhood Renewal Plans
Youth Matters
Parenting Support
Maternity Matters

Abbreviations and Acronyms

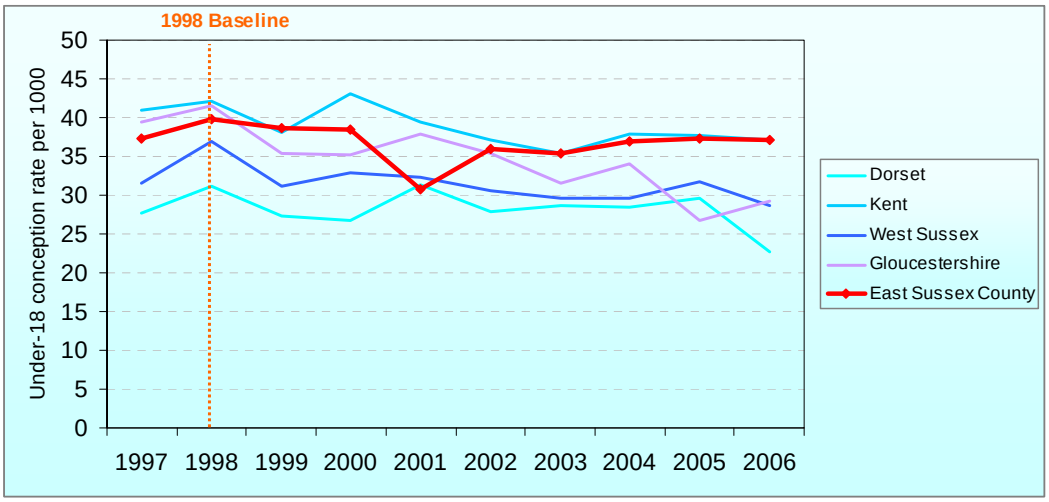
AN	Antenatal
BPAS	British Pregnancy Advisory Service
CPD	Continuous Professional Development
CRI	Crime Reduction Initiative
CSPG	Service planning Group
CTEG	Children's Trust Executive Group
DFES	Department for Education and Skills
DOH	Department of Health
DV	Domestic Violence
ESIF	East Sussex in Figures
FAB	Futures after Birth
GP	General Practitioner
HV	Health Visitor
LA	Local Authority
LAC	Looked after Children
LARC	Long Acting Contraception
LIF	Local Implementation Fund
LPC	Local Partnership for Children
MAD	Mums and Dads Magazine
MW	Midwife
NEET	Not in Education, Employment or Training
ONS	Office of National Statistics
PCT	Primary Care Trust
PSHE	Personal, Social and Health Education
PN	Postnatal
SMS	Substance Misuse Service
SRE	Sex and Relationships Education
TP3	Teenage Pregnancy prevention course
TPC	Teenage Pregnancy Co-ordinator

TPPB	Teenage Pregnancy Partnership Board
TPU	Teenage Pregnancy Unit
YDS	Youth Development Service
YOT	Youth Offending Team
YP	Young People

Annex B

Table 1: Under-18 conception trends by DCSF Statistical Neighbours

LA code	LA	Deprivation score	Under-18 conception rate 1998	2006	% difference 1998-2006
21	East Sussex County	17.3	39.8	37.2	**-6.7%**
29	Kent	16.0	42.1	37.1	**-11.8%**
19	Dorset	13.0	31.1	22.7	**-26.9%**
45	West Sussex	11.9	37.0		**-22.4%**
23	Gloucestershire	13.5	41.6	29.2	**-30.0%**



Annex C

Table 1: Factors associated with high teenage pregnancy rates

Risk factor	Evidence
Risky Behaviours	
Early onset of sexual activity	• Girls having sex under-16 are three times more likely to become pregnant than those who first have sex over 16.[i] • Around 60% of boys and 47% of girls leaving school at 16 with no qualifications had sex before 16, compared with around 20% for both males and leaving school at 17 or over with qualifications. • Early onset of sexual activity is also associated with some ethnic groups (see below)
Poor contraceptive use	• Around a quarter of boys and a third of girls who left school at 16 with no qualifications did not use contraception at first sex, compared to only 6% of boys and 8% girls who left school at 17 or over, with qualifications. • Survey data demonstrate variations in contraceptive use by ethnicity. Among 16-18 year olds surveyed in London, non-use of contraception at first intercourse was most frequently reported among Black African males (32%), Asian females (25%), Black African females (24%) and Black Caribbean males (23%).[ii]
Mental health / conduct disorder/ involvement in crime	• A number of studies have suggested a link between mental health problems and teenage pregnancy. A study of young women with conduct disorders showed that a third became pregnant before the age of 17[iii]. • Teenage boys and girls who had been in trouble with the police were twice as likely to become a teenage parent, compared to those who had no contact with the police.[iv]
Alcohol and substance misuse	• Research among south London teenagers found regular smoking, drinking and experimenting with drugs increased the risk of starting sex under-16 for both young men and women. A study in Rochdale showed that 20% of white young women report going further sexually than intended because they were drunk[v]. Other studies have found teenagers who report having sex under the influence of alcohol are less likely to use contraception and more likely to regret the experience.[vi]
Teenage motherhood	• A significant proportion of teenage mothers have more than one child when still a teenager. Around 20% of births conceived under-18 are second or subsequent births
Repeat abortions	• Around 7.5% of abortions under-18 follow either a previous abortion or pregnancy. Within London this proportion increases to around 12% of under-18 abortions
Education-related factors	
Low educational attainment	• The likelihood of teenage pregnancy is far higher among those with poor educational attainment, even after adjusting for the effects of deprivation. On average, deprived wards with poor levels of educational attainment had an under-18 conception rate double that found in similarly deprived wards with better levels of educational attainment. (80 per 1000 girls aged 15-17 compared with 40 per 1000)
Dis-engagement from school	• A survey of teenage mothers showed that disengagement from education often occurred prior to pregnancy, with less than half attending school regularly at the point of conception. Dislike of school was also shown to have a strong independent effect on the risk of teenage pregnancy.[vii] • Poor attendance at school is also associated with higher teenage pregnancy rates. Among the most deprived 20% of local authorities, areas with more than 8% of half days missed had, on average, an under-18 conception rate 30% higher than areas where less than 8% of half days were missed.
Leaving school at 16 with no qualifications	• Overall, nearly 40% of teenage mothers leave school with no qualifications.[viii] • Among girls leaving school at 16 with no qualifications, 29% will have a birth under 18, and 12% an abortion under 18, compared with 1% and 4% respectively for girls leaving at 17 or over. • Leaving school at 16 is also associated with having sex under 16 and with poor contraceptive use at first sex (see below).
Family / Background factors	
Living in Care	• Research has shown that by the age of 20 a quarter of children who had been in care were young parents, and 40% were mothers[ix].

	• The prevalence of teenage motherhood among looked after girls under-18 is around three times higher than the prevalence among all girls under-18 in England.
Daughter of a teenage mother	• Research findings from the 1970 British Birth Cohort dataset showed being the daughter of a teenage mother was the strongest predictor of teenage motherhood.
Ethnicity	• Data on mothers giving birth under age 19, identified from the 2001 Census, show rates of teenage motherhood are significantly higher among mothers of 'Mixed White and Black Caribbean', 'Other Black' and 'Black Caribbean' ethnicity. 'White British' mothers are also over-represented among teenage mothers, while all Asian ethnic groups are under-represented • A survey of adolescents in East London[x] showed the proportion having first sex under-16 was far higher among Black Caribbean men (56%), compared with 30% for Black African, 28% for White and 11% for Indian and Pakistani men. For women, 30% of both White and Black Caribbean groups had sex under-16, compared with 12% for Black African, and less than 3% for Indian and Pakistani women • Poor contraceptive use has also been reported for some ethnic groups
Parental aspirations	• Research shows that a mother with low educational aspirations for her daughter at age 10 is an important predictor of teenage motherhood

[i] Wellings K, et al (2001) *Sexual Health in Britain: early heterosexual experience.* The Lancet vol.358: p1834-1850

[ii] Testa A and Coleman L (2006) *Sexual Health Knowledge, Attitudes and Behaviours among Black and Minority Ethnic Youth in London.* Trust for the Study of Adolescence and Naz Project London

[iii] Maskey S, (1991) *Teenage Pregnancy: doubts, uncertainties and psychiatric disorders* Journal of Royal Society of Medicine

[iv] Hobcraft J (1998) *Intergenerational and life-course transmission of social exclusion: Influences of childhood poverty, family disruption and contact with the police.* CASE paper 15, LSE

[v] Redgrave K, Limmer M (2005) *'It makes you more up for it'. School aged young people's perspectives on alcohol and sexual health.* Rochdale Teenage Pregnancy Strategy: Rochdale

[vi] Alcohol Concern (2002) *Alcohol & Teenage Pregnancy.* London: Alcohol Concern

[vii] Hosie A, Dawson N (2005) *The Education of Pregnant Young Women and Young Mothers in England.* Bristol: University of Newcastle and University of Bristol

[viii] National Statistics (2004) *Census 2001 table: C0069 Mothers under 19 at birth* (Commissioned by Teenage Pregnancy Unit, DfES)

[ix] Barn R, Andrew L, Mantovani N (2005) *Life after care: the experiences of young people from different ethnic groups* Joseph Rowntree Foundation, London

[x] Viner R, Roberts H (2004) *Starting sex in East London: protective and risk factors for early sexual activity and contraception use amongst Black and Minority Ethnicity adolescents in East London* University College London, City University and Queen Mary, University of London

Annex D

Teenage Pregnancy Priority Actions

1 **Optimizing use of data and information**

- The four wards and three schools that have the highest teenage pregnancy rates across the county have been identified, in order to focus targeted prevention work accordingly and action plans to address this have been developed.
- A Data Steering group has been set up to develop local data and intelligence, to indicate the trends and inform progress on local interventions. This approach will complement ONS data and provide more timely data for monitoring against performance.
- A Sexual Health Needs Assessment is being undertaken across the county including young people and teenage pregnancy. The results will be used to identify gaps in current services and inform future commissioning.

2 **Promoting access to services**

- More young person-focused sexual health services are being established across the county, based on the 'You're Welcome' national initiative to promote access to sexual health services for young people.
- Outreach sexual health teams are being developed, based on the hub and spoke model. This includes Sexual Health input to schools, including a Sexual Health Nurse available at Thomas Peacock Community College in Rye.
- There will be strong delivery of Personal, Social and Health Education (PSHE) and Sex and Relationships Education (SRE) by schools across the county, promoting the work with schools through school improvement programmes to raise the status of PSHE and maintain and increase the timetable.
- Emergency Hormonal Contraceptive pharmacy outlets are being increased across the county.
- Guidance strategy on supporting teenage parents is being implemented, to enable teenage mothers and young fathers to gain access to the support they need to build successful lives for themselves and their children.

3 **Strengthening communications**

- An improved Communication Strategy is being developed and co-ordination of publicity materials established with a more comprehensive evaluation process to be put in place.
- A large promotional event linking in with Valentine's Day was planned for the week of 9-16 February across East Sussex. All secondary schools and colleges participated as well as the two town centres in Hastings and Eastbourne.
- A teenage pregnancy conference is planned for all staff who work with young people for June 2008.

4 **Focusing on vulnerable groups**

- Targeted work is being developed with vulnerable groups, focusing on looked after children (LAC). (See Annex C for risk factors associated with teenage pregnancy.)

5 **Strengthening Sexual Health training and development for staff**

- A new joint post for workforce training is being looked into, based on a model in Hampshire.