

Report to: **Children's Services Scrutiny Committee**

Date: **9 March 2009**

By: **Director of Children's Services**

Title of report: **Key Issues and progress report on Teenage conceptions**

Purpose of report: **To report on recent teenage pregnancy data and progress work being undertaken for the prevention of teenage pregnancy.**

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**Recommendations;**

**The Committee is recommended to comment on and then accept the report and progress update on the work being undertaken to achieve the LAA target for U18 conceptions.**

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**1. Financial Appraisal**

1.1 A critical element of the county wide strategic plan is to continue target and pool resources in order to have an impact on the U18 conception target. Additional external funding has now been awarded from the department of health to improve access to contraceptive services across the county.

**2. Supporting Information**

2.1 All local authorities have in place 10 year strategies in line with national policy and LAA targets to prevent teenage pregnancy and support teenage parents, including Council Plan targets to reduce under 18 conceptions. These targets underpin national 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.

2.2 Teenage pregnancy partnership board has updated and reviewed the County wide strategy for teenage pregnancy and sexual health. Priorities have been identified and local action plans drawn up. Action plans are monitored and progress reports are delivered on a quarterly basis to the strategic partnership board. (Appendix 1)

**3 Performance data**

3.1 Provisional 2007 data is showing in the first three quarters a reduction in the conception rates. Provisional complete year data will be available from 26 February 09 and will be shown on powerpoint at the Committee meeting. The reduction in conception rates is most welcoming as national trend for 2007 has seen an increase. East Sussex is only 1 of 2 local authorities across the South East where there has been a significant reduction. (please see appendix 2 for data performance report)

**4 Progress to date**

**Health**

4.1 There has been significant investment in sexual health services from the Strategic Health Authority (SHA) and the two Primary Care Trusts in 08/09. The main purpose of this additional funding is to increase access and provision of contraceptive services. Further financial bids have been submitted for 09/10 to having young people's sexual health services branded.

The additional SHA money has enabled us to invest in specialist nurses to work within Further Education Colleges. Hastings College now has a substantial onsite sexual health service. It's important to note that 80% of the County's conceptions are in the 17 – 18 years age group. The Nurse for the West of the County will be in post by April 09.

4.2 Sexual health training co-ordinator is now in post, this post is jointly funded with public health. A multi-agency training programme for all staff working with young people has now been developed. First programme of training starts in March 09.

## **Rural**

4.3 Rural outreach work has now been extended in the West of the County, with four more sessions a week being delivered in Lewes, Chailey, Plumpton and Ringmer. Lewes has also now increased service provision within the town centre in partnership with sexual health services within the primary care trust (PCT).

Southdown's college has now an integrated sexual health service.

## **Schools**

4.4 Rye College and Bexhill School also have in place onsite sexual health provision an integrated service again in partnership with the primary care trusts. Pulse health bus continues to deliver sexual health services to rural areas in the East of the County.

4.5 The announcement from the Schools Minister that personal Social and Health Education (PSHE) will become a compulsory part of the curriculum from Key Stage 1 to 4 (ages 5 to 16), this development is very positive news and will support our strategy and strengthens the delivery and quality of sex and relationships education (SRE) in all schools across the county. We have this year undertaken a review of all secondary schools around the quality and delivery of SRE, and developed action plans for schools which have shown weaknesses. (Appendix 3)

## **Parents and Foster Carers**

4.6 Training for foster carers has been identified and being delivered in June 09. This training is based on good practice guidelines outlined in 'Care Matters'. The aims of this training are to support foster carers in talking to their young people on sex and relationships. Further training is planned later on in the year with parents.

## **Publicity**

4.7 Three successful media campaigns have been delivered this year, working alongside national campaigns. This has involved radio coverage with Southern FM and development of young people website and social networking sites. Information and interventions have been delivered to all schools across the county, also involving community events in town centres and youth centre's.

## **5 Conclusion and Recommendations**

5.1 2007 provisional data is showing us that the energy and work that has happened in 2007 has started to have an impact on our conception rates. However we still have a lot more work to do if we are to achieve our 2010 target of reducing our rates by 50%.

5.2 One of the key successes has been the senior strategic leadership across the agencies. We need to continue to build on this and keep the profile raised within the local authority and PCT.

5.3 Strong partnership working has also been a key characteristic in the success we have had in 2007. We need to ensure that the target is owned by all key stakeholders and not dependant on one single stakeholder.

5.4 I propose that the strategy is reviewed and updated annually and reported to the Scrutiny Committee, and will take into account changing needs of service users and the emerging teenage pregnancy national agendas.

Members are asked to note the report and support the strategic direction key aims objectives and priorities.

MATT DUNKLEY

Director of Children's Services

Contact Officer: Trudy Mills Strategy and Planning Manager, Teenage Pregnancy and Sexual Health Tel: 01323 463366

Local Members: All

BACKGROUND DOCUMENTS:

Appendix 1

1.1 County Action Plan for Improving the Sexual Health of Young people and Reducing Teenage Pregnancy 2008 – 2009

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**Note:**

**Action points are ongoing throughout 2008/2009 unless specified.**

Abbreviations:

<b>AN</b>	Antenatal	<b>LPC</b>	Local Partnerships for Children
<b>BPAS</b>	British Pregnancy Advisory Service	<b>MAD</b>	Mums and Dads Magazine
<b>CPD</b>	Continuous Professional Development	<b>MW</b>	Midwife
<b>CRI</b>	Crime Reduction Initiative	<b>NEET</b>	Not in Education Employment or Training
<b>CSPG</b>	Service Planning Group	<b>ONS</b>	Office of National Statistics
<b>CTEG</b>	Children's Trust Executive Group	<b>PCT</b>	Primary Care Trust
<b>DFES</b>	Department for Families Education and Schools	<b>PHSE</b>	Personal Hygiene
<b>DOH</b>	Department of Health	<b>PN</b>	Postnatal
<b>DV</b>	Domestic Violence	<b>SMS</b>	Substance Misuse Service
<b>ESIF</b>	East Sussex in Figures	<b>SRE</b>	Sex Relationships and Education
<b>FAB</b>	Futures After Birth	<b>TP3</b>	Teenage Pregnancy Prevention Course
<b>GP</b>	General Practitioner	<b>TPC</b>	Teenage Pregnancy Co-ordinator
<b>HV</b>	Health Visitor	<b>TPPB</b>	Teenage Pregnancy Partnership Board
<b>LA</b>	Local Authority	<b>TPU</b>	Teenage Pregnancy Unit
<b>LAC</b>	Looked After Children	<b>YDS</b>	Youth Development Service
<b>LARC</b>	Long Acting Contraception	<b>YOT</b>	Youth Offending Team
<b>LIF</b>	Local Implementation Fund	<b>YP</b>	Young People

<b>Key Points</b>	<b>Rating</b>	<b>Rationale Summary</b>
<b>Strategic</b>	<b>Nearly</b>	<b>Need to ensure teenage pregnancy is recognised at high level with key organisations</b>
<b>Data</b>	<b>Nearly</b>	<b>Use of data at local level to inform service development and targeted work at a county and local level</b>
<b>Communication</b>	<b>Nearly</b>	<b>To develop media strategy and ensure media messages are delivered to our most vulnerable groups of young people</b>
<b>Implementation</b>		
<ul style="list-style-type: none"> <li>YP focused contraception/ sexual health services</li> </ul>	<b>Nearly</b>	<b>Need to ensure consistency across of county with regards to LES and outreach CASH services</b>
<ul style="list-style-type: none"> <li>Strong delivery of SRE/PSHE by schools and post 16 education providers</li> </ul>	<b>Nearly</b>	<b>Target schools in hotspot wards for CPD. More work with colleges and training providers. Need to improve consistency of delivery across the county</b>
<ul style="list-style-type: none"> <li>Targeted work with at risk groups of YP, especially LAC</li> </ul>	<b>Partially</b>	<b>Link in with CAF, Care Matters and TYS to ensure TP/SRE high focus</b>
<ul style="list-style-type: none"> <li>Workforce training on SRE in mainstream partner agencies</li> </ul>	<b>Nearly</b>	<b>Develop workforce development programme across county, and more training opportunities for all staff working with YP</b>
<ul style="list-style-type: none"> <li>Well resourced Youth Service</li> </ul>	<b>Nearly</b>	<b>Develop provision and consistency across the west of the County</b>
<ul style="list-style-type: none"> <li>Raising aspirations</li> </ul>	<b>Partially</b>	<b>Need to strengthen links with other Key Plans/ developments</b>
<ul style="list-style-type: none"> <li>Work with parents</li> </ul>	<b>Partially</b>	<b>Strengthen links with Parenting Support Strategy and work with children centre's</b>

## Teenage Pregnancy Data and Trends

The 2008 – 2009 county action plan builds on the plan and outcomes of the 2007 – 2008 county action plan. It continues to be based on the key characteristic as identified in the deep dive findings and used in the self-assessment process.

The Publication of the provisional ~ under 18 conception data for 2006 shows a decrease for East Sussex.

With regard to the district data, which produced as a 3 year rolling average, the 2004 -2006 data is as follows:

*Please note rates for 2001 - 2003 have been rebased using the latest population estimates for these years so may differ to previously released data ONS are planning to rebase all rates covering the years 2002 - 2005 by the end on March so a more complete times series will be available soon.*

East Sussex County	1998-2000			2001-2003			2004-2006			% change in rate from baseline
	Number	Rate*	% leading to abortion	Number	Rate*	% leading to abortion	Number	Rate*	% leading to abortion	1998/00 -2004/06
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%
<b>Total</b>	<b>983</b>			<b>900</b>			<b>1060</b>			<b>-6.7%</b>

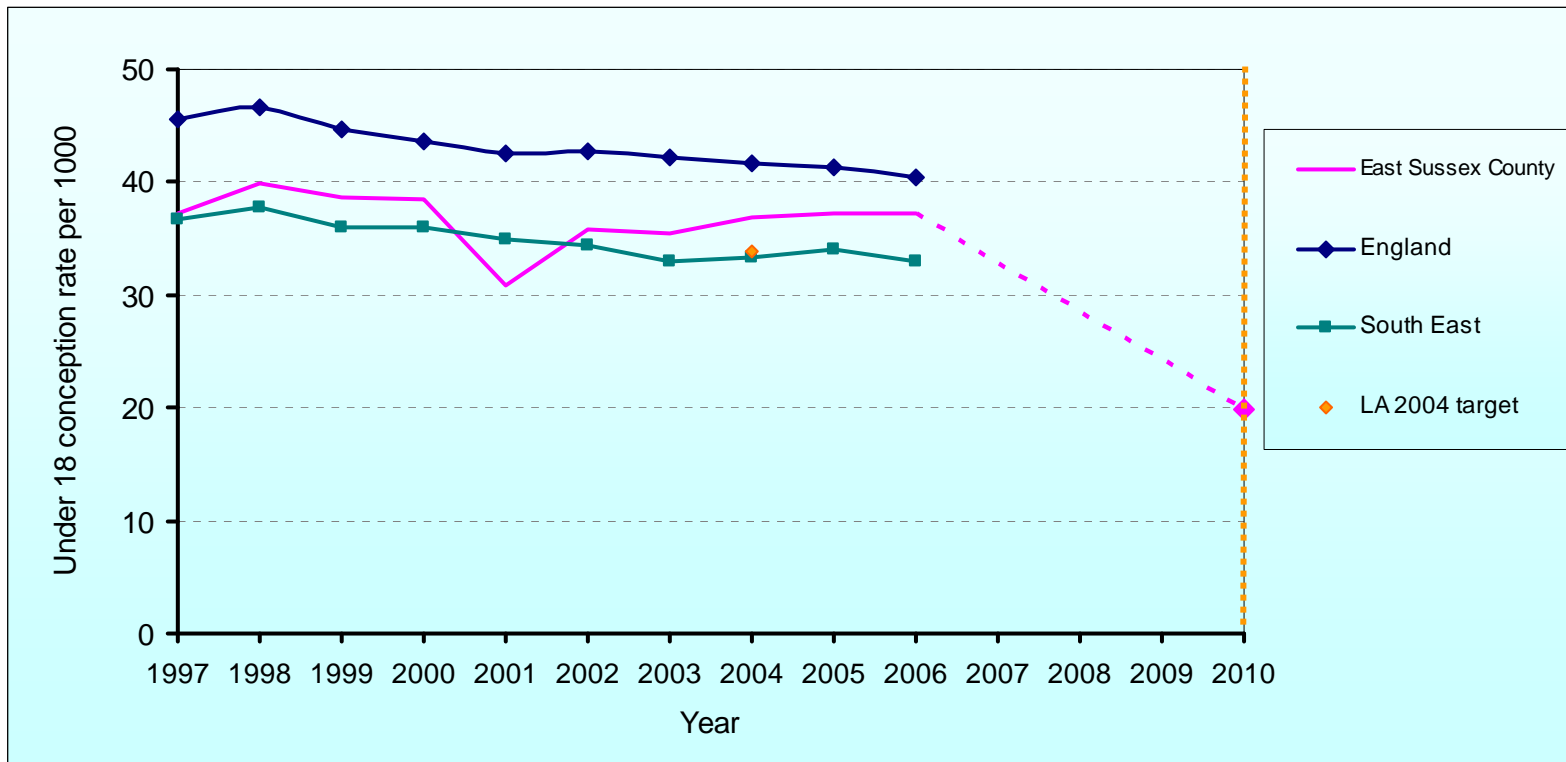
The ward level data for 2003 - 2005 should be released around April 2008. With regards to U16 data, the national rate has decreased from 7.8 in 2005 to 7.7 in 2006. The LA U16 data is due to be released in September 2008 when 2006 conception data is finalized.

\* = per 1,000 15 to 17 year old girls

### Teenage Pregnancy Trends in East Sussex County

	Under 18 conception rates									Trajectory required to meet 2010 target				
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
<b>East Sussex County</b>	37.3	39.8	38.6	38.6	30.8	35.9	35.4	36.9	37.3	37.2	32.8	28.5	24.2	19.9
<i>Change in rate from baseline (%)</i>		0%	-3%	-3%	-23%	-10%	-11%	-7%	-6%	-7%	-18%	-28%	-39%	-50%
<b>South East</b>	36.6	37.8	35.9	36.0	35.0	34.4	33.1	33.3	34.1	32.9	-	-	-	-
<b>England</b>	45.5	46.6	44.8	43.6	42.5	42.7	42.2	41.6	41.3	40.4	36.2	31.9	27.6	23.3
<i>Change in rate from baseline (%)</i>		0%	-4%	-6%	-9%	-8%	-10%	-11%	-11%	-13%	-22%	-32%	-41%	-50%

Fig. 1



The Long awaited self assessment toolkit 'Teenage parents Next Steps' was released in February 2008 which will require a response from each Local Authority, (Meetings have now been set up in April with Key Stakeholders). The section in the 2008/2009 plan refers to the headings and key actions identified in this document, the completion of which will be the first key action. It is proposed that three meetings will be held in April and May 2008, Key practitioners and managers invited to contribute to the self assessment process. A detailed action plan for the county and each local area will then be published.

<b>Key Areas</b>						
<b>ESCC Action Plan 2008 - 2009 Key Characteristics: Strategic</b>						
Strategic: Senior Local Sponsorship and engagement of all Key Partners						
<b>ECM outcome – Be Healthy</b>						
<b>No. 1</b>	<b>Local coordination &amp; Partnership Arrangements</b>	<b>Rating</b>	<b>Performance Indicator</b>	<b>Progress</b>	<b>Lead Responsibility</b>	<b>Time Scale</b>
1.1	<p><b>There is clear commitment / teenage pregnancy is a priority</b></p> <ul style="list-style-type: none"> <li>▪ There is clear accountability for the delivery of the U18 conception target.</li> <li>▪ Members of the Teenage pregnancy partnership board represent the four key agencies as well as voluntary organisations</li> <li>▪ There is a champion for teenage pregnancy at a high level within the LSP or LA / PCT who takes the lead in driving the local strategy</li> <li>▪ TPPB/equivalent body meets regularly, with good attendance by key partners</li> <li>▪ TPC /equivalent strategic lead's post is at a level that allows them to work strategically and influence</li> </ul>		<p>All four key agencies attend partnership board meetings</p> <p>Representation from LA and PCT</p> <p>TPPB meets 8 weekly</p> <p>AD sits on Partnership board</p>		<p><b>TPC</b></p> <p><b>LA</b></p> <p><b>TPC</b></p>	



	decisions (eg Assistant Director level)				TPC	
	<ul style="list-style-type: none"> <li>There is understanding of the importance of teenage pregnancy in itself as well as of its links and impacts on other areas, as demonstrated by both specific plans to address teenage pregnancy and plans to address its underlying causes.</li> </ul>					
1.2	<b>Teenage pregnancy is integrated into planning</b> <ul style="list-style-type: none"> <li>TPAG for East and West will have a plan of action</li> <li>TPAG will strive to engage with YP in assessments and projects such as Peer Education</li> </ul>		Action Plan sent to TPC  Each TPAG can demonstrate that involves YP in planning		TPC    TPC	

**ESCC Action Plan 2008 - 2009 Key Characteristics: Strategic**

Strategic: Senior Local Sponsorship and engagement of all Key Partners

**ECM outcome – Be Healthy**

No.	Detailed, accurate and up to data & information is available to identify young people most at risk in order to provide effective targeted programmes	Rating	Performance indicator	Progress	Lead responsibility	Time scale
2.1	<b>There is a systematic approach to knowing the local population and its needs in relation to teenage pregnancy</b> <ul style="list-style-type: none"> <li>Data collection, analysis and use are prioritised by planning bodies in the areas and there are protocols or agreements in place for sharing data across sectors to contribute to planning and performance management</li> <li>Data are collected from a variety of sources /</li> </ul>		Birth and Termination data collected monthly		<b>Data Steering Group</b>	

	<p>services, including live births, terminations, Connexions, schools, GUM services, abortion clinics</p> <ul style="list-style-type: none"> <li>▪ Where BME population of a local area is significant, census categories are further broken down to enable effective targeting to those communities most at risk.</li> </ul>					
<b>2.2</b>	<p><b>Data and information are used to inform provision of local services</b></p> <ul style="list-style-type: none"> <li>▪ Local conception data and information on individual young people facing multiple risk factors are used to help target strategies on high-rate neighbourhoods/young people most at risk</li> <li>▪ Data on usage of sexual health services (volumes) used to inform most cost-effective site of services</li> </ul> <p>Contracts with healthcare providers (especially abortion, STI / GUM services / contraceptive services) include a requirements for collection and provision age, gender, ethnicity and postcode (while adhering to confidentiality guidelines)</p>		Data used to inform delivery of services		<b>Data Steering Group</b>	
<b>2.3</b>	<p><b>Performance management is led by accurate data and information</b></p> <ul style="list-style-type: none"> <li>▪ Local proxy measures are in place to support performance management that are SMARTER</li> <li>▪ Data from range of sources (see above) presented to TPPB at least bi-annually and used as part of performance management of strategy</li> <li>▪ Performance against required trajectory to meet 2010 target is monitored quarterly and assessed annually</li> </ul>		PI and outcomes are built into all service level agreements		<b>TPC</b>	

	<ul style="list-style-type: none"> <li>▪ The Teenage Pregnancy Local Implementation Grant terms and conditions are adhered to</li> </ul> <p>Representation on TPPB/equivalent body is in line with terms and conditions of the grant as set out in paragraph 8 of LAC (2004)18. Terms of Reference are in place for the Board (and sub-groups), which are regularly reviewed</p>					
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**ESCC Action Plan 2008 - 2009: Key characteristics: Communication**

*To develop media strategy and ensure media messages are delivered to our most vulnerable groups of young people*

**ECM outcome** - Making a Positive Contribution

<b>No 3</b>	<b>Effective communication is central to partnership working, access to services and informed choice. Information must be tailored to the needs of young people, parents and communities, ensuring they are culturally appropriate</b>	<b>Rating</b>	<b>Performance indicator</b>	<b>Progress</b>	<b>Lead responsibility</b>	<b>Time Scale</b>
3.1	<p><b>Partners receive appropriate information</b></p> <ul style="list-style-type: none"> <li>▪ Partners receive timely, accurate information that facilitates partnerships, planning and delivery, from data to agendas, minutes and reports</li> </ul>		<p>Minutes of TPPB circulated widely</p> <p>Minutes of TPAG sent to TPC</p>			
3.2	<p><b>Young people – including those most at risk – are involved and informed</b></p> <ul style="list-style-type: none"> <li>▪ There is proactive publicity of local services to young people most at risk</li> </ul>		<p>Number of participation and consultation events with young people.</p>			

	<ul style="list-style-type: none"> <li>▪ Plans are in place to ensure young people – including those most at risk - are consulted and involved in delivery of the TP Strategy, including on Youth Forums, NHS Patient and Public Involvement Forums, LA Scrutiny Committees</li> <li>▪ Plans are 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.</li> </ul>		<p>Young people sit on media steering group</p> <p>Number of mystery shopping events</p>		<p><b>Media Steering Group</b></p>	
<p><b>3.3</b></p>	<p><b>Parents and communities are engaged and informed</b></p> <ul style="list-style-type: none"> <li>▪ Parents, carers and other key stakeholders representing the community are involved in development of communication messages</li> <li>▪ High quality, clear, accurate information is provided in appropriate community languages in a range of media, including print and internet</li> <li>▪ Parentline Plus Time to Talk materials are displayed in relevant community settings with information about local and national support</li> </ul>					

3.4	<p><b>There is a strategy for dealing with the media</b></p> <ul style="list-style-type: none"> <li>▪ The TPPB/equivalent implements a media and communications strategy to manage pro-active and reactive media work</li> <li>▪ Communications leads are identified in each PCT / LA and media protocols for promoting the local strategy and ensuring agreed consistent responses to media enquiries developed</li> </ul> <p>Arrangements are in place for co-ordination of TP media work with all relevant agencies, to ensure good links with Chief Executives, councillors, Director of Public Health, or others acting as local media spokesperson for the strategy</p>		<p>Media strategy in place</p> <p>Action plans in place with time line for delivery of media campaigns using social marketing principals</p>		<p>TPC</p> <p>TPC</p>	
3.5	<p><b>Communication programmes are assessed</b></p> <ul style="list-style-type: none"> <li>▪ The effectiveness of media and communication programmes is assessed</li> </ul>					
<p><b>ESCC Action Plan 2008 - 2009: Key characteristics: Implementation: Young people's sexual health services</b></p> <p><i>Provision of young people focused contraception/sexual health services, trusted by teenagers and well known by professionals working with them</i></p> <p><b>ECM outcome - Being Healthy</b></p>						
No 4	<b>Provision of young people focused contraception/sexual health services, trusted by teenagers and well known by professionals working with them</b>	<b>Rating</b>	<b>Performance Indicator</b>	<b>Progress</b>	<b>Lead Responsibility</b>	<b>Time Scale</b>



	<p>informed choice about whether to continue the pregnancy</p> <ul style="list-style-type: none"> <li>▪ Strong focus on sexual health promotion / outreach work</li> <li>▪ Strong provision of contraceptive advice to young people after pregnancy to avoid subsequent births and repeat abortions</li> <li>▪ Service providers skilled in delivery of sexual health services to young people</li> <li>▪ Service providers contributing to health promotion work / PSHE in schools</li> <li>▪ Arrangements are in place for seven day access to NHS funded emergency contraception.</li> </ul> <p>Ensure provision of a sustainable Chlamydia screening programme</p>		<p>18 /19 for free by pharmacies.</p> <p>Proportion of NHS abortions to under 18s performed before 13 weeks</p> <p>Number of young people registered with a C-card scheme</p> <p>Chlamydia screening programme is widely available throughout the county</p>		<p><b>Lead</b></p> <p><b>PCT</b></p> <p><b>PCT</b></p> <p><b>Sexual health Commissioner</b></p> <p><b>Health Promotion</b></p> <p><b>Richard Watson</b></p> <p><b>Sexual Health Manager</b></p>	
<p><b>4.3</b></p>	<p><b>Services are visible and highly promoted</b></p> <ul style="list-style-type: none"> <li>▪ Visible marketing, promotion and signposting of sexual health service, including in schools* with up-to-date details of local services on the database held by the <i>RU Thinking</i> website and helpline to allow speedy referrals to local advice</li> </ul>	<p>Evaluate</p>	<p>Media Strategy in place and local action plans.</p> <p>Deliver 3 campaigns a year</p> <p>Implement Social marketing techniques</p> <p>Social networks updated yearly</p>		<p><b>Media steering group</b></p> <p><b>TPC Lead</b></p>	

<p><b>4.4</b></p>	<p><b>Involvement by a range of knowledgeable service providers</b></p> <ul style="list-style-type: none"> <li>▪ Clear referral systems for other service providers (e.g. substance misuse services, Connexions, Youth Service), to put young people in touch with services</li> <li>▪ Condom-distribution scheme established and administered through wide range of appropriately trained partners, including Connexions PAs, youth workers, teachers, etc</li> <li>▪ Emergency hormonal contraception available through pharmacies</li> <li>▪ Easy access to Long Acting Reversible Contraception for vulnerable young women (e.g. domiciliary service</li> <li>▪ Staff to provide training for other professionals (Connexions PAs, youth workers, teachers, etc) as part of outreach and health promotion work.</li> </ul>		<p>Number of pharmacies offering EHC</p> <p>Number of outlets targeted at young people distributing condoms as part of a condom distribution scheme.</p> <p>Number of services offering LARC</p>		<p><b>Richard Watson</b></p> <p><b>Health promotions</b></p> <p><b>Richard Watson</b></p> <p><b>Becky Mahlunge</b></p>	
<p><b>4.5</b></p>	<p><b>Services are adequately resourced</b></p> <ul style="list-style-type: none"> <li>▪ Young people's contraceptive and sexual health services are funded from mainstream resources and are part of mainstream provision</li> <li>▪ Services are resourced at a level to ensure adequate access for young people</li> <li>▪ Provision of young people focused contraceptive and sexual health services is explicitly included in commissioning, and developed in line with <i>Our Health , Our Care, Our Say</i></li> </ul>		<p>Number of new contacts for young people (under 19 years) resident in the LA at contraceptive and sexual health services provided in the LA (including young people services, GUM clinics and school nurse provision) (Note: requires data collection by age, gender and full postcode)</p>		<p><b>Sexual health commissioner</b></p>	



**ESCC Action Plan 2008 - 2009: Key characteristics: Implementation: SRE/PSHE**

***Strong delivery of SRE/PSHE by schools***

**ECM outcome – Being Healthy**

<b>No 5</b>	<b>Strong delivery of SRE/PSHE by schools</b>	<b>Rating</b>	<b>Performance indicator</b>	<b>Progress</b>	<b>Lead responsible</b>	<b>Time Scale</b>
5.1	<p><b>Strong delivery by well trained professional</b></p> <ul style="list-style-type: none"> <li>▪ Dedicated PSHE coordinator and specialist PSHE teachers in post</li> <li>▪ Locally-tailored guidance, including exemplar lesson plans coordinated by the Training, support and supervision is prioritised for schools with under-18 conception hotspot wards in their catchment's areas and Pupil Referral Units LEA</li> </ul>		<p>Number of nurses completing course</p> <p>Number in hot spot wards</p> <p>Number completing SRE module</p> <p>Number of teachers completing PHOE course</p> <p>Proportion of schools with PHSE teacher certificated with SRE Module Primary and Secondary</p>		<b>Marilyn Stevens</b>	
5.2	<p><b>Broad, thorough content</b></p> <ul style="list-style-type: none"> <li>▪ SRE curriculum promotes the benefits of delaying first sex, but provides information on safer sex and enables pupils to practise</li> </ul>		<p>Young person evaluation of SRE</p>		<b>Marilyn Stevens</b>	

	negotiation skills, recognising that minority will be sexually active		HRBS used in action planning for schools			
<b>5.3</b>	<p><b>Clear commitment to SRE</b></p> <ul style="list-style-type: none"> <li>All schools have a sex education policy (statutory requirement) in place and in use</li> <li>Governors understand, and receive training on, the importance of SRE</li> </ul> <p>Colleges and training providers deliver SRE programmes to their students, particularly to course groups known to be more vulnerable to teenage pregnancy</p>		<p>Proportion of secondary schools have a written policy on SRE (local target 100%)</p> <p>Number of Governors training delivered over the year. Evaluation of training.</p> <p>Number of colleges delivering SRE</p>		<b>Marilyn Stevens</b>	
<b>5.4</b>	<p><b>Whole school environment contributes</b></p> <ul style="list-style-type: none"> <li>Accessible and trusted school nurse</li> <li>Strong focus on achieving Healthy Schools status</li> </ul>		<p>Each school cluster to have a full time equivalent school nurse</p> <p>Number of schools achieving Healthy schools status</p>		<b>Marilyn Stevens and Annie Singer</b>	

**ESCC Action Plan 2008 - 2009: Key characteristics: Implementation: Targeted work**

***Targeted work with at risk groups of young people, in particular Looked After Children and Care Leavers***

**ECM outcomes - Being Healthy, Staying Safe**

No 6	Targeted work with at risk groups of YP, especially LAC	Rating	Performance Indicator	Progress	Lead professional	Time Scale
6.1	<p><b>Strong use of data and evaluation</b></p> <ul style="list-style-type: none"> <li>• Use locally sourced data to identify who/where to target</li> </ul>		Local data base developed to track care leavers and looked after children		Alistair McGrory	
6.2	<p><b>Specific preventative interventions target a range of vulnerable groups</b></p> <ul style="list-style-type: none"> <li>• Schools delivering on TP3 intervention programmes to those YP at risk of Teenage Pregnancy</li> <li>• Ensure all risks factors are accounted for when targeted resources and support to young people. E.g. BME LAC deprivation migrant's attainment levels and attendance.</li> </ul>		<p>Number of schools delivering TP3 programmes throughout the year</p> <p>Number of young women pregnant who are care leavers</p> <p>Number of conceptions from with pupil populations at high risk of teenage pregnancy.</p>		<p>Marilyn Stevens</p> <p>Vicky Finnemore</p> <p>Alistair McGrory</p> <p>Lyn Silvester</p>	
6.3	<p><b>Interventions involve a range of professionals and voluntary and community groups and complement existing programmes</b></p> <ul style="list-style-type: none"> <li>• SRE training for professionals working with at risk groups. Social workers foster carers YST Youth Workers</li> <li>• Investment in targeted programmes that address risk-taking behaviour (TP4)</li> </ul>		<p>Number of professional working with vulnerable young people receiving training on SRE</p> <p>Increase number of</p>		<p>Training Co-ordinator</p> <p>Teresa Lavelle-Hill</p> <p>Sally Carnie</p> <p>Alistair McGrory</p> <p>Richard</p>	

	<ul style="list-style-type: none"> <li>Aspiration work with vulnerable young men addresses attitudes towards sex, relationships and fatherhood</li> </ul>		<p>targeted schools to deliver TP4</p> <p>Number of intervention programmes delivered to young boys e.g. inclusion programmes</p>		<p><b>Watson</b></p> <p><b>Tracey Rose Baldock-Apps</b></p> <p><b>Health Promotion</b></p> <p><b>Children Centre Managers</b></p> <p><b>Sam England</b></p> <p><b>Claire Stubbs</b></p>	
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**ESCC Action Plan 2008 - 2009: Key characteristics: Implementation: Workforce training**

***Workforce training on sex and relationship issues within mainstream partner agencies***

**ECM outcome - Being Healthy, Staying Safe**

<b>No 7</b>	<b>Workforce training on SRE in mainstream partner agencies</b>	<b>Rating</b>	<b>Performance indicator</b>	<b>Progress</b>	<b>Lead Professional</b>	<b>Time Scale</b>
7.1	<p><b>Engagement with /guidance for all those working with YP</b></p> <ul style="list-style-type: none"> <li>LA provides key fact sheets for all those working with YP on: <ul style="list-style-type: none"> <li><i>legal issues</i></li> <li><i>confidentiality</i></li> </ul> </li> </ul>		A range of fact sheets		Health promotion	

	<ul style="list-style-type: none"> <li>○ <i>supporting and referring YP to specialist SH advice services</i></li> <li>○ <i>benefits of delaying sex</i></li> <li>• LA ensures all those working with at risk young people (Connexions PAs, youth workers, social services, foster carers, and those working with boys and young men etc) receive sex and relationship training, ideally on joint multi-agency courses.</li> <li>• Health promotion staff have objective of raising sex and relationship skills &amp; knowledge of professionals working with YP</li> </ul>		<p>promoted and delivered to all staff working with YP</p> <p>Multi-agency training is delivered throughout the year</p> <p>Comprehensive workforce development programme is completed.</p>		<p><b>RW</b></p> <p><b>Training Co-ordinator</b></p> <p><b>Children Services Training Department</b></p>	
7.2	<p><b>Staff follow good practice</b></p> <ul style="list-style-type: none"> <li>• All those working with young people are working to an agreed confidentiality and SRE policy</li> <li>• All those working with young people promote messages on delay, and – for the sexually active – use of contraception and condoms and make supported referrals to contraceptive and sexual health services</li> </ul>		<p>Number of professionals working with vulnerable young people receiving training on SRE</p>		<p><b>Training Co-ordinator</b></p> <p><b>Children services Training Department</b></p>	

**ESCC Action Plan 2008 - 2009: Key characteristics: Implementation: Youth Support (Services to Young People)]**

***In the light of structural changes, it is not appropriate to refer only to a well-resourced Youth Service. This sections of the action plan refers to all those involved in Youth support, based on both the consortia team (Education & Inclusion branch) and district youth teams (children & Families branch)***

**ECM outcome – Being Healthy and Making a Positive Contribution**

<b>No 8</b>	<b>Well resourced Youth Service</b>	<b>Rating</b>	<b>Performance indicator</b>	<b>Progress</b>	<b>Lead Responsible</b>	<b>Time Scale</b>
8.1	<p><b>Commitment</b></p> <ul style="list-style-type: none"> <li>The Youth Service plays a leadership role in relation to social issues affecting young people, including sexual health</li> <li>All LAs have information about per capita spend on the Youth Service</li> </ul>		<p>Number of Youth Activities across the county offering sexual health services</p> <p>Data information available to TPC on Per capita spend for Youth Service</p>		<p><b>Richard Baldwin and Alistair McGrory</b></p> <p><b>Mac and Diane</b></p>	
8.2	<p><b>Provision of advice and contraception</b></p> <ul style="list-style-type: none"> <li>Youth workers receive mandatory training on sex and relationships issues, talking to young people about sex etc</li> <li>Youth workers are involved in condom distribution schemes</li> <li>Youth workers deliver information sessions to young people/engage young people in discussion on sex and relationships, including challenging negative sexual health attitudes among boys and young men</li> </ul>		<p>Number of youth workers attending training</p> <p>Number of youth services C Card registered</p> <p>Number of information/events delivered throughout the year</p>		<p><b>Jan Murphy</b></p> <p><b>Christine McBayne</b></p>	

	<ul style="list-style-type: none"> <li>Youth Service runs events (health fairs etc) during themed weeks to address local social issues such as teenage pregnancy</li> </ul>		Number of health events run throughout the year			
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**ESCC Action Plan 2008 - 2009: Key characteristics: Implementation: Raising aspiration**

***Work on raising aspirations***

**ECM outcome** - Enjoying and Achieving, Being Healthy, Making a Positive Contribution

No	Raising Aspirations	Rating	Performance indicator	Progress	Lead professional	Time Scale
9.1	<p><b>Programme combines raising awareness and raising self-esteem</b></p> <ul style="list-style-type: none"> <li>Efforts are made to make clear to young people the real consequences of teenage pregnancy in both the short and longer term. The long term should include consideration of life and health outcomes identified in <i>Next Steps</i> and <i>Accelerating the Strategy</i>. This should be part of education on self esteem, relationships, delay and contraception</li> </ul>		<p>Number of interventions delivered in schools around raising aspirations in YP e.g.</p> <p>Peer mentoring programmes</p> <p>Development of DVD on realities of Teenage parenthood</p> <p>Number of theatre workshops delivered to schools as part of intervention</p>		<p><b>Claire Stubbs</b></p> <p><b>Richard Watson</b></p> <p><b>Trudy Mills</b></p>	

			<p>programmes</p> <p>Delivery of TP3 programmes to YP deemed most at risk of TP.</p> <p>Number of TP4 programmes delivered across county.</p>			
9.2	<p><b>Schools are engaged in raising aspiration for most at risk young people</b></p> <ul style="list-style-type: none"> <li>• Educational attainment and participation are seen as primary means of improving aspirations</li> <li>• Opportunities through the 14-19 agenda are maximised to provide alternative education for young women identified as being at risk of teenage pregnancy</li> <li>• Young people are encouraged to continue with their education, even if it is not academically based</li> <li>• Primary schools are using SEAL or similar materials</li> </ul>		<p>Number of young women offered alternative education</p> <p>Number of young people NEET</p> <p>Number of primary schools using SEAL</p>		<p><b>Fiona Wright</b></p> <p><b>Mark Preston</b></p> <p><b>Marilyn Stevens</b></p>	
9.3	<p><b>Engagement with young people</b></p> <ul style="list-style-type: none"> <li>• Young people are involved in the design of services (both advice and activity related) and are regularly asked for feedback</li> <li>• A wide range of positive activities are available locally for young people, including sport, recreation, and the arts</li> <li>• Specific programmes are commissioned for those</li> </ul>		<p>Number of participation/YP forums across the county</p> <p>Number of PAYP across the county</p>		<p><b>Colin Edgley</b></p>	



	<p>most at risk (see also targeted programmes)</p> <p>There is a strong focus on supporting young people to address/resist peer pressure and deal with insecurity and lack of self-confidence.</p>				Colin Edgely	
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**ESCC Action Plan 2008 - 2009: Key characteristics: Implementation: Work with parents**

**Work with Parents**

**ECM outcome - Being Healthy**

<b>No 10</b>	<b>Work with parents</b>	<b>Rating</b>	<b>Performance indicator</b>	<b>Progress</b>	<b>Lead Professional</b>	<b>Time Scale</b>
10.1	<p><b>Make the most of existing programmes</b></p> <ul style="list-style-type: none"> <li>○ Wider parenting support programmes include material on sex and relationships</li> <li>○ All parenting course tutors given training on SRE strategies to include in courses where appropriate</li> </ul>		<p>100% parenting programmes include materials of SRE</p> <p>Training delivered twice a year to parenting co-ordinators across the county</p> <p>The number of parents of teenagers attending a parenting course with an SRE element in the last year</p>		<p>TPC</p> <p><b>Carol Jarvis</b></p> <p><b>Training co-ordinator</b></p> <p><b>Carol Jarvis</b></p>	
10.2	<p><b>General as well as targeted provision</b></p> <ul style="list-style-type: none"> <li>• There is investment in community-based programmes that seek to engage hard-to-reach</li> </ul>		<p>Number of children centres delivering</p>		<p><b>Carol Jarvis</b></p>	

<p>families, such as through children's centres, primary schools, GP practices, community centres</p> <ul style="list-style-type: none"> <li>• Fact sheets are produced for professionals on benefits of parents having open discussions with their children about sex and relationships, including details of where to get information and support for this</li> <li>• YOT Parenting courses &amp; other parenting courses which parents are required to attend by court orders include SRE issues</li> <li>• Programmes such as ParentLine Plus and the fpa Speakeasy are commissioned to provide support for parents</li> </ul>		<p>parenting programmes</p> <p>Fact sheets are available to all parents including information of local services</p> <p>All YOT parenting courses deliver SRE issues</p>		<p><b>TPC Carol Jarvis</b></p> <p><b>John Hawkins</b></p> <p><b>Carol Jarvis</b></p>	
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### **ESCC Action Plan 2008-2009: Supporting Young parents**

The self-assessment toolkit due in October 2007 was delayed until February 2008, therefore making its completion impossible prior to the writing of the 2008/2009 plan. During the ESCC review day in November 2007, the key areas in the 'Teenage Parents: Next Steps' document was discussed using the TPU presentation and guidance.

Therefore, the key action for the beginning of 2008/2009 is to complete the self-assessment toolkit and ensure a detailed plan is produced.

#### **Key areas identified in the self-assessment toolkit:**

##### **Strategic**

There is senior local sponsorship and engagement of all key partners \*

The needs of teenage parents and their children are assessed in the Joint Strategic Needs Assessment.

All key partners understand their contribution to support teenage parents and their children as reflected in the Children and Young People's Plan and the Local Area Agreement.

Progress against the identified needs of this group are driven by performance management and monitored through the relevant national indicators, as outlined in Annex 1.

All key local partners understand the interconnectedness of agendas and contribute to monitoring progress through provision of data in line with the Teenage Pregnancy Unit's *Local Monitoring Data Set*

## **Data**

There is a systematic approach to identifying and understanding the local population and its needs in relation to young mothers and their partners.

Data and information are used to inform provision of local services.

Performance management is led by accurate data and information in line with the Teenage Pregnancy Unit's Local Monitoring Data Set.

There is a systematic approach to ensuring that all teenage mothers are on the Connexions Client Caseload Information System (CCIS).

There is a systematic approach to asking young men if they are a father, and capturing this information on Connexions Client Caseload Information System.

## **Communication**

There is a Communications Strategy for ensuring that all key partners and local communities understand the case for improving outcomes for teenage parents and their children.

There is an agreed plan for proactive and reactive work with the media, including a protocol for handling media approaches to young parents.

Information and support service publicity is included in the Parenting Strategy.

In line with the statutory duty to provide information, details of young parents' services are available from the Children's Information Service.

Information and support service publicity is easily accessible to young parents in a variety of ways.

All key local partners are familiar with the locally agreed 'pathway' for young women who may be pregnant.

## **Implementation – Children's Centres and other community based children's services**

Each teenage mother has a dedicated personal adviser or lead professional.

Services are delivered in line with *You're Welcome* quality criteria.

Services are delivered on a drop-in, rather than an appointment only basis.

Focused teenage parents services are provided.

Young mothers and fathers are involved in service development through consultation, peer research or feedback and evaluation of services.

A flexible approach to reconfiguring services is taken, including consideration for pooling of budgets.

### **Targeted Youth Support**

There is a strong emphasis on early identification of young parents to be and their partners.

There is provision of multi-agency support, co-ordinated by a named lead professional who acts as the main point of contact for the young parent, co-ordinating referrals to specialist services as necessary.

Common processes for assessing need and joint protocols for information sharing between agencies are in place.

The Common Assessment Framework (CAF) pro-actively identifies whether a young man is a father.

### **Children in Care and Care Leavers**

Young people can access unbiased advice on pregnancy options and support in deciding what to do about a pregnancy.

If they choose to continue with the pregnancy, advocacy and support during the pregnancy and after the child is born, with information on healthcare, benefits, educational opportunities and childcare is available and accessible.

Young parents have access to a trusted adult whom they can confide in, so that any difficulties they have can be identified and addressed early.

Advice and support on contraception, including Long Acting Reversible Contraception (LARC), is provided routinely to minimise the risk of repeat pregnancies.

### **Pregnancy Testing – see section on C&SH services for young people**

#### **Action to tackle second and subsequent pregnancies**

Support for young mothers and their partners to prevent repeat pregnancies is included as an integral part of the coordinated package of support, starting in the ante-natal period.

There are clear arrangements concerning who is responsible for ensuring young parents receive the support they need.

Information about contraception in an accessible and young person friendly format that is age and developmentally appropriate is given to teenage mothers so that they are aware of the range of methods available and can choose the most suitable method for them.

Information is provided to young fathers so they also have accurate and up to date information about contraception and can support their partner, and use

their chosen method effectively.

Clear messages about the risks of pregnancy after birth are prominently displayed in ante-natal and post-natal settings, including in General Practice and Children's Centres, as recommended in the Sure Start Children's Centres Practice Guidance (2006).

Young women who choose not to continue with a pregnancy have timely and appropriate access to a full range of contraceptive methods after their termination with advocacy and support to commence and maintain their chosen method.

Arrangements are in place with local hospital trusts to share data on repeat pregnancies conceived to under-18s, in order to monitor the issue and inform planning.

### **Early booking for ante-natal care**

Services pro-actively and positively encourage teenage mothers to be to book early and continue to use antenatal services throughout their pregnancy.

Young mothers have access to midwives in a variety of locations.

Services actively welcome young mothers and their partners; are non-judgemental and confidential; and meet the 'You're Welcome' quality criteria.

Written information about what to expect during antenatal appointments and classes, what happens during pregnancy and what to do to prepare for the arrival of the baby are provided in an easily accessible format.

### **Using ante-natal services through pregnancy**

Antenatal services are provided at locations where teenage mothers and their partners are happy to access them, as established through consultation with young parents locally and a needs assessment of what works.

Where possible, classes or sessions specifically for young parents are provided.

Services are personalised for teenage parents, and where appropriate, ante-natal classes are co-located with a service already valued and trusted by young people.

Antenatal support is provided in a way that engages young mothers and young fathers – focusing initially on the immediate concerns of the young parent and establishing a trusting relationship to help to ensure sustained contact.

A lead midwife for teenage parents (if not a specialist post) is identified by each maternity service, to ensure that the needs of teenage parents are met.

Ongoing training, support and supervision of maternity staff, including receptionists, on the specific needs of teenage parents and the importance of not deterring their attendance at services through perceived judgmental or stigmatising attitudes and behaviours occurs.

There is a clear referral pathway between maternity services and on-going support services, in line with the guidance – Multi-agency working to support

pregnant teenagers – published jointly by DfES, DH and Royal College of Midwives (RCM).

### **Smoking cessation and alcohol / substance misuse**

Maternity staff are trained and supported to promote smoking cessation programmes.

Midwives establish when a teenage mother books, whether she smokes and if she does, give her information about and encourage her to access help with smoking cessation including nicotine replacement therapy (NRT).

Midwives establish whether the partner (and other members of the household) smoke, and give them information about and encourage them to access help with smoking cessation including nicotine replacement therapy (NRT).

Local smoking cessation programmes have a protocol with midwifery services to provide NRT under Patient Group Directions (PGDs) as part of maternity care.

The number of pregnant women who smoke is known, and local targets are in place for reducing levels of young mothers who smoke in line with the 'Smoking Kills' target.

Maternity staff support young mothers to stop drinking alcohol or using drugs as early as possible in the pregnancy, and refer to services as appropriate.

Teenage mothers and young fathers are provided with clear, non-judgemental messages about the effects of alcohol on the foetus and offered practical tips on how to reduce their intake.

Local protocols are in place with specialist services to enable swift referrals of young mothers and if possible their partners who have a specific drug or alcohol problem.

### **Maternal nutrition during pregnancy**

Application forms for Healthy Start vouchers to buy fresh fruit and vegetables are readily available in appropriate locations – such as maternity units, Children's Centres and General Practice.

Staff working directly with pregnant teenagers signpost the Healthy Start voucher scheme effectively to their clients (all pregnant women under 18 automatically qualify, older pregnant women depending on income), encourage them to apply for vouchers as soon as they become eligible (from the 10th week of pregnancy) and make sure that they understand that any application must be countersigned by a health visitor, midwife or doctor before it is sent off.

Pregnant teenagers and their partners have access to information about the scheme and support in making an application.

Pregnant teenagers and their partners receive high quality advice about breastfeeding and a healthy diet to help them make the most of the scheme.

Staff know about, and promote the local PCT's arrangements for distributing free vitamin supplements through the Healthy Start scheme.

In line with the NICE guideline for routine ante-natal care – and the forthcoming guidance on Maternal and Child Nutrition – all women are offered information about the pregnancy care services and options available, lifestyle considerations, including dietary information and screening tests at their first contact visit with midwifery services.

If the first booking appointment delayed, midwives ensure that these issues are addressed whenever the teenage mother makes contact with the service.

Through linking with the PCT, health visitors and midwives effectively promote local positive parenting initiatives for young pregnant women and their partners – which include advice on parenting, healthy eating and lifestyles.

### **Breastfeeding**

Maternity and child health services encourage and support all teenage mothers to breastfeed, in line with the NICE guideline on post-natal care and the WHO/UNICEF 'Baby Friendly Initiative'.

Teenage mothers are provided with intensive support to overcome initial problems and continuing support through community midwives, family nurses, health visitors & peer support.

Services are incentivised to encourage breastfeeding. This could be through contractual arrangements, with agreed financial incentives for achieving breastfeeding targets for all new mothers, and among teenage mothers in particular.

Family members, partners and peers are made aware of the positive effects of breastfeeding and supported to encourage the young mother to start and continue breastfeeding.

### **Improving teenage mothers and young fathers emotional health and well-being**

NICE guidelines for routine post-natal care are adhered to, which state that all women should be asked about their emotional well-being at every post-natal contact with health services and encouraged to inform their health care professional about any changes in mood, emotional state or behaviour that are outside the woman's usual pattern.

The maternal 6-8 week check, which includes a review of the young woman's physical, emotional and social well-being, is in place for all young mothers.

Maternity and child health services implement the NICE clinical guideline on mental health problems during pregnancy and in the first year after giving birth.

Ante-natal and post-natal mental health: clinical management and service guidance (2007) recommendations for healthcare professionals on relevant screening questions to better identify sub-clinical and early signs of depression and appropriate care and treatment are implemented.

The Common Assessment Framework (CAF) is used in Targeted Youth Support arrangements to identify emotional health problems which may be outside the scope of the NICE guidelines and occur beyond the first year of the child's life.

The emotional and mental health support needs of teenage mothers and young fathers are included as part of the needs assessment and development of

local Parenting

Strategies – as recommended in the Parenting Support Guidance (2007).

Early mediation and relationship support are available to help resolve family breakdown or partner conflict.

Support services are provided in non-stigmatising and accessible settings.

There are a range of group-based parent support programmes designed to promote emotional attachment and parental confidence, including programmes that are particularly tailored to suit the needs of young parents.

School age parents and young parents in FE colleges do not miss out on

PSHE and pastoral support and know how to access confidential support from on-site or nearby community services.

Teenage parents benefit from the duty on LAs to provide positive activities, which requires local authorities to identify and overcome barriers to participation; for teenage parents this might include the timing, cost or location of the activity, accessibility of transport and provision and cost of childcare while the activity is taking place.

All lone teenage parents who cannot live at home, are placed in either a dedicated housing project, or have an intensive floating support package which addresses emotional health and well-being.

### **Helping teenage mothers and young fathers to achieve economic well-being**

All schools offer access to extended services (by 2010), providing a core offer of activities, including access to affordable childcare at or through their school from 8am to 6pm all year round, linked to a varied menu of activities.

An assessment of local childcare provision has been undertaken to determine that services are sufficient to meet the needs of parents, in particular, to secure childcare that meets the needs of children at risk of exclusion, including families with a lone or teenage parent.

Care to Learn is actively promoted through the local Children's Information Service (CIS), the Single Parenting Commissioner and local Teenage Pregnancy Strategies.

Co-ordinated packages of support are provided for those young parents using Care to Learn.

A lead person has been identified to promote Care to Learn and work closely with the local authority lead on the childcare sufficiency duty under the Childcare Act 2006.

### **Engagement in education, employment and training (school age mothers)**

A Reintegration Officer or nominated officer is in post to support school age expectant mothers to ensure that they receive the education they need to achieve



their potential up to the current school leaving age and are well placed to continue in learning post-16.

Arrangements are in place to ensure that the Reintegration Officer or nominated person responsible for the education of school age parents either takes on the lead professional role themselves, or liaises closely with the professional fulfilling this role.

No teenage parent is excluded from school on grounds of pregnancy, or because of spurious health and safety concerns arising from the pregnancy.

School age mothers are allowed to return to school once they have had their baby.

In the 20 pilots for Parent Support Advisers (PSAs), areas explore the potential of PSAs in providing additional help in identifying and addressing specific problems faced by school age mothers.

Alternative options to continue in learning are available where, in consultation with the young mother to be, it is agreed that a return to mainstream school would not be in the young woman's best interests. This could include studying in FE or a specialist unit, or home tuition, as appropriate.

### **Engagement in education, employment and training (post 16 learning)**

Lead professionals and others working with teenage parents understand the obstacles which teenage mothers face in accessing learning and staying in learning, both on a practical level in relation to childcare and transport (or other issues like their housing situation) and in terms of their own self-esteem and confidence.

Lead professionals understand the pressures on young fathers and the difficulties they may have in engaging in learning, for example their wish to be a provider and the consequent risk of them dropping out of their own training to take up low-paid insecure employment, without prospects, in order to provide immediate income for their families.

Lead professionals ensure that there is adequate local information about the support available through the Education Maintenance Allowance (including that students with a dependent child can apply in their own right) and the Care to Learn scheme of childcare support for teenage parents under 20.

Learning providers have developed a range of courses for young parents, including provision for those with low attainment and part-time and taster courses at FE colleges which will allow them to identify what they might want to study and to enable them to experience the childcare provision that is made available on-site for their children.

Learning providers ensure that pastoral support arrangements for teenage parents reflect the pressures of combining learning with the responsibility of looking after a young child.

Learning providers offer easy access to contraceptive and sexual health services, to reduce drop out by young mothers due to further pregnancies.

Learning providers apply flexibility when monitoring young parent's compliance with their EMA contracts, including in relation to eligibility for bonuses – taking account of their child's ill health which might genuinely prevent them from attending college or other learning provision.

## **Benefits**

Jobcentre Plus staff have clear arrangements in place for dealing with claimants under-18 who are expecting a baby or who have responsibility for a child, including speedy referral to Connexions for a learning focused interview and referral to a lead professional who would provide ongoing, holistic support.

## **Support for young fathers**

There is a pro-active approach to identifying young fathers through the CAF and targeted youth support processes. Young men who are NEET should be routinely asked if they are a parent so that better information on them can be built up on the Client Caseload Information System (CCIS).

Work with Young fathers is considered part of the self assessment process, for example in Children's Centres, to complement the Performance

Indicator for Children's Centres of their reach to teenage mothers locally.

The partners of teenage mothers who are in the age range should be routinely considered for the type of support provided by a lead professional through targeted youth support arrangements.

Young fathers are actively considered as participants in the Activity and Learning Agreement pilots as they are often NEET, or, if in employment, may be working in low paid, insecure jobs without training, to earn money to support their families.

Supported housing providers particularly of residential units housing teenage mothers promote better relationships between resident young mothers and their partners through how they manage fathers' access and involve the father in the mother's transition to independent living.

## **Effective supported accommodation for teenage mothers**

Supporting People (SP) commissioner and housing allocation lead are on Teenage Pregnancy Partnership Board or equivalent group – with agreed district council representation in two tier authorities.

Arrangements in place for accurate information locally on a) the numbers of teenage mothers in supported and unsupported accommodation; and b) the adequacy of supported housing provision for mothers under 18 in housing need and in particular to meet intensive needs of the most vulnerable

An agreed protocol to ensure SP providers work with the multi-agency team, drawing in specialist advice as required – for example on helping young mothers return to education, to address emotional health needs and provide contraception to prevent repeat conceptions.

Monitoring of the extent to which the provision of supported housing for teenage parents contributes to the Supporting People Five Outcomes – particularly in relation to learning and employment

1.2.1 - Action Plan for Improving the Sexual Health of Young People and Reducing Teenage Pregnancy in East Sussex Downs & Weald 2008 – 2009

<b>East Sussex Teenage Pregnancy and Sexual Health Local Action Plans</b>		
<b>East Sussex Downs &amp; Weald PCT</b>		
Priority areas for 2008/09		
<b>What are the priority recommendations ?</b>	<b>Why are they important ?</b>	<b>What are we trying to achieve ?</b>
1. Effective Communication and access to services	Young people need to have access in a variety of formats/ ways to up to date information on sexual health, from relationships to termination of pregnancy services. This will equip young people to make informed choices about their sexual health and well-being.	We are trying to increase knowledge, attitudes and behaviour to safe sex and good sexual well-being. The latest Schools Health Related Behaviour Survey indicates that across the county, only 50% of 14-15 year olds know where they can get condoms free of charge; less than 1 in 3 know where to access free emergency hormonal contraception and 2 out of 3 do not know if there is a contraception and advice centre locally.
2. Strong delivery of SRE/ PSHE by schools	The latest Schools Health Related Behaviour Survey indicates that for 1 in 3 students across the county, school lessons are their main source of information about sex.	Continue to embed quality SRE as part of PSHE in all/selected schools by working with SMT and PSHE co-ordinators and by training teachers. Promote targeted and additional SRE (+EHWB) for more vulnerable young people. Ensure PCT support in the schools with the highest rates/numbers of teenage pregnancy eg. via trained school nurses; sexual health practitioners; public health promotion staff. Work to agree a minimum provision of SRE/PSHE as part of the new personal development and well-being QCA requirement for schools. Monitor and evaluate the progress of identified schools and support changes as appropriate.
3. Targeted work with at-risk groups of young people, especially Looked After Children	Some young people are at higher risk of teenage pregnancy and poor sexual health. These include Looked After	Special input to provide tailored advice and information to Looked After Children and Care Leavers.

	Children.	
4. Work with Parents	Many young people still find it difficult to talk to parents/carers about sex and relationships. We need to improve our approaches on how to enhance and develop communication between young people and parents and carers.	From local consultation - young people still see their parent's and carers as a critical source for information and guidance in relation to sexual health. By improving communication we will improve our under 18 conception target.

These priorities were identified by the partnership board as key area's for development in April 08. They continue to be based on the key characteristics as identified within the county wide strategy as also identified within the deep dives findings." The partnership board will review the progress on these actions regularly and will continue to monitor performance against the strategy outcomes and deadlines.

### ESCC Action Plan 2008 - 2009: Key Characteristic: Communication

**Effective communication is central to partnership working, access to services and informed choice. Information must be tailored to the needs of young people, parents and communities, ensuring they are culturally appropriate**

Priority Area for 08/09	Aim	Objective	Output	Timeframe	Progress	Lead Agency
1. Effective Communication and access to services	1.1 Ensure that all material provided to young people is up to date and correct.	Information detailing community pharmacies that provide free EHC and free pregnancy test kits is kept up to date	Resources are all dated to indicate when they were last updated.	Review this quarterly with Pharmacy lead.	completed by john price	Andrew Hoyt Sam England Louise Terry John Price, Pharmacy
		All GP practices, Family Planning Clinics, and other community agencies	Resources are all dated to	Review this quarterly at	Louise Terry completed	All Action Group members

		that provide C Card condom distribution are correctly listed on information.	indicate when they were last updated.	Action Group		
	1.2 Maximise the numbers of pharmacies providing free pregnancy tests, free EHC.	Increase the numbers of pharmacies offering free pregnancy tests, free EHC to provide an equitable service across the PCT.	Areas of the PCT with 'gaps' met by increase in number of pharmacies offering services.	Review in line with results of Sexual Health Needs Assessment.	When LES in place this will maximise provision within pharmacies.	Trudy Mills, Joanne Bernhaut, John Price.
	1.3 Increase awareness and uptake of Chlamydia tests by ensuring that all young people who access EHC, pregnancy test kits, contraceptive pill are offered a Chlamydia test.	Pharmacies, GP Practices, Family Planning Clinics automatically offer a Chlamydia test for young people accessing sexual health services. <i>Please also refer to the Chlamydia Plan for detailed objectives.</i>	Consider amending Pharmacy LES for EHC to include offering Chlamydia test.	ASAP	LES being developed with pharmacies and GPs will be completed by beginning of December	Becky Mahlunge, John Price, Richard Watson, Joanne Bernhaut
	1.4 Promote availability of Sexual Health information in education settings.	All secondary schools and Further Education colleges and Universities have information available in a public area with other notices (e.g. notice-board) on local sexual health services including where to obtain free EHC, free Pregnancy test kits, Chlamydia tests and Sexual Health advice. This is to be done in collaboration with young people and starts with identified schools and colleges (from the data mapping work).	Sexual health resource information publicly available in schools, FE colleges and universities, starting with those with the highest numbers/ rates of YP.	Phased implementation by September 2008 as far as possible. Potential to use the event campaigns as a lever to get info into education settings.	Resources going into schools for Christmas campaign. Information now on czone school based website	Trudy Mills, Lyn Sylvester, Andrew Hoyt Sam England Louise Terry Marilyn Stevens

Aim	Objective	Output	Timeframe	Progress	Lead Agency
1.5 Promote availability of Sexual Health information in community settings.	Local supermarkets, libraries, sports centres, cinemas, shopping precincts, Fast Food Chains have a single, simple poster listing local sexual health services including where to get EHC, Condoms, Chlamydia tests etc. Consider having information in toilet cubicles. Info to include websites for Playing it Safe: <a href="http://www.condomessentialwear.co.uk">www.condomessentialwear.co.uk</a> ; R U Thinking: <a href="http://multimap.com/clients.cgi?client=ruthink01">multimap.com/clients.cgi?client=ruthink01</a> and The Site: <a href="http://www.thesite.org">http://www.thesite.org</a>	Information available in the community by July 2009.	Phased introduction starting with community settings in the wards with the highest TP rates. Start in June 2008. Aim to access at least one new community venue per month.	Safe summer campaign materials went into community settings. Planned Christmas resources going out to community settings.	Andrew Hoyt Sam England Louise Terry Media Group Members
1.6 Provide an on-going programme of Sexual Health Awareness campaigns.	Deliver and evaluate three Sexual Health awareness campaigns per year.	Three campaigns delivered per year and evaluated and developed accordingly.	Summer, Pre-Christmas, Valentine's Day.	summer campaign completed. Planned christmas campaign	Media and Comms action group.
1.7 Consider developing an 0800 telephone resource for young people giving the option of stating which town you live in and then providing pre-corded message with local sexual health services.	To be agreed e.g. by expanding the current Chlamydia phone-line service to wider sexual health issues and services	0800 phone number promoted to young people in East Sussex to obtain local info on services from via a pre-recorded message	To be agreed	To take out	TPAG to consider.

Aim	Objective	Output	Timeframe	Progress	Lead Agency
1.8 Involve young people in developing new promotional material, where best to put it, and campaigns.	Young people identified via Pulse/ YDS and asked their views/ or asked to design new promotional information/ views on where best to put info in community; whether a free phone line to automated message (read out by young people); and/ or text service would be useful.	Young people actively involved in improving communication regarding sexual health info and services across East Sussex.	Start in June 2008.	Young people consulted on new leaflet for outreach provision	Trudy Mills, Sam England, Richard Watson.
1.9 Ensure that there is clear information and access to Termination Of Pregnancy services.	Provide clear information on how and where to access advice and information on TOP in a variety of locations that young people access, including in private/ sensitive areas.	Information on where and how to access advice and information on TOP available in sensitive places including Fast Food restaurant toilets, library notice boards, youth venues etc. All young people accessing TOP services are offered future contraceptive advice including how to access EHC, LARC and use of condoms.	Start in June 2008. (BPAS service currently being re-vamped)	leaflet developed and sent out to all GPs on care pathway for young women accessing TOP.LARC now being offered by Wisdoms post TOP	Carol Lee, Becky Mahlunge, Trudy Mills, Joanne Bernhaut
1.10 Promote access to	All young people who are pregnant and	Young people	To fit in with	Posters have	Carol Lee,

	early antenatal care including direct access to midwives.	who wish to continue with the pregnancy are directed to timely information for accessing antenatal care including how to contact a midwife directly.	are supported to access high quality antenatal care as promptly as possible and are aware that they can book directly with a midwife and do not need to do this via their GP.	East Sussex Maternity Strategy timescales.	been developed to advertise midwifery direct referrals. ASM have put up posters in children centres	Becky Mahlunge, Trudy Mills, Joanne Bernhaut
	1.11 Increase uptake of Chlamydia tests by women who may be at risk, targeting those in maternity units.	All young people under 26 in maternity units are offered Chlamydia tests after delivery.	Increase in uptake of Chlamydia tests by young people who may be at risk.	Implement ASAP and by July if possible. ( <i>Brighton already provide this</i> ).	postnatal women all offered test by midwives	Midwifery managers, Debbie Street, Trudy Mills, Becky Mahlunge

**ESCC Action Plan 2008 - 2009: Key Characteristic: Implementation: SRE/PSHE**

**Strong Delivery of SRE/PSHE by Schools**

Priority Area for 08/09	Aim	Objective	Output	Timeframe	Progress	Lead Agency
2. Strong delivery of SRE/ PSHE by schools	2.1 Work with identified schools to agree a minimum coverage of East Sussex SRE learning outcomes (within PSHE) across the PCT.	Agree minimum learning outcomes for SRE to be covered by identified schools; an action plan for delivery and a strategy for how this can be monitored and evaluated.	Identified schools can show a sustained commitment to improving SRE	Ongoing with some improvement by July 2009.	Working with seven challenge schools. All seven schools have	Trudy Mills, Joanne Bernhaut, Marilyn Stephens.



			within the new QCA arrangements		action plans in place . 3 secondary schools in ESDW	
	2.2 Provide additional input to the schools with the highest numbers/ rates of TP including via trained school nurses, sexual health practitioners and public health promotion staff.	The Pre-identified schools with the highest rates receive additional input. Extend this model to Bexhill Hill School ?	Priority schools have additional resource provided externally.	<i>To be agreed</i>	Action plan developed for ETC and Causeway and onsite provision being offered.	Richard Watson, Marilyn Stephens, Sarah Hazlehurst
	2.3 Continue to monitor SRE/PSHE regularly in all schools with agreed action plans for schools causing concern.	Schools causing concern will receive targeted support	New local PSHE assessment guidance will be disseminated to all schools.	<i>To be agreed</i>	working with DCSF on SRE audit of these schools. Completed SRE audit in 27 secondary schools. Work underway on targeting schools that need to improve further	Richard Watson, Joanne Bernhaut, Marilyn Stephens.
	2.4 SRE content is aligned with sexual health service provision locally.	All SRE delivered should match availability of sexual health service provision in the community i.e. LARC should not be included where there is currently very limited access to obtaining it.	Strengthen partnership working across SRE provision and local services.	By March 2009	Updated czone web page for school on all sexual health services. CFBT linked into local action groups on sexual health	All Action Group members

## ESCC Action Plan 2008 - 2009: Key Characteristic: Implementation: Targeted Work

### Targeted Work with At Risk Groups of YP, Especially LAC

Priority Area for 08/09	Aim	Objective	Output	Timeframe	Progress	Lead Agency
3. Targeted work with at-risk groups of young people, especially Looked After Children	3.1 Increase sexual health advice, information and support provided to Looked After Children and Care Leavers and children and young people in residential units including those for mental health and other disabilities.	Provide additional support to LAC nurses and LAC social workers to provide tailored information to young people. Continue to develop TP3 in residential settings. Develop training for foster parents (foster parents likely to require payment for training).	Better information links with numbers of LAC/ Care leavers including tracking information.	By March 09	TP3 has been delivered in residential settings. Work underway in developing training for foster parents. Processes now in place for tracking of care leavers <b>completed</b>	Trudy Mills, Joanne Bernhaut
	3.2 Provide tailored sexual health input to meet individual needs.	LAC and Care Leavers should receive information on relationships and sexual health in a sensitive way that meets their needs. Obtain any national/ regional support.	LAC and Care Leavers receive more intensive support/ specialist information on relationships and sexual health and well-being	Obtain any national/ regional support by June 2008.	Specialist nurse in post, working with LAC at transition. Provide 1-1 support and drop ins. Out of the 38 identified young care leavers 15 have been seen by the	Joanne Bernhaut, Trudy Mills.

					nurse of which 8 are from ESDW. <b>Ongoing</b>	
	3.3 Ongoing evaluation of intervention programmes focusing on targeted schools.		Evaluation report summaries available.	On-going.	TP3 being delivered in 24 out of 27 secondary schools. Inclusion work with young boys underway with 3 secondary schools from ESDW <b>completed</b>	Lyn Sylvester Marilyn Stevens
	3.4 Evaluate the success of targeted input.	The results of targeted work with LAC and Care Leavers should be evaluated.	Evaluate additional input provided.	Number of LAC, Care Leavers targeted. Feedback on materials provided.	1st quarterly report provided to partnership board	Trudy Mills, Joanne Bernhaut
	3.5 To ensure a robust sexual health offer is in place within all youth access centres across East Sussex, including appropriate training, monitoring and evaluation.	Provide drop in sexual health service in Youth Access Centres. Training provided by multi agency approach (Training Coordinator)	Monitor attendance & activity focus groups, questionnaires, evaluations of training.	By December 2008	Sexual health service provision in Charleys and meeching road. <b>More work needed</b>	Andrew Hoyt, Trudy Mills

## ESCC Action Plan 2008 - 2009: Key Characteristic: Implementation: Work with Parents

### Work with Parents

4. Work with parents	4.1 Wider parenting support programmes including materials on sex and relationships	Parenting training co-ordinators to have training on SRE Training to be delivered twice a year	Number of training sessions delivered to parenting co-ordinators number of coordinators attending sessions	First training session delivered by Jan 09 second session by June 09		Caroline Norman
	4.2 Develop speak easy programme in East Sussex	Parents in East Sussex to have support and training on how to talk to there children on sex and relationships	Number of parents attending speak easy training number of parents achieving accreditation	Funding to be secured through PCT . Planned start date April 09		Caroline Lovett Trudy Mills
	4.3 Commission Training for foster carers on talking to children on sex and relationships	Foster carers to have skills to enable them to talk to there young people on sex and relationships	Number of foster carers attending training 2 cohorts of 12 twice a year	1st training to be delivered in March 09		Caroline Lovett Trudy Mills

Appendix 1.2.2 - Action Plan for Improving the Sexual Health of Young People and Reducing Teenage Pregnancy in Hasting & Rother 2008 – 2009

## East Sussex Teenage Pregnancy and Sexual Health Local Action Plans

### Hastings and Rother PCT 2008/09

Priority areas for 2008/09

What are the priority recommendations?	Why are they important?	What are we trying to achieve?
1. Effective Communication and access to services.	Young people need to have access in a variety of formats/ ways to up to date information on sexual health, from relationships to termination of pregnancy services. This will equip young people to make informed choices about their sexual health and well-being.	We are trying to increase knowledge, attitudes and behaviour to safe sex and good sexual well-being. The latest Schools Health Related Behaviour Survey indicates that across the county, only 50% of 14-15 year olds know where they can get condoms free of charge; less than 1 in 3 know where to access free emergency hormonal contraception and 2 out of 3 do not know if there is a contraception and advice centre locally.
2. Strong delivery of SRE/ PSHE by schools.	The latest Schools Health Related Behaviour Survey indicates that for 1 in 3 students across the county, school lessons are their main source of information about sex.	Continue to embed quality SRE as part of PSHE in all/selected schools by working with SMT and PSHE co-ordinators and by training teachers. Promote targeted and additional SRE (+EHWB) for more vulnerable young people. Ensure PCT support in the schools with the highest rates/numbers of teenage pregnancy eg. via trained school nurses; sexual health practitioners; public health promotion staff. Work to agree a minimum provision of SRE/PSHE as part of the new personal development and well-being QCA requirement for schools. Monitor and evaluate the progress of identified schools and support changes as appropriate.

3. Targeted work with at-risk groups of young people, especially Looked After Children.	Some young people are at higher risk of teenage pregnancy and poor sexual health. These include Looked After Children.	Special input to provide tailored advice and information to Looked After Children and Care Leavers.
4. Work with Parents	Many young people still find it difficult to talk to parents/carers about sex and relationships. We need to improve our approaches on how to enhance and develop communication between young people and parents and carers.	From local consultation - young people still see their parent's and carers as a critical source for information and guidance in relation to sexual health. By improving communication we will improve our under 18 conception target.

These three priorities were identified by the partnership board as key area's for development in April 08. They continue to be based on the key characteristics as identified within the county wide strategy as also identified within the deep dives findings." The partnership board will review the progress on these actions regularly and will continue to monitor performance against the strategy outcomes and deadlines.

## ESCC Action Plan 2008 - 2009: Key Characteristic: Communication

**Effective communication is central to partnership working, access to services and informed choice. Information must be tailored to the needs of young people, parents and communities, ensuring they are culturally appropriate**

Priority Area for 08/09	Aim	Objective	Output	Timeframe	Progress	Lead Agency
1. Effective Communication and access to services	1.1 Ensure that all material provided to young people is up to date and correct.	Information detailing community pharmacies that provide free EHC and free pregnancy test kits is kept up to date	Resources are all dated to indicate when they were last updated.	Review this quarterly with Pharmacy lead.	completed by john price	Kevin Dillistone, John Price, Pharmacy

		All GP practices, Family Planning Clinics, and other community agencies that provide C Card condom distribution are correctly listed on information.	Resources are all dated to indicate when they were last updated.	Review this quarterly at Action Group.	completed by Kevin Dillastone	All Action Group members
	1.2 Maximise the numbers of pharmacies providing free pregnancy tests, free EHC.	Increase the numbers of pharmacies offering free pregnancy tests, free EHC to provide an equitable service across the PCT.	Areas of the PCT with 'gaps' met by increase in number of pharmacies offering services.	Review in line with results of Sexual Health Needs Assessment.		Trudy Mills, Joanne Bernhaut, John Price.
	1.3 Increase uptake of LARC.	Increase the percentage of young women who use LARC.	Currently 4% of women in Hastings use LARC whereas the national average is 15%.	<i>To be agreed</i>	<i>ask Jo or Becky to update</i>	Joanne Bernhaut, Becky Mahlunge
	1.4 Increase awareness and uptake of Chlamydia tests by ensuring that all young people who access EHC, pregnancy test kits, contraceptive pill are offered a Chlamydia test.	Pharmacies, GP Practices, Family Planning Clinics automatically offer a Chlamydia test for young people accessing sexual health services. <i>Please also refer to the Chlamydia Plan for detailed objectives.</i>	Consider amending Pharmacy LES for EHC to include offering Chlamydia test.	ASAP	LES being developed for pharmacies and GPs will be completed by December 08	Becky Mahlunge, John Price, Richard Watson, Joanne Bernhaut
	1.5 Promote availability of Sexual Health information in education settings.	All secondary schools and Further Education colleges and Universities have information available in a public area with other notices (e.g. notice-board) on local sexual health services including where to obtain	Sexual health resource information publicly available in schools, FE colleges and universities, starting with those with the highest numbers/ rates of YP.	Phased implementation by September 2008 as far as possible. Potential to use the event campaigns as a lever to get	Resources going into schools for Christmas campaign. Information now on czone school	Trudy Mills, Lyn Sylvester, Kevin Dillistone.

		free EHC, free Pregnancy test kits, Chlamydia tests and Sexual Health advice		info into education settings.	based website	
	<b>Aim</b>	<b>Objective</b>	<b>Output</b>	<b>Timeframe</b>	<b>Progress</b>	<b>Lead Agency</b>
	1.6 Promote availability of Sexual Health information in community settings.	Local supermarkets, libraries, sports centres, cinemas, shopping precincts, Fast Food Chains have a single, simple poster listing local sexual health services including where to get EHC, Condoms, Chlamydia tests etc. Consider having information in toilet cubicles. Info to include websites for Playing it Safe: <a href="http://www.condomessentialwear.co.uk">www.condomessentialwear.co.uk</a> ; R U Thinking: <a href="http://multimap.com/clients.cgi?client=ruthink_01">multimap.com/clients.cgi?client=ruthink_01</a> and The Site: <a href="http://www.thesite.org">http://www.thesite.org</a>	Information available in the community	Phased introduction starting with community settings in the wards with the highest TP rates. Start in June 2008. Aim to access at least one new community venue per month.	Safe summer campaign materials went into community settings. Planned Christmas resources going out to community settings	Kevin Dillistone.
	1.7 Provide an on-going programme of Sexual Health Awareness campaigns.	Deliver and evaluate three Sexual Health awareness campaigns per year.	Three campaigns delivered per year and evaluated.	Summer, Pre-Christmas, Valentine's Day.	Summer campaign delivered. Christmas planned	Media and Comms action group.
	1.8 Consider developing an 0800 telephone resource	To be agreed e.g. by expanding the current Chlamydia phone-line	0800 phone number promoted to young people in East Sussex to obtain local info on services from	To be agreed	Richard to fill in	TPAG to consider.



	for young people giving the option of stating which town you live in and then providing pre-recorded message with local sexual health services.	service to wider sexual health issues and services	via a pre-recorded message			
	1.9 Involve young people in developing new promotional material, where best to put it, and campaigns.	Young people identified via Pulse/ YDS and asked their views/ or asked to design new promotional information/ views on where best to put info in community; whether a free phone line to automated message (read out by young people); and/ or text service would be useful.	Young people actively involved in improving communication regarding sexual health info and services across East Sussex.	Start in June 2008.	Pulse youth working with young people in the designs of Christmas campaign. Dr foster used focus groups for social marketing materials	Trudy Mills, Claire Stubbs, Richard Watson.
	<b>Aim</b>	<b>Objective</b>	<b>Output</b>	<b>Timeframe</b>	<b>Progress</b>	<b>Lead Agency</b>
	1.10 Ensure that there is clear information and access to Termination Of Pregnancy services.	Provide clear information on how and where to access advice and information on TOP in a variety of locations that young people access, including in private/ sensitive areas.	Information on where and how to access advice and information on TOP available in sensitive places including Fast Food restaurant toilets, library notice boards, youth venues etc. All young people accessing TOP services are offered future contraceptive advice including how to access EHC, LARC and use of condoms.	Start in June 2008.	Leaflet went out to all GPs on care pathway for young women accessing TOP	Trudy Mills, Becky Mahlunge, Kevin Dillistone, Summer Allum
	1.11 Increase uptake of	All young people under 26 in maternity units are	Increase in uptake of Chlamydia tests by young people who may	Implement ASAP and by	midwives now	Midwifery managers,

	Chlamydia tests by women who may be at risk, targeting those in maternity units.	offered Chlamydia tests after delivery.	be at risk.	July if possible.	offering all postnatal women test	Chris Cowling, Trudy Mills, Becky Mahlunge
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### SCC Action Plan 2008 - 2009: Key Characteristic: Implementation: SRE/PSHE

#### Strong Delivery of SRE/PSHE by Schools

Priority Area for 08/09	Aim	Objective	Output	Timeframe	Progress	Lead Agency
2. Strong delivery of SRE/ PSHE by schools	2.1 Work with identified schools to agree a minimum coverage of East Sussex SRE learning outcomes (within PSHE) across the PCT.	Agree minimum learning outcomes for SRE to be covered by identified schools; an action plan for delivery and a strategy for how this can be monitored and evaluated.	Identified schools can show a sustained commitment to improving SRE within the new QCA arrangements	To be agreed	Working with seven challenge schools. All seven schools have action plans in place . 4 secondary schools in H&R	Trudy Mills, Joanne Bernhaut, Marilyn Stephens.
	2.2 Provide additional input to the schools with the highest numbers/ rates of TP including via trained school nurses,	The Pre-identified schools with the highest rates receive additional input. Extend this model to Bexhill Hill School?	Priority schools have additional resource provided externally.	To be agreed	Work underway in Bexhill, onsite provision and action plans in	Richard Watson, Marilyn Stephens

	sexual health practitioners and public health promotion staff.				place.	
	2.3 Continue to monitor SRE/PSHE regularly in all schools with agreed action plans for schools causing concern.	Schools causing concern will receive targeted support	New local PSHE assessment guidance will be disseminated to all schools.	To be agreed	working with DCSF on using audit toolkit for our challenge schools in H&R	Richard Watson, Joanne Bernhaut, Marilyn Stephens.

### ESCC Action Plan 2008 - 2009: Key Characteristic: Targeted Work

#### Targeted Work with At Risk Groups of YP, Especially LAC

Priority Area for 08/09	Aim	Objective	Output	Timeframe	Progress	Lead Agency
3. Targeted work with at-risk groups of young people, especially Looked After Children	3.1 Increase sexual health advice, information and support provided to Looked After Children and Care Leavers.	Provide additional support to LAC nurses, LAC social workers to provide tailored information to young people.	Better information links with numbers of LAC/ Care leavers including tracking information.	By March 09.	TP3 has been delivered in residential settings. Work underway in developing training for foster parents. Processes now in place for tracking of	Trudy Mills, Joanne Bernhaut

					care leavers	
	3.2 Provide tailored sexual health input to meet individual needs.	LAC and Care Leavers should receive information on relationships and sexual health in a sensitive way that meets their needs. Obtain any national/ regional support.	LAC and Care Leavers receive more intensive support/ specialist information on relationships and sexual health and well-being	Obtain any national/ regional support by June 2008.	Specialist nurse in post, working with LAC at transition. Provide 1-1 support and drop ins. Out of the 38 identified young care leavers 15 have been seen by the nurse of which 7 of which are from H&R	Joanne Bernhaut, Trudy Mills.
	3.3 Ongoing evaluation of intervention programmes focusing on targeted schools.	All TP3, targeted schools and TP4 programmes should continue to be evaluated to inform success of the programme and to	Evaluation report summaries available.	On-going.	TP3 being delivered in 23 out 27 secondary schools. Inclusion	Lyn Sylvester Marilyn Stevens

		develop future services.			work with young boys underway with 4 secondary schools from H&R	
	3.4 Evaluate the success of targeted input.	The results of targeted work with LAC and Care Leavers should be evaluated.	Evaluate additional input provided.	Number of LAC, Care Leavers targeted. Feedback on materials provided.	1st quarterly report provided to partnership board	Trudy Mills, Joanne Bernhaut
	3.5 To ensure a robust sexual health offer is in place within all youth access centres across East Sussex, including appropriate training, monitoring and evaluation.	Provide drop in sexual health service in Youth Access Centres. Training provided by multi agency approach (Training Coordinator)	Monitor attendance & activity focus groups, questionnaires, evaluations of training.	By December 2008.	sexual health provision in two of the YAC in H&R	Alistair McGrory Trudy Mills Claire Stubs

### ESCC Action Plan 2008 - 2009: Key Characteristic: Implementation: Work with Parents

#### Work with Parents

Priority Area for 08/09	Aim	Objective	Output	Timeframe	Progress	Lead Agency
4. Work with parents	4.1 Wider parenting support	Parenting training co-ordinators to have	Number of training sessions delivered to parenting	First training session		Caroline Norman

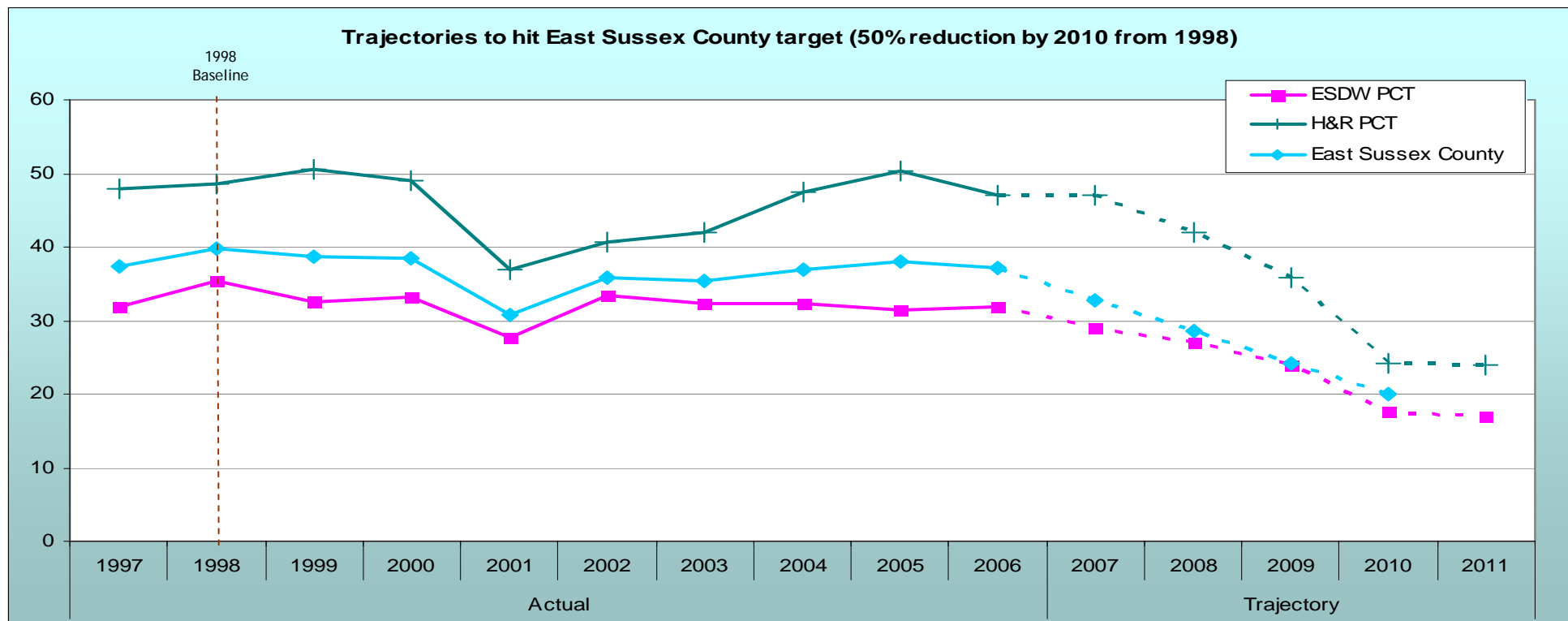
	programmes including materials on sex and relationships	training on SRE Training to be delivered twice a year	coordinators number of coordinators attending sessions	delivered by Jan 09 second session by June 09		
	4.2 Develop speak easy programme in East Sussex	Parents in East Sussex to have support and training on how to talk to there children on sex and relationships	Number of parents attending speak easy training number of parents achieving accreditation	Funding to be secured through PCT . Planned start date April 09		Caroline Lovett Trudy Mills
	4.3 Commission Training for foster carers on talking to children on sex and relationships	Foster carers to have skills to enable them to talk to there young people on sex and relationships	Number of foster carers attending training 2 cohorts of 12 twice a year	1st training to be delivered in March 09		Caroline Lovett Trudy Mills

## Appendix 2 - Data Performance Report

### Under 18 conception rates (Source: ONS)

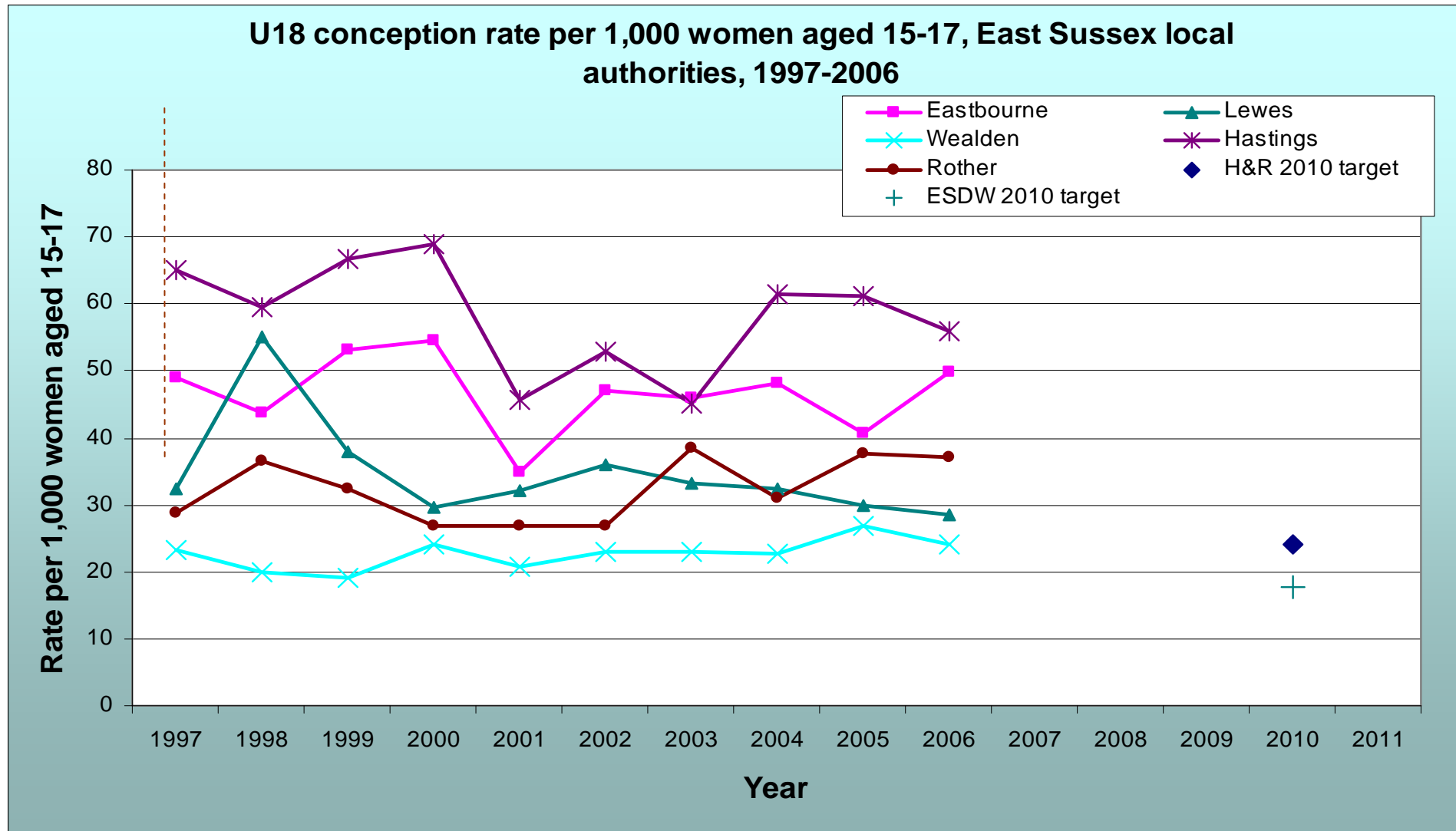
Annual conception data is released by ONS 14 months after the end of the period which they relate to. The most recent data currently available is 2006 with 2007 data due to be released shortly. Figure 1 shows the U18 conception rate - actuals and trajectories to meet the national target for East Sussex County as well as the PCTs.

Figure 1



There is variation in the U18 conception rate within the county however Hastings has consistently the highest rate and Wealden the lowest (Figure 2). Rates will vary from year to year due to small numbers at district/borough level which makes the rates more sensitive to small changes in numbers.

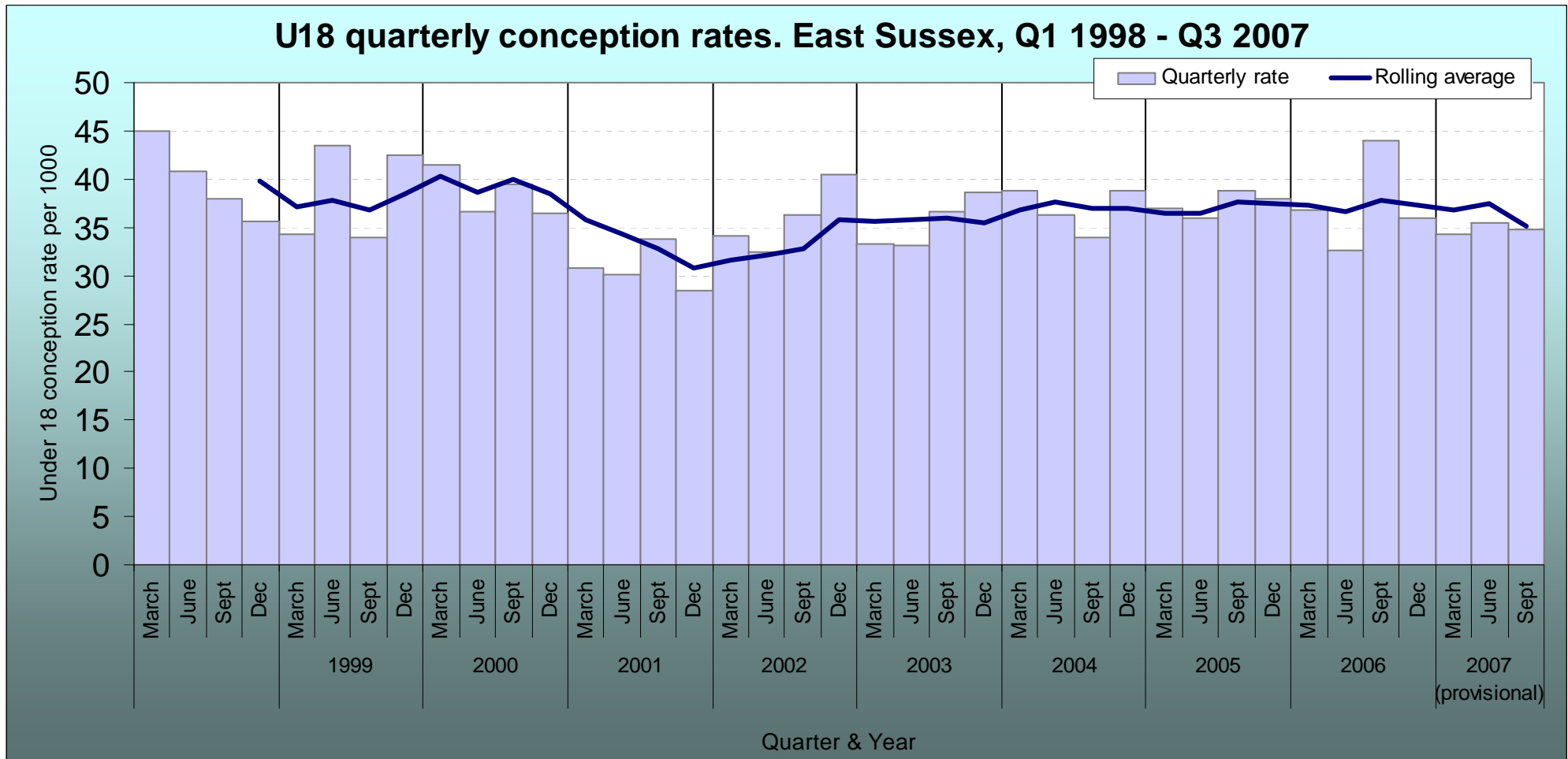
Figure 2



ONS are now releasing quarterly U18 conception data (Figure 3).



Figure 3



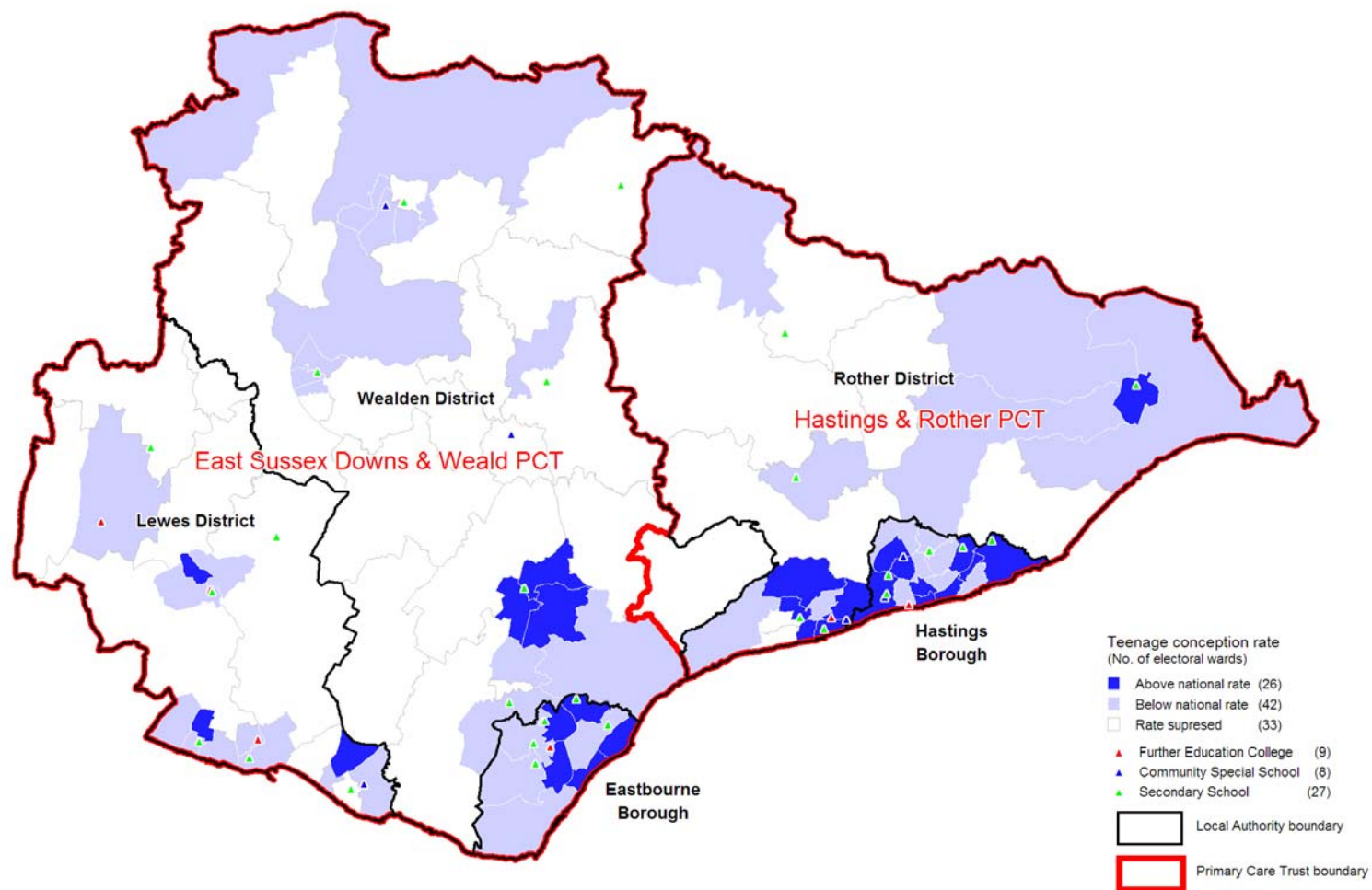
Both the ONS quarterly conception data and local data on terminations and deliveries suggest that the 2007 conception rate will be lower than in 2006 (37.4 per 1,000 females aged 15-17 years for East Sussex in 2006).

Up to the end of September 2007 ONS report 249 conceptions for East Sussex, local data on births and terminations suggests 245 conceptions for the same period (using 40 weeks prior to admission to hospital as proxy for conception date for deliveries, and using 2 months prior to termination for conception

date for those that are terminated). Local data on births and terminations is available for Oct-Dec 2007 and using this with the ONS data up to September suggests that in 2007 there were 338 conceptions, a rate of 35.3 per 1,000 females aged 15-17 years.

### Under 18 conception rates - ward level

#### Teenage conception rate - Under 18s conceptions per 1,000 women aged 15-17 between 2004 to 2006



Primary Care Trust	Local Authority	Ward Code	Ward Name	No. of <18 conceptions	Rate per 1,000 females aged 15-17
H&R	Hastings CD	21UDFX	Central St Leonards	39	141.3
H&R	Hastings CD	21UDGG	Tressell	44	123.2
H&R	Hastings CD	21UDFW	Castle	34	107.6
H&R	Rother CD	21UGGY	Sidley	30	81.1
H&R	Hastings CD	21UDGA	Hollington	36	71.3
H&R	Hastings CD	21UDGD	Ore	20	66.4
ESDW	Eastbourne CD	21UCFL	Devonshire	25	65.8
ESDW	Lewes CD	21UFGW	Peacehaven North	19	65.1
ESDW	Lewes CD	21UFGN	Lewes Castle	17	62.5
ESDW	Eastbourne CD	21UCFT	Sovereign	30	62.4
H&R	Hastings CD	21UDFT	Baird	22	59.9
ESDW	Eastbourne CD	21UCFM	Hampden Park	35	58.9
H&R	Rother CD	21UGGF	Central	14	56.9
H&R	Rother CD	21UGGW	St Stephens	13	56.3
ESDW	Eastbourne CD	21UCFN	Langney	51	56.1
ESDW	Lewes CD	21UFHB	Seaford North	15	54.7
ESDW	Wealden CD	21UHHE	Hailsham South & West	27	54.4
ESDW	Eastbourne CD	21UCFU	Upperton	17	53.0
H&R	Hastings CD	21UDGJ	Wishing Tree	13	52.0
H&R	Hastings CD	21UDFZ	Gensing	19	51.2
ESDW	Wealden CD	21UHHD	Hailsham East	9	48.1
ESDW	Wealden CD	21UHHC	Hailsham Central & North	17	48.0
H&R	Rother CD	21UGGU	St Michaels	12	47.4
H&R	Hastings CD	21UDGH	West St Leonards	16	45.6
H&R	Rother CD	21UGGS	Sackville	5	43.5

**ACTION PLAN Sept 2007 – July 2010**  
*Reducing Teenage Pregnancies in targeted schools*  
JULY 2008

**Marilyn Stephens (East Sussex PSHE and Healthy Schools Adviser)**  
**Trudy Mills (East Sussex Strategic Lead for Teenage Pregnancy)**

**2007/9 Schools: Hillcrest; Filsham Valley; The Grove**  
**2008/10 Schools: Bexhill High and (to be confirmed) Causeway and ETC**

In addition to 6 new components in the action plan, all 6 schools receive the core work of PSHE/HS Team ie:

- o central and school based training for PSHE teachers
- o Healthy Schools development
- o training and updates from the Consortia groups
- o involvement in the Health Related Behaviour Survey (HRBS)
- o the Teenage Pregnancy Prevention project (TP3)
- o good practice guidance and resource material

