



Staffordshire Teenage Pregnancy Strategy 2010-13

**A Strategy to establish a firm downward trend in
the under 18 conception rate and achieve
positive outcomes for teenage parents**

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1. Foreword by the Chair of the Children's Trust Board

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2. Executive Summary

The Staffordshire Teenage Pregnancy Strategy has been written by a partnership of organisations represented by the Teenage Pregnancy Partnership Board. Each organisation has a key contribution to make to tackling teenage pregnancy and/or supporting teenage parents and prioritises the achievement of outcomes of the young people particularly vulnerable to teenage pregnancy.

The Strategy aims to establish a firm downward trend in the under 18 conception rate and achieve positive outcomes for teenage parents. The following strategic objectives have been identified to focus implementation of the Strategy and to enable the partnership to achieve the aim:

- 1. Identify teenage pregnancy target locations and populations (hot-spots) where attention and effort for prevention will be concentrated**
- 2. Develop, re-align and improve sexual and reproductive health services for young people**
- 3. Drive up the quality of informal and formal sex and relationships education (SRE)**
- 4. Deliver prevention activity (information, advice and guidance, SRE, group work and one-to-one interventions) to young people**
- 5. Develop the workforce to the required level of competence and confidence with Level 0 and Level 1 sexual health and SRE training**
- 6. Deliver specific sex and relationships education programmes to parents and foster carers of teenagers**
- 7. Develop mainstream services understanding of the needs of teenage parents and support the development of effective care/support pathways**
- 8. Continue to progress the remedial action plan, strengthen the partnership accountability and contribution to the development and improvement of services to ensure fit-for-purpose universal provision across Staffordshire**

The Strategy has a clear mechanism for reporting the progress of implementation progress performance management against a set of indicators as proxy measurements of positive outcomes. The mechanism sits within the Staffordshire Children's Trust arrangements using the Teenage Pregnancy Partnership Board to oversee strategic direction and performance.

Teenage Pregnancy creates one of the most perpetual cycles of disadvantage. Due to the complexities of the cause and effect of teenage pregnancy, it also poses one of the most significant challenges to organisations tasked with reducing the under 18 conception rate and supporting teenage parents.

The Teenage Pregnancy Partnership Board has taken intelligence from locally and nationally available evidence of what works to prevent teenage pregnancy and support teenage parents to offer an appropriate, relevant and committed Strategy.

3. Introduction

3.1 Teenage pregnancy and why it matters

The recently published national Teenage Pregnancy Strategy (DCSF 2010) highlights the perpetual cycle of disadvantage caused by teenage pregnancy as the rationale for change. Whilst it is difficult to be absolutely sure about the causal effect of problems, correlations do exist that suggest teenage pregnancy creates a greater risk of poor outcomes and health inequalities such as:

- Teenage mothers are less likely to finish their education and more likely to bring up their child alone and in poverty
- The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers
- Teenage mothers have three times the rate of post-natal depression of older mothers and a higher risk of poor mental health for three years after the birth
- Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing and poor health, and have lower rates of economic activity in adult life

It is proposed that the majority of under 18 conceptions are unintended and during the ten year lifetime of the original national Teenage Pregnancy Strategy (1999), in the main 50% of teenage pregnancies led to a termination. This presents the social rationale for investment in prevention as well as support for teenage parents.

There are also some significant financial benefits to preventing under 18 conceptions. Savings include NHS costs of births and terminations, social security payments such as income support and child benefit and savings incurred through increased earning capacity of young people not educationally disadvantaged by early parenthood.

In stark figures it is projected that if all prevented teenage pregnancies were attributed to the national strategy, then for every £1 of direct investment there could be £4 of public finance savings.

3.2 Links with other strategies and plans

Strategies and plans

The Staffordshire Teenage Pregnancy Strategy contributes to the delivery of the Children's Trust Children and Young People's Plan and Adverse Risk Taking Behaviour Plan and works in synergy with the two PCT Sexual Health Strategies, the Staffordshire Young People's Strategy, and Parenting Strategy. Appendix 1 provides a list of links to other strategies and delivery plans.

Contribution to the Local Area Agreement

NI 112 will impact on and support other Local Area Agreement (LAA) indicators and other indicators will support the implementation of NI 112. In 2008, The East Midlands Public Health Observatory (EMPHO) highlights links between national indicators and the National Teenage Pregnancy Strategy (EMPHO 2008). Appendix 2 presents these links.

4. Background

4.1 National Context

National Teenage Pregnancy Strategy

The Teenage Pregnancy Strategy (SEU 1999) set out a 10 year action plan to:

- Reduce the rate of under 18 year old conceptions by 50% in England by 2010
- Reduce the risk of long-term social exclusion for teenage parents and their children by increasing to 60% the participation of 16-19 year old mothers into education, employment and training by 2010

Teenage pregnancy is still a government priority. To date, although a downward trend in under 18 year old conceptions has been achieved, the target of a 50% reduction is not likely to be achieved within the 10 year strategy lifetime. However, the national strategy and action plan have been far more successful in achieving better outcomes for teenage parents.

National targets and indicators for teenage pregnancy and sexual health

The reduction in under 18 year old conceptions features as a key target within Public Service Agreement (PSA) 14: Increasing the number of children and young people on the path to success (HM Government 2008-2011). It is also a target within the National Indicator Set (NIS) from which local government chooses its 35 priorities (Communities and Local Government 2007). The NIS also includes an associated target, prevalence of chlamydia. Teenage pregnancy and chlamydia screening/prevalence are included in the NHS Vital Signs, a framework for managing and planning health priorities both nationally and locally (NHS 2008).

Teenage Pregnancy in England today

Progress towards targets masks the significant variation in local area performance. Areas that prioritised and effectively implemented their strategies have seen significant reductions in under 18 year old conceptions. Those who did not prioritise or focused too narrowly on certain aspects of delivery to the detriment of others have seen little or no progress. *'If all areas were performing as well as the top quartile, the national reduction would be 23% – more than double the 11.1% reduction that has actually been achieved.'* (DCSF & DH 2006)

A review of strategies in those areas successfully reducing teenage pregnancy identified a number of factors believed to be key in a lasting and positive effect on rates. The factors are presented in Appendix 3. It is now recommended that all areas fully implement these factors and mainstream them within Children and Young People Plans (DCSF & DH 2006).

Next Steps

The Department for Children, Schools and Families (DCSF) and the Department of Health (DH) have recently launched a new strategy to reflect the current status of under 18 year old conceptions and outcomes for teenage parents (DCSF & DH 2010).

Local areas will be expected to step up to the mark and reflect national strategy in local strategies and action plans.

4.2 Staffordshire Context

Teenage Pregnancy in Staffordshire

Staffordshire performed well during the first 4 years of implementing a teenage pregnancy strategy and action plan seeing a decline in under 18 year old conceptions. However, an upward trend began in 2004 continuing through to 2007. This presented a significant challenge for Staffordshire to achieve a 50% reduction and indeed, as with the national strategy, Staffordshire is not likely to achieve this.

Staffordshire has seen a reduction in the rate from 2007 (42) to 2008 (39.7). However, apart from one other local authority area, Staffordshire is the worst performing area in the West Midlands with regard to percentage change in rate (-8.1%) from the 1998 baseline (43.2).

Recently released ward level data indicates that in the majority of Staffordshire hot-spot wards (wards within the top 20% of wards with the highest rates nationally), under 18 year old conceptions have risen again, see Table 1.

Table 1: Under 18 conception rates for wards 2005-2007

Area	Ward	Under 18 year old conceptions			
		2004-06		2005-07	
		Conceptions	Conception Rate	Conceptions	Conception Rate
Cannock Chase CD	All	268		284	
Cannock Chase CD	Cannock North	33	72.4	38	81.9
Cannock Chase CD	Heddesford North	28	60.7	34	92.1
East Staffordshire CD	All	245		282	
East Staffordshire CD	Burton	16	127	21	172.1
East Staffordshire CD	Stapenhill	29	56.5	35	66.5
Lichfield CD	All	192		194	
Lichfield CD	Chadsmead	18	58.8	25	80.1
Newcastle-under-Lyme CD	All	265		286	
Newcastle-under-Lyme CD	Butt Lane	21	69.1	29	89.5
Newcastle-under-Lyme CD	Cross Heath	25	61	30	76.3
South Staffordshire CD	All	200		208	
South Staffordshire CD	Huntington and Hatherton	21	69.8	26	82.3
Stafford CD	All	252		265	
Stafford CD	Highfields and Western Downs	25	64.6	35	89.3
Stafford CD	Penkside	26	87.8	33	112.2
Staffordshire Moorlands CD	All	149		187	
Staffordshire Moorlands CD	Leek East	8	36.9	14	63.1
Staffordshire Moorlands CD	Leek North	13	35.9	22	62.9
Tamworth CD	All	245		241	
Tamworth CD	Belgrave	25	45.3	30	57.8
Tamworth CD	Glascote	47	80.9	46	78

Table 1 Notes:

Rates are per 1000 female population aged 15-17

The full data set is available from the Teenage Pregnancy Co-ordinator

Sources: Office for National Statistics and Teenage Pregnancy Unit

Those wards that have not risen have remained stubbornly high and some wards not previously considered a hot-spot have risen to such an extent that they may now fall within the highest ward rates nationally

The Staffordshire Teenage Pregnancy Partnership Board recently commissioned the Centre for Local Economic Strategies (CLES) to conduct a teenage pregnancy data project to explore a range of relevant data sets and produce a baseline data report for Staffordshire. With regard to ward data, Figure 1 is taken from the CLES draft report to demonstrate hot-spot wards (2004-06) and where the conception rate increased between that recorded in 2002-04 and 2004-06. The Teenage Pregnancy Partnership Board will continue to update such data and representations as part of its planning and performance management processes.

Figure 1: Under 18 conception rates for wards 2004-06

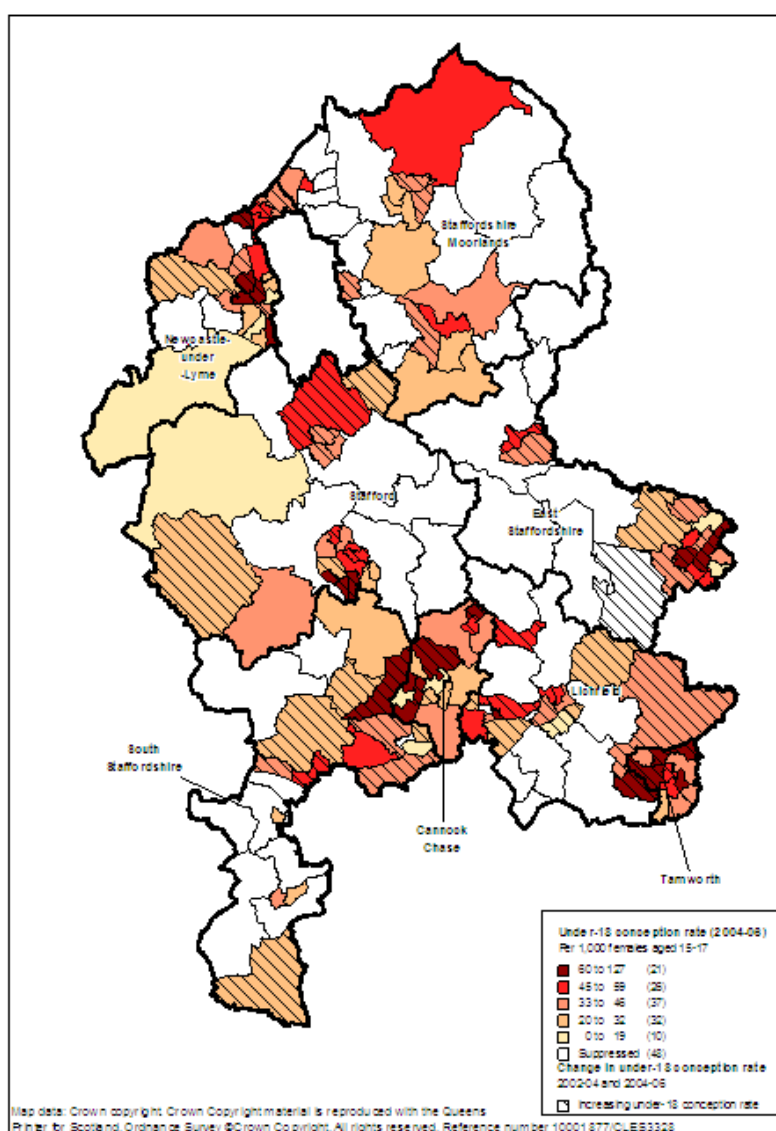


Figure 1 Notes:

Rates are per 1000 female population aged 15-17

The darker the shading the higher the conception rate

The diagonal pattern indicates a ward with an increasing rate 2002/04 – 2004/06

Sources: Office for National Statistics and Teenage Pregnancy Unit

4.3 A review of strategy and action in Staffordshire

Teenage Pregnancy National Support Team review

In 2008 the Teenage Pregnancy National Support Team (NST) visited Staffordshire to conduct a review of its strategy and action plan. It highlighted good practice, gaps and challenges to provide a focus and structure for remedial action to reverse the upward trend observed between 2004 and 2007. The review identified key contextual consideration, issues and challenges (Appendix 4).

'Fit-for-purpose' partnerships and provision

In response to the review a remedial action plan was produced which replaced a conventional teenage pregnancy action plan for Staffordshire in 2009-11. The action plan outlined activity necessary to improve current partnerships and provision to a fit-for-purpose state in order to reverse the upward trend in under 18 conception rates and better support teenage parents.

Many of the actions of the 2009-11 plan have now been achieved under the following areas of work (more detail of achievements can be found in Appendix 4):

- **Partnership, governance and performance management arrangements** - Partners now play their part and recognise and take action when issues and problems are identified and ensure that activity and service development is in response to young people's needs (Terms of reference for the reconvened Teenage Pregnancy Partnership Board can be found in Appendix 5)
- **Data** - Intelligence is available to ensure activity and service development is in response to young people's needs and delivery can be suitably performance managed
- **Sex and relationships education (SRE)** - Programmes of work are in place to drive up the quality of SRE delivered to young people and ensure consistent provision of SRE
- **Targeted work and work with vulnerable young people** - Work is underway to ensure young people get support and intervention before it's too late and ensure that vulnerable groups are at the heart of all activity, service development and improvement
- **Workforce development and training** - Training has been secured to ensure the workforce is, and parents are, adequately and appropriately skilled and confident to deliver information, advice and guidance to young people about sex and relationships and sexual health
- **Sexual health services** - Intelligence is being collated to inform service development and improvement and ensure better quality and consistent service delivery to young people
- **Support for young families** - Development has begun to enable teenage parents to more easily access mainstream support

With the remedial action progressing well, the Teenage Pregnancy Partnership will now focus attention on a strategy to improve provision to accelerate a decrease in under 18 conception rates and continue to mainstream and strengthen support for teenage parents.

4.4 What works to prevent teenage pregnancy?

Information, advice and support and sexual and reproductive health services for young people

The prominent causes of teenage pregnancy cited by the new Teenage Pregnancy Strategy (2010) is a continued inadequacy of information, advice, guidance and education about sexual health and sex and relationships and incidence of ineffective and inconsistent use of contraception.

The Strategy highlights that the international evidence base '*shows that the two measures for which there is the strongest evidence of impact on teenage pregnancy rates are: comprehensive information advice and support – from parents, schools and other professionals – combined with accessible, young people-friendly sexual and reproductive health (SRH) services*' (pg 7 Teenage Pregnancy Strategy: beyond 2010).

Risk factors for teenage pregnancy

There is now greater understanding and appreciation of the impact of early identification, prevention and intervention with young people presenting with recognised underlying risks of teenage pregnancy, e.g. poverty, low educational attainment, poor attendance at school, non-participation in post-16 learning and low aspirations and associated risk factors such as, being the child of a teenage parent, experiencing the care system, and engaging in other adverse risk-taking behaviour (e.g. substance/alcohol misuse, offending).

Young people experiencing multiple risk factors have a significant increased risk of teenage pregnancy (DCSF 2006). This presents the rationale for some local areas adopting, with some success, a risk assessment approach, identifying 'at risk' young people to engage in prevention support and/or interventions.

Stoke-On-Trent City Council has appointed six dedicated Teenage Pregnancy Prevention Officers, developing a screening toolkit to support identification of young people at risk. The team provide 1-1, group and drop in sessions focused on raising self esteem as well as helping young people access sexual health advice. Since September 2007 the Prevention Team have provided intensive support to 272 young people at 'high risk' of early pregnancy, only 13 of whom have become pregnant. The area achieved an overall 14.3% reduction in teenage pregnancy rates between 2007 and 2008.

Teenage pregnancy prevention activity

A recent study in the West Midlands (Newby 2009) presents recommendation for prevention activity with 'at risk' young people. The key findings and recommendations of the study are outlined in Appendix 6. In summary, the study highlights issues of concern as:

- a permissive attitude from parents exasperated by poor communication between parents and teenagers about sex and relationships
- an acceptance and expectation of early sexual activity among young people exasperated by low self esteem and aspiration
- a culture of 'choosing' teenage parenthood exasperated by the belief that to have a baby is 'in vogue' and that termination of pregnancy is unacceptable

The study recommends:

- work with parents to increase understanding of the sexual behaviour of young people and develop their skills and confidence to deal appropriately with this
- train and develop the workforce to appropriately and successfully challenge the attitudes, beliefs, cultures and adverse risk-taking of young people regarding sexual behaviour and teenage parenthood and raise self esteem, aspiration and personal skills
- ensure there is the provision in place to enable the self esteem, aspiration and personal skills of young people to be raised and achieved (education, positive activities, good quality information, advice and guidance)

Targeting teenage pregnancy hot-spots

The Office for National Statistics (ONS) under 18 conception rates provides clear evidence of teenage pregnancy hot spots which gives rise to the suggestion that resource and activity should be targeted at populations residing in these particular wards or super output areas. It is common that young populations in teenage pregnancy hot spots also experience some of the underlying and associated risks of teenage pregnancy as outlined in section 4.2 above and so a strategy that targets hot spots is supported.

As a statistical neighbour of Staffordshire, Warwickshire is a comparable local area to consider when reviewing an approach to targeting locations and populations with teenage prevention activity. Warwickshire experienced a slow decline in teenage pregnancy rates with some significant areas of increasing under 18 conceptions. Investment was made to target provision at target groups in 'problem' areas. This resulted in 24.5% decrease in under 18 conception rates over one year. Warwickshire is now investigating the resource implications of maintaining this targeted provision and extending similar targeted approaches in other areas at levels appropriate to extent of the 'problem'.

Staffordshire is currently developing targeted programmes of work to increase the impact of services aiming to improve outcomes for children and young people and reduce health and well being inequalities.

The Staffordshire Learning to Deliver Programme is initiating a multi-agency, multi-partnership approach to addressing health and well-being inequalities which doesn't just focus on 'health' issues, but on the wider determinants of children's well-being, including aspirations and educational attainment. The Programme will focus on three priority localities where children's health and well-being is of significant concern. Using a peer challenge model each locality will work with partners to develop new and innovative ways of working to improve current underperformance for the same, or even less, resources

The Total Place Programme offers the opportunity to achieve in targeted communities improvements and innovations in service delivery that will lead directly to better outcomes for local people. The pilot (in the catchment area of the Blake Valley Technology College, Cannock Chase) will build on existing good practice and allow new thinking around long term and co-ordinated multi-agency working.

Challenging the sexualisation of children and young people

A recent review examined the extent of the sexualisation of children and young people in the UK today, the effect this is having and recommendations to mitigate this effect (Papadopoulos 2010). The review highlights the overwhelming increase of sexualised content delivered via everyday media and communications accessible to children and young people and the detrimental effect on appropriate development this has mentally, emotionally and physically.

Recommendations implicate the role of:

- parents in helping their children to cope with and contextualise the images and messages
- schools to help children and young people interpret and filter information and, through SRE, prepare young people to form healthy, respectful, emotionally fulfilling relationships, and with the support of safeguarding, appropriately support children and young people indirectly and directly affected
- government and business to take corporate responsibility for developing appropriate and responsible practices

In all, 36 detailed recommendations are made as positive steps to challenge the frequency and negative effects of this phenomenon.

Preventing teenage pregnancy in Staffordshire

Given the evidence outlined above, a strategy aim to reduce teenage pregnancy in Staffordshire will be achieved by:

- improving the quality and delivery of information, advice and guidance about sexual health and sex and relationships
- improving sexual and reproductive health services for young people
- delivering prevention activity to young people deemed at risk of teenage pregnancy (and identified as engaging in associated risk behaviours such as alcohol and substance misuse)
- delivering information, advice and guidance to parents/carers of teenagers about sex and relationships and support the development of their communication skills
- challenging attitudes, beliefs and cultures that increase the risk of teenage pregnancy
- raising the self esteem, aspiration and personal skills of young people
- prioritising and committing resource to deliver the above in target locations and to target populations
- developing a principle of working in Staffordshire services that challenges the sexualisation of children and young people and mitigates its detrimental effects.

4.5 What is effective support for teenage parents?

Parenthood and adolescence

The desires and wants of teenage parents with regard to the care of their children is no different to that of older parents. The difference is that teenage parents are usually also coping with the transition of their own adolescence into adulthood. This, without

the complication of a dependent, is often a period of development with anxieties and challenge but also opportunities and exploration. The task for services therefore is to provide the range of support and activities that these young people need that is both accessible and appropriate given the combination of dealing with growing up and being a parent.

Holistic and integrated support

In 2007 the DCSF and DH published Next Steps guidance for local authorities and primary care trusts outlining best practice for supporting teenage parents. Evidence was presented about the Sure Start Plus and Nurse Family Partnership initiatives. This clearly demonstrated that *early identification; dedicated support from a lead professional; and an appropriately skilled workforce with access to specialist support, where necessary, form the basis for an effective support package for teenage mothers.* (pg 24 Teenage Parents Next Steps DCSF 2007)

The guidance makes recommendation for practice including:

- All teenage parents receive the support they need by ensuring they are referred early from ante-natal services to a lead professional (in a Children's Centre, Targeted Youth Support or where available a Health-led Programme such as the Nurse Family Partnership initiative)
- Multi-agency working brokered through a lead professional
- The embedding of the good practice identified in the Sure Start Plus pilots – in particular the role of Children's Centres in reaching out to teenage parents and its ability to offer a range of services from one place
- The 'designing-in' of support for teenage parents in targeted youth support
- Better understanding among mainstream services such as Housing and Jobcentre Plus about the vulnerabilities of teenage parents and how they can better support these young people

Making a good start

The recent paper Maternity and Early Years: Making a Good Start to Family Life (DCSF & DH 2010) builds upon the Families and Relationships Green Paper (DCSF 2010). The paper outlines a mainstream services offer to parents and recommendation for multi-agency delivery to parents and individualised support including the particular needs of teenage parents. The paper highlights the requirement of services to be 'welcoming and emotionally responsive to all'. This captures the need to respond to the common difficulties faced by teenage parents who often feel judged or that they do not 'fit in'.

Practical recommendations for improved support for parents (which could offer significant support for teenage parents) also include:

- a commitment for parents to be offered a named contact at a Children's Centre early in pregnancy
- an aim to make the Family Nurse Partnership programme available to young, vulnerable families within 5 years time
- the importance of impartial and trustworthy advice in relation to pregnancy choices
- Greater engagement of fathers, partners or other key supporters

- the importance of Children's Centres reaching out to isolated mothers, including teenage mothers

Young fathers

All evidence and recommendation is now making far more reference to the importance of engaging young fathers in services and ensuring their needs are also met by teenage parent support. A 2009 revised edition of guidance for maternity service (DCSF & DH 2009) acknowledges the influence of a young father's behaviour on the health and wellbeing of a teenage mother and baby:

- The young father's smoking/drinking/drug use is the greatest influence on the young mother's smoking/drinking/drug use. Persuading him to cut down or quit smoking and to support his partner in also cutting down or quitting, significantly affects the likelihood of her success in doing so.
- The young father's attitude to breastfeeding has a significant impact on the mother's choice of how to feed her baby. Where fathers are directly addressed on this topic by health professionals, mothers are more likely to initiate and to continue breastfeeding.
- A good relationship with the baby's father and supportive behaviour by him is a protective factor for postnatal depression in the young mother; conversely, his negative behaviour is a risk factor for postnatal depression.
- Relationship-stress between the couple is a significant cause of maternal stress – which can affect the unborn baby.

The guidance further proposes that where a young father remains involved, better outcomes are achieved for mother and child, emotionally, behaviourally and educationally.

Joining up services

Given the evidence to date of benefit from early referral to a lead professional, guidance has also recently been published to assist Health and Children's Centres work together more effectively with regard to sharing information and the implementation of named contact arrangements (DCSF & DH 2010). This recent guidance supports the previous publication *Multi-agency working to support pregnant teenagers: a midwifery guide to partnership working with Connexions and other agencies* (DfES & DH 2007) that had already made recommendation for information sharing mechanisms and examples of pathways.

Services have historically found it difficult to work together to support teenage parents and in particular share information. The recently published national *Teenage Pregnancy Strategy* (2010) reiterates that *pathways between maternity services and on-going support need to be clearly understood and watertight to prevent teenage mothers and young fathers slipping through the gaps between services and missing the support they need* (pg 36 National Teenage Pregnancy Strategy: beyond 2010)

Supporting teenage parents in Staffordshire

Given the evidence outlined above, a strategy aim to achieve positive outcomes for teenage parents in Staffordshire will be achieved by:

- improving mainstream service understanding of the needs of teenage parents

- developing a robust teenage parent care pathway in Staffordshire, where all services understand their support role
- agreeing clear information sharing and referral protocols between maternity, Children's Centres and targeted youth support
- developing the role of Children's Centres in supporting teenage parents
- developing the role of targeted youth support in supporting teenage parents
- agreeing a principle for re-integration to education, employment and training for teenage parents
- developing a principle of working in Staffordshire that considers the support for young fathers routinely alongside that for teenager mothers

5. Strategy Aim, Principles and Key Objectives

Aim

Establish a firm downward trend in the under 18 conception rate and achieve positive outcomes for teenage parents.

Principles

- Preventing teenage pregnancy and supporting teenage parents is a shared responsibility of the Staffordshire Children's Trust partners (including schools and parents)
- Acknowledgement of the breadth of the issue of teenage pregnancy that will require a range of solutions delivered in partnership by a variety of services
- Strategy and action that is informed by evidence-based practice and robust intelligence about the needs and preferences of Staffordshire young people
- Alignment of Staffordshire policy, strategy and action on young people's adverse risk-taking behaviour
- Pooling resource and effort of partners to ensure efficient and effective strategy and action
- A competent and confident Children's Workforce to deliver services that meet the Teenage Pregnancy Strategy aims and objectives
- A service culture that promotes and actively strives to raise the self esteem, aspiration and personal skills of young people
- A service culture that challenges the sexualisation of children and young people and mitigates its detrimental effect

Strategic Objectives

1. Identify teenage pregnancy target locations and populations (hot-spots) where attention and effort for prevention will be concentrated.

Key actions:

- The TPPB will use nationally available data and local intelligence to identify the locations – wards within the Staffordshire Districts – where prevention activity will be targeted
- The TPPB will refer to other County developments regarding health and well-being inequality initiatives and work with partners to establish complimentary programmes of work e.g. Learning to Deliver and Total Place Programmes
- The TPPB will include senior representation of the services supporting groups of vulnerable 'at risk' young people to ensure prevention activity is appropriately targeted at these groups as part of existing care and support packages

2. Develop, re-align and improve sexual and reproductive health services for young people.

Key actions:

- NHS North Staffordshire and South Staffordshire Primary Care Trust sexual health commissioning will conduct an in depth gap analysis of sexual and reproductive health services for young people (prioritising the target locations and populations)
- NHS North Staffordshire and South Staffordshire Primary Care Trust sexual health commissioning with Practice Based Commissioners and providers will develop, re-align and improve provision accordingly, e.g. General Practice, Contraception and Sexual Health (CASH) services, Clinic in a Box, C Card Schemes, Long Acting Reversible Contraceptive (LARC) provision, sexual health services in schools and colleges (prioritising the target locations and populations)

3. Drive up the quality of informal and formal sex and relationships education (SRE)

Key actions:

- The SRE Forum will conduct an in depth audit of formal and informal SRE delivered by partner organisations (Staffordshire County Council, e.g. schools and young people's service and Health, e.g. school nurses) and external providers (prioritising the target locations and populations)
- The Healthy Schools Team will encourage schools to adopt NI 112 *reduce the rate of under 18 conceptions* indicator as part of their programme of work within the Healthy Schools Enhanced Programme (prioritising the target locations and populations)
- The SRE Forum and the School Improvement Division will support the development and improvement of SRE provision to meet emerging Children's Trust Sex and Relationships Policy and Delivery Standards and Quality Assurance Framework (prioritising the target locations and populations)
- The TPPB will raise the profile of SRE among senior leaders, managers and school governors to ensure comprehensive understanding of the importance of challenging the sexualisation of children and young people and the need to prioritise SRE as a means to achieve this challenge (Staffordshire-wide)

4. Deliver prevention activity (information, advice and guidance, SRE, group work and one-to-one interventions) to young people.

Key actions:

- The Staffordshire Young People's Service will lead on the co-ordination of local prevention activity via the District management structure
- The Preventing Adverse Risk-Taking Behaviour Group will produce appropriate support/intervention pathways for young people at risk
- The Staffordshire Young People's Service targeted youth support will deliver enhanced sexual health information, advice and guidance and SRE in youth settings and via outreach work (in target locations and to target populations)
- Schools, the Staffordshire Young People's Service and third sector providers of young people's services will conduct adverse risk-taking behaviour assessments

and common assessment with young people to early identify those in need of additional prevention support and/or intervention (in target locations and to target populations)

- Young people assessed as at risk of poor sexual health and teenage pregnancy will be offered a prevention pathway of support and/or intervention (in target locations and to target populations)

5. Develop the workforce to the required level of competence and confidence with Level 0 and Level 1 sexual health and SRE training

Key actions:

- The TPPB will ensure a suitable representation of practitioners complete Level 1 sexual health training and the remaining workforce complete Level 0 sexual health awareness training (prioritising practitioners working in target locations and with target populations)
- The School Improvement Division will deliver SRE training and development in school INSET days (prioritising practitioners working in target locations and with target populations)
- The School Improvement Division will offer the Personal Social Health Economic education (PSHEe) Continuing Professional Development (CPD) Programme to practitioners in children and young people's services (prioritising practitioners working in target locations and with target populations)

6. Deliver specific sex and relationships education programmes to parents and foster carers of teenagers

Key actions:

- The Speakeasy 'training the trainers' Programme will be delivered to practitioners that regularly work with parents of teenagers and/or practitioners that deliver training to foster carers (prioritising practitioners working in target locations and with target populations)
- Speakeasy trained practitioners will deliver the Speakeasy Programme to parents and foster carers of teenagers (in target locations and to target populations)
- The Staffordshire Children's Trust will deliver a media and communications campaign highlighting to Staffordshire parents and carers the consequences of teenagers' adverse risk-taking behaviour that compliments the national alcohol misuse (Why let drink decide? <http://whyletdrinkdecide.direct.gov.uk>) and sexual health (Sex: worth talking about <http://www.nhs.uk/worhtalkingabout/Pages/sex-worth-talking-about.aspx>) campaigns. A campaign will also inform parents of their contribution to challenging the sexualisation of young people and its detrimental effects

7. Develop mainstream services understanding of the needs of teenage parents and support the development of effective care/support pathways.

Key actions:

- The TPPB will charge a Teenage Parent Support Task and Finish Group with producing an action plan to develop the understanding, capacity and provision of mainstream services with regard to supporting teenage parents
- The Task and Finish Group will produce a Children's Trust Teenage Parent Support Pathway that will explicitly prescribe the role of mainstream services in supporting teenage parents
- Mainstream services will incorporate the needs and preferences of teenage parents into their core service offer
- The additional support currently offered by the former Staffordshire Support Service for Young Families will decrease to allow the support workers to offer a more appropriate targeted youth support contribution to a holistic multi-agency package of support to vulnerable teenage parents

8. Continue to progress the remedial action plan, strengthen the partnership accountability and contribution to the development and improvement of services to ensure fit-for-purpose universal provision across Staffordshire.

Key actions:

- The TPPB will produce a minimum performance management dataset that the Children's Trust will use to monitor the achievement of the Strategy objectives, aim and outcomes
- NHS North Staffordshire and South Staffordshire Primary Care Trusts will improve the commissioning and providing processes to ensure Staffordshire-wide sexual and reproductive health services for young people that are fit-for-purpose and operating to the You're Welcome standards
- The TPPB will ensure the quality of informal and formal SRE across the whole of Staffordshire is improved and is consistent by rolling out the partner activity initially prioritised in target locations
- The TPPB will take learning from the targeted teenage prevention activity, develop and improve accordingly and within capacity and available resource and roll out at a necessary level to target mid to high under 18 conception rate locations to further accelerate the reduction in teenage pregnancy
- The TPPB will monitor the outcomes of the sexual health training, develop and improve accordingly and within available resource secure a suitable offer of training and development for the remaining workforce and campaign for a minimum level of sexual health and SRE awareness as mandatory for the whole of the children and young people's workforce
- The TPPB will oversee the development of support for teenage parents in the core offer of mainstream services – outcomes for teenage parents will be monitored via the aforementioned minimum dataset
- The Children's Trust will support appropriate teenage pregnancy media and communications activity as part of wider children, young people and family media and communication activity with regard to health and well-being campaigning and communication about Children's Trust activity. The TPPB will ensure that the appropriate internal communication channels exist and are used consistently to engage and update partners and stakeholders in/of the Strategy, action plan and developments

6. Strategy Implementation

6.1 Staffordshire Children's Trust

The responsibility for implementing this Strategy sits with the partner organisations of Staffordshire's Children's Trust. Key partners (displayed in Figure 2) will be asked to develop their response to meeting the Strategic Objectives guided and supported by the Staffordshire Teenage Pregnancy Co-ordinator. Senior representatives of the partners will form the membership of the Staffordshire Teenage Pregnancy Partnership Board.

6.2 Staffordshire Teenage Pregnancy Partnership Board

The TPPB members will agree their organisations response to meeting the Strategic Objectives and key actions (strategic direction). They will monitor their organisations implementation of activity and respond to exception reporting from the Teenage Pregnancy Co-ordinator. The TPPB terms of reference can be found in Appendix 5.

6.3 Staffordshire Teenage Pregnancy Co-ordinator

The Teenage Pregnancy Co-ordinator will guide, support and challenge partner organisations throughout implementation, co-ordinating and monitoring activity delivered to most effectively and efficiently meet the Strategic Objectives. This will be achieved via working and reporting relationships across the partnership outlined in Figure 2.

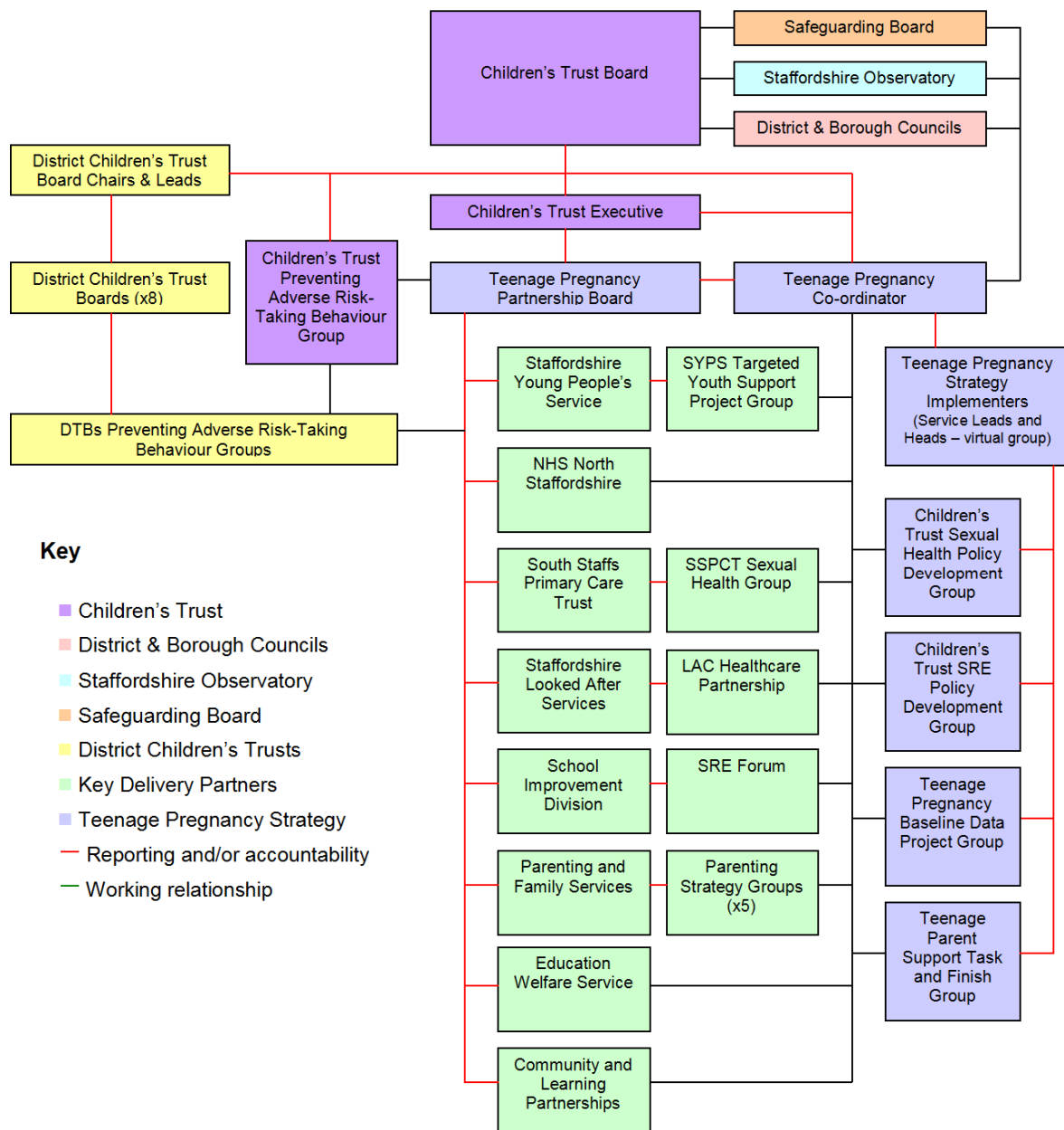
The Co-ordinator will lead colleagues from a range of partner organisations (Teenage Pregnancy Strategy Implementers – virtual group, see Figure 2) in developing the activity and service provision in response to the Strategy key actions. Challenges, barriers and issues affecting the progress of implementation will be escalated to the TPPB via exception reporting.

6.4 Section 10 Partnership Agreement

Staffordshire Children's Trust Partnership is developing its Governance arrangements through a Section 10 agreement. This will include the responsibilities within the partnership as well as the funding which supports the Children's Trust secretariat, joint posts and a number of core functions for the partnership.

It is anticipated that this will be completed in Summer 2010.

Figure 2: Teenage Pregnancy Strategy - Relationships



6.5 Resources

It is expected that the TPPB will secure resource from the Area Based Grant and partner agencies to implement the Strategy. All partners will re-align resource in order to deliver on actions and consider their future mainstream planning and funding to accommodate the necessary annual action plans.

7. Strategy Monitoring and Performance Management

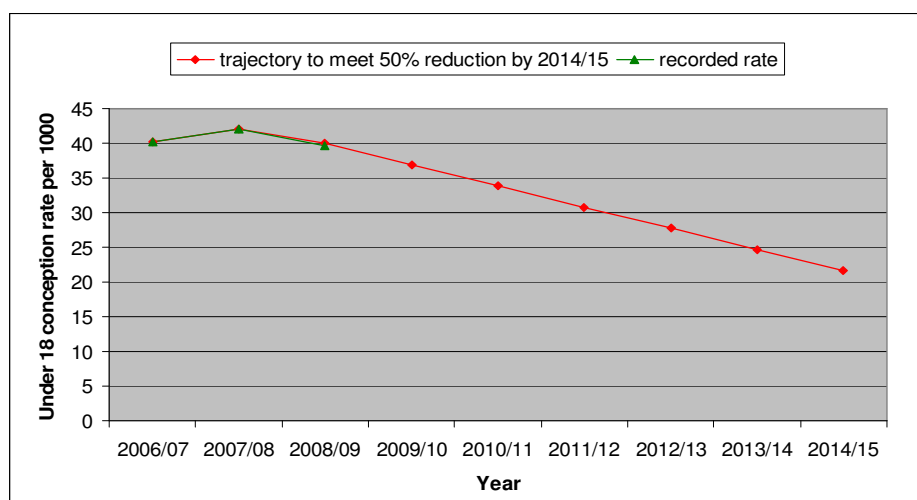
7.1 Staffordshire target for the under 18 conception rate

With the recent release of the National Teenage Pregnancy Strategy and a refresh of targets in the Local Area Agreement, Table 2 and Figure 3 indicate the projected rates required to meet a 50% reduction in under 18 year old conceptions over the next five years.

Table 2: Staffordshire under 18 conception rates and trajectory

	2006/07	2007/08	2008/09	Trajectory to meet 50% reduction by 2014/15					
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
under 18 conception rate	40.2	42	40	36.9	33.9	30.8	27.7	24.6	21.6
% change in rate from 1999 baseline	6.9	2.8	7.4	14.6	21.5	28.7	35.9	43.1	50.0
recorded under 18 conception rate (ONS)	40.2	42.0	39.7						
% recorded change in rate from 1999 baseline	6.9	2.8	8.1						

Figure 3: Staffordshire under 18 conception rates and trajectory



The under 18 conception rate target for the lifetime of this Strategy therefore is as follows

Table 3: Teenage Pregnancy Strategy Target

NI 112: Under 18 conception rate				
Baseline (Year, Source)	Targets			
43.2 (1998, ONS)	2009/10	2010/11	2011/12	2012/13
	36.9	33.9	30.8	27.7

In addition to the under 18 conception rate target, a minimum dataset will be developed to allow the performance management of progress against the baseline data of other key performance indicators such as, local live birth and terminations to under 18 year olds, subsequent teenage pregnancies and repeat terminations, the provision and use of sexual and reproductive health services for young people, the coverage of programmes for parents and training for practitioners.

7.2 Staffordshire outcomes for teenage parents (and their children)

During the previous 10 year National Teenage Pregnancy Strategy the measurement of teenage parents engaged in education, employment and training has been used as the main indicator of successfully supporting teenage parents. Going forward, a minimum dataset will be developed to allow the performance management of progress against a wider range of key performance indicators of outcomes such as, maternity booking data, smoking, birth weight, infant mortality, breast-feeding, having taken up a common assessment and receiving additional support, child protection and housing.

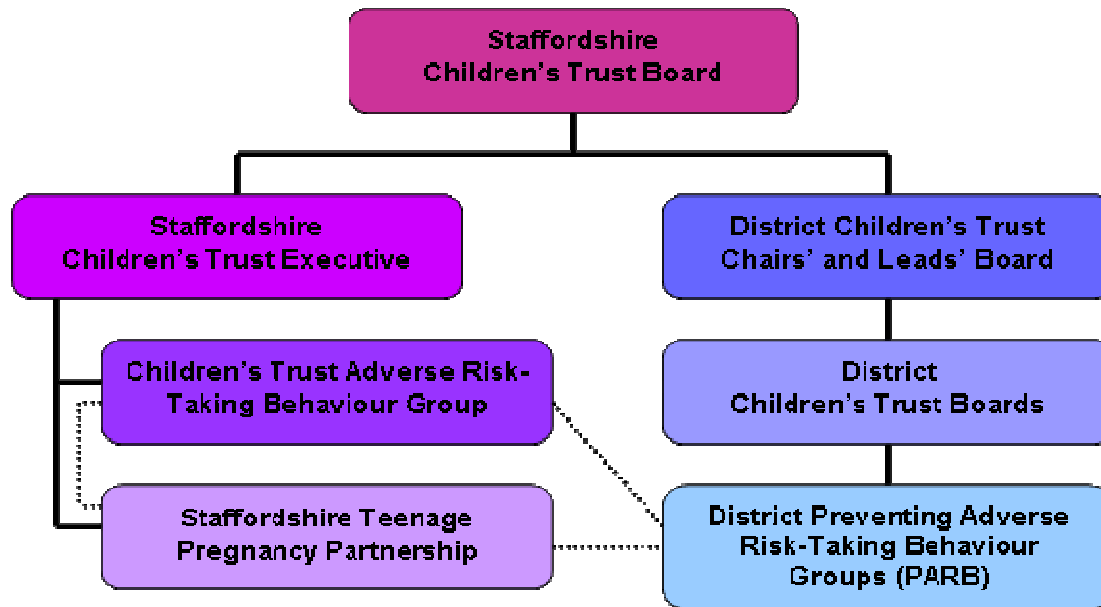
7.3 Monitoring and reporting for performance management

Monitoring the implementation of the Strategy and reporting for performance management will be the responsibility of the TPPB. Monitoring and reporting will be achieved via the following reporting mechanisms:

Report	Report frequency	Report author
Highlight/Exception Report to the Staffordshire Teenage Pregnancy Partnership	bi-monthly	Teenage Pregnancy Co-ordinator
Progress Report to the Regional Teenage Pregnancy Co-ordinator	quarterly	Teenage Pregnancy Co-ordinator
Staffordshire Children & Young People's Plan Report	quarterly	Teenage Pregnancy Partnership
Local Area Agreement Delivery Plan Report NI 112	quarterly	Teenage Pregnancy Partnership

It is the responsibility of the Children's Trust to performance manage the delivery of the Teenage Pregnancy Strategy. This will be achieved via measurement against baseline data that will indicate the outcome of teenage pregnancy prevention activity and against baseline data that will indicate outcomes for teenage parents (and their children). The governance and reporting structure is presented in Figure 4.

Figure 4: Staffordshire Teenage Pregnancy Governance Structure



8. Appendices

Appendix 1

The Staffordshire Teenage Pregnancy Action Plan can be linked to the following partner action plans / delivery plans:

- Staffordshire Children's Trust Adolescent Health and Wellbeing Strategy
- 14-19 Strategy
- Staffordshire Children & Young People's Plan
- Children's Centre Plan
- Staffordshire Children's Trust Adverse Risk Taking Behavior Plan
- Connexions Business Plan
- Corporate Parenting Strategy
- Staffordshire Children's Trust Aiming High for Disabled Children Strategy & LDD Implementation Plan
- Domestic Violence Strategy
- Staffordshire Drug & Alcohol Strategy (Draft)
- Extended School Strategy
- Healthy Schools
- District and Borough Housing Strategies
- National Service Framework for Children, Young People and Maternity Services
- Staffordshire Children's Trust Parenting Support Strategy
- South Staffordshire Children and Young People's Strategy
- Staffordshire Children's Trust Participation Strategy
- School Improvement Plan
- South Staffordshire PCT Strategic Plan
- NHS North Staffordshire Strategic Plan
- Staffordshire Young People's Service Strategy
- Strengthening Communities
- Youth Housing Plan
- Youth Justice Plan

Appendix 2

EMPHO Links between LAA and Teenage Pregnancy Strategy

Those indicators designated by the Staffordshire LAA are highlighted in green. The Staffordshire LAA also records the statutory education and early years' targets for the operational year 2008/09. These are highlighted in blue.

Indicator	Link to Teenage Pregnancy Strategy
NI 50: Emotional health of Children	Poor emotional health/low self esteem is an underlying risk factor for teenage pregnancy. Local efforts to build vulnerable young people's aspirations and self-esteem should therefore mitigate that risk. Young people at high risk of early parenthood should therefore be a target group for these sorts of interventions. Teenage mothers should also be a target group because of their high risk of poor emotional health – with social isolation and relationship breakdown as significant contributors. <i>Teenage Pregnancy Next Steps: 6.5</i> <i>Teenage Pregnancy Accelerating the Strategy to 2010: 5.22-5.24</i> <i>Teenage Parents Next Steps: 6.58</i>
NI 51: Effectiveness of CAMH Services	Young mothers are three times more likely to suffer from post-natal depression and poor mental health for up to three years after the birth. Research shows that poor mental health impacts on their parenting skills and confidence which contributes to poorer outcomes for their children. The Partnership need to establish clear referral arrangements to CAMHS from midwives, health visitors and youth workers who identify young mothers with poor mental health. <i>Teenage Parents Next Steps: relevant actions 6.58</i>
NI 53: Prevalence of breastfeeding at 6-8 weeks from birth	The Partnership needs to target young mothers - who have much lower breastfeeding rates than older mothers - including through offering tailored ante-natal care/classes for teenage mothers (who often access ante-natal care late and drop out of 'all-age' antenatal classes) <i>Teenage Parents Next Steps: 6.51</i>
NI 55 & 56: Obesity among primary school age children in Reception Year and Year 6	Breastfeeding is protective against childhood obesity. Increasing the disproportionately low breastfeeding rates in teenage mothers will contribute to reducing obesity in their children. <i>Teenage Parents Next Steps: 6.51</i>
NI 58: Emotional and behavioural health of children in care	Given the significantly higher incidence of pregnancy among young women in care/care leavers, additional support on sex and relationships should be provided – both in terms of ensuring they know where to access local services and giving them the skills to manage positive relationships <i>Teenage Pregnancy Next Steps: 6.19</i> <i>Teenage Pregnancy Accelerating the Strategy to 2010: 5.47</i> <i>Teenage Parents Next Steps: 6.16</i>
NI 70: Hospital admissions caused by unintentional and deliberate injuries to children and young people	Children born to teenage mothers are more likely to be admitted to A&E for, for example, following falls and swallowing dangerous substances. Partnership should ensure that teenage mothers are receiving the emotional support they need – the higher rate of admissions to A&E is probably linked to the mothers' poor emotional health and well-being <i>Teenage Parents Next Steps: 6.58</i>

<p>NI 75: Achievement of 5 or more A*-C grades at GCSE or equivalent</p>	<p>Professionals working on strategies to increase the number of students achieving 5 A*-C GCSEs should be aware of the strong association (even after other factors are taken into account) between poor educational attainment among young women and high rates of teenage pregnancy. Almost 40% of teenage mothers have no educational qualifications. Most school age mothers have their babies in Year 11. Support to complete their compulsory education is critical. <i>Teenage Pregnancy Next Steps: 6.19</i> <i>Teenage Pregnancy Accelerating the Strategy to 2010: 5.34, 5.35</i> <i>Teenage Parents Next Steps: 6.70</i></p>
<p>NI 81: Inequality Gap in the achievement of a level 3 qualification by age 19</p>	<p>There will almost certainly be a disproportionate number of young mothers among the group who do not achieve a level 3 qualification by age 19. Reducing the gap will, therefore, require action to support more young mothers to return to EET <i>Teenage Parents Next Steps: 6.66, 6.73</i></p>
<p>NI 82: Inequality Gap in the achievement of a level 2 qualification by age 19</p>	<p>See above</p>
<p>NI 87: Secondary School persistent absence rate</p>	<p>Local areas with higher than average rates of unauthorised absence have – after taking account of other factors – higher rates of teenage pregnancy. School Improvement Partnerships should focus on preventing girls dropping out of school in years 8 or 9 who are at high risk of pregnancy in giving them targeted support to return and stay in education and offer them curriculum choices which encourage them to do this. Relevant professionals should be aware of the increased risk of early pregnancy and be confident to support young people to access specialist services - this should include Parent Support Advisers and links to the local parenting strategy. School age mothers are at disproportionate risk of absenteeism and require specific support. <i>Teenage Pregnancy Next Steps: 6.19</i> <i>Teenage Pregnancy Accelerating the Strategy to 2010: 5.33, 5.34, 5.35.</i> <i>Teenage Parents Next Steps: 6.70</i></p>
<p>NI 109: Number of Sure Start Children's Centres</p>	<p>Children's Centres have a target to extend the 'reach' of their services to teenage parents. Accelerated roll-out of Children's Centres will benefit teenage mothers who are a priority group for co-ordinated support through the Children's Centre. Information sharing between midwives and health visitors, and Children's Centres and Connexions/Integrated Youth Support Services is crucial. <i>Teenage Parents Next Steps: 6.11,6.12,6.37</i></p>
<p>NI 110: Young people's participation in positive activities</p>	<p>Engagement in positive activities builds resilience and protects against early pregnancy and other poor outcomes. The content of the positive activities available should include support to raise aspirations and to give young people the knowledge and skills they need to experience good sexual health, with the workforce confident about supporting young people to access specialist services when necessary. Local areas should ensure that: positive activities engage the most vulnerable young people, including teenage parents. Local areas are required to identify and overcome barriers to participation. For teenage parents, these will include the timing of positive activities, their location, transport to them and the cost and location of childcare when they take place. <i>Teenage Pregnancy Next Steps: 6.19</i> <i>Teenage Parents Next Steps: 6.58</i></p>
<p>NI 112: Under-18 conception rate</p>	<p>Self-evident</p>

NI 113: Prevalence of Chlamydia in under-20s	Improvements in SRE and easy access to young people friendly services will support prevention of <u>STIs as well as unplanned pregnancy</u> . A target to reduce chlamydia prevalence is an opportunity to co-locate screening programmes with contraceptive services and condom distribution schemes in schools, FE and other youth settings. Care should be taken to ensure that the roll-out of the Chlamydia screening programme and 48-hour GUM access targets do not shift the focus away from prevention, towards reactive services and reducing waiting times. <i>Teenage Pregnancy Next Steps: 6.14</i>
NI 114: Rate of permanent exclusions from school	Disengagement from school is often a precursor to early pregnancy. Dislike of school also has a strong independent effect on the risk of pregnancy. Programmes focused on reducing exclusions should consider the provision of intensive SRE as part of personal development programmes, to reduce the risk of early sex and pregnancy. The Partnership should ensure that school age mothers do not face permanent (or temporary) exclusions on grounds of pregnancy or health and safety issues connected to pregnancy - and are allowed to return to school once they have had their baby. <i>Teenage Pregnancy Accelerating the Strategy to 2010: 5.33, 5.34, 5.35</i> <i>Teenage Parents Next Steps: 6.70</i>
NI 115: Substance misuse by young people	Drugs and alcohol contribute to young people's risky sexual behaviour. Local strategies to address alcohol and substance misuse should highlight the risk of unprotected sex particularly after excessive alcohol consumption, leading to STIs/unplanned pregnancies. Improvements in PSHE and easy access to young people friendly co-located advice services will help reduce harm from substance misuse as well as reduce teenage pregnancy. <i>Teenage Pregnancy Next Steps: 6.5</i>
NI 116: Proportion of children living in poverty	Children born to teenage mothers have a 63% higher risk of living in poverty than children born to older mothers. Support to help teenage parents back into EET to improve later employment levels, will reduce this risk. <i>Teenage Parents Next Steps: 6.73, 7.9</i>
NI 117: 16-18 year olds who are NEET	Teenage mothers are likely to be over-represented in an areas' female NEET cohort. Improvements in their EET levels will contribute to this target and make a significant impact on the 16-18s at greatest risk of long term NEET and poor levels of later employment. Teenage mothers will need a co-ordinated package of support – brokered through a lead professional – in order to return to EET. Although there is no similar data on young fathers, the risk factors for becoming a young father make it likely that they will be at disproportionate risk of being NEET <i>Teenage Parents Next Steps: 6.73, 7.9.</i>
NI 118: Take up of formal childcare by low-income working families	Care to Learn provides financial support to cover the costs of Ofsted registered (i.e. formal) childcare for young parents starting a course of learning under 20. But for young mothers in employment, childcare support will come through working tax credits. The availability of child and working tax credits should be actively promoted to young mothers. Marketing of tax credits should overcome the reluctance of many young mothers to use formal childcare – reassuring them about issues such as safety, quality and promoting the social and educational benefits to the child <i>Teenage Parents Next Steps: 6.66</i>
NI 120: All-age all cause mortality rate	Babies born to teenage mothers have 60% higher rates of infant mortality. Staffordshire should be prioritising teenage mothers to increase early antenatal booking and reduce smoking in pregnancy – and implementing recommendations from the DH Infant Mortality Implementation Plan <i>Teenage Parents Next Steps: 6.33, 6.37, 6.42</i>

NI 123: 16+ current smoking rate prevalence	Although the number of teenage mothers who smoke during pregnancy is likely to be only a small part of the overall cohort of 16+ smokers, they smoke much more than older mothers and the impact of their smoking on their child's health outcomes is significant. Midwifery services need to focus on reducing the numbers of teenage mothers who smoke through training of maternity staff and referrals to local smoking cessation programmes. <i>Teenage Parents Next Steps: 6.42</i>
NI 126: Early access for women to maternity services	Teenage mothers are much more likely to present late for ante-natal care, with the average booking made at 16 weeks and are less likely to engage in ante-natal classes. Where selected as a priority, improving early access to maternity services by teenage mothers will make a significant contribution to the target <i>Teenage Parents Next Steps: 6.34</i>
NI 153: Working age people claiming out of work benefits in the worst performing neighbourhoods	Compared to mothers aged 24 or over, teenage mothers are much less likely to be employed and 22% more likely to be living in poverty by the age of 30. As a consequence, their children are at higher risk of being without work in later life. Compared with men who become fathers at 23 or over, younger fathers are twice as likely to be unemployed at age 30. Improving support for teenage mothers and young fathers and removing the barriers to EET will make both a short and longer term contribution to the target. <i>Teenage Parents Next Steps: 6.73, 7.9</i>
NI 156: Number of households living in Temporary Accommodation	Living in temporary accommodation might contribute to the poor emotional health of teenage mothers and impacts on their health and safety and that of their children. Teenage parents should be prioritised in work to reduce the number of households in temporary accommodation. <i>Teenage Parents Next Steps: 4.28 & Chapter 8</i>
NI 163: Working age population qualified to at least level 2 or higher	Work in this area could support efforts to increase the proportion of young parents aged 16 and above in EET. Almost 40% of teenage mothers have no qualifications. Although there is no similar data on young fathers, it is likely they are also at disproportionate risk of having no qualifications. A focus on increasing EET of teenage parents will contribute to the target - a crucial role for SSYF <i>Teenage Parents Next Steps: 6.73, 7.9</i>
NI 164: Working age population qualified to at least level 3 or higher	See above

Appendix 3

Key factors of teenage pregnancy strategies which have been successful in significantly reducing under 18 year conceptions

- Active engagement of all of the key mainstream delivery partners who have a role in reducing teenage pregnancies – Health, education, Social Services and Youth Support Services – and the voluntary sector;
- A strong senior champion who was accountable for and took the lead in driving the local strategy;
- The availability of a well publicised young people-centred contraceptive and sexual health advice service, with a strong remit to undertake health promotion work, as well as delivering reactive services;
- A high priority given to PSHE in schools, with support from the local authority to develop comprehensive programmes of sex and relationships education (SRE) in all schools;
- A strong focus on targeted interventions with young people at greatest risk of teenage pregnancy, in particular with Looked After Children;
- The availability (and consistent take-up) of SRE training for professionals in partner organisations (such as Connexions Personal Advisers, Youth Workers and Social Workers) working with the most vulnerable young people; and
- A well resourced Youth Service, providing things to do and places to go for young people, with a clear focus on addressing key social issues affecting young people, such as sexual health and substance misuse.

(DCSF 2006)

Appendix 4

National Support Team findings 2008

Three key contextual considerations were raised by the review:

- Recognition of all partner responsibilities to meet the challenge of reducing teenage conceptions and supporting young parents
- Acknowledge the breadth of the issue – not a single solution or a single agency responsibility
- Recognition of close links to sexual health strategies in North and South Staffordshire and the need to work in partnership
- The challenge to ensure all partners are working together to meet shared aims

Emerging issues and challenges for the Staffordshire Teenage Pregnancy Partnership were identified:

- Co-ordination – the need for a full-time co-ordinator and clear Partnership structure
- Revision of the local strategy with clear SMART actions
- Data – ensuring appropriate use of data to inform targeting of services
- Ownership of the teenage pregnancy agenda at a strategic level that is inherent not an add on
- Enhancing and sharing good practice across the County – agencies and services not working ‘in silos’
- Better communication to young people and professionals about local services and support
- Effective response and support to schools with regard to Sex and Relationships Education in 2010
- Ensuring branding of local services in line with You’re Welcome standards
- Ensuring consistency of provision of sexual health service for young people by all agencies
- Ensure World Class Commissioning standards are achieved
- Ensure the evidence base informs activity

Achievements against NST recommendations March 2010

Partnership, governance and performance management arrangements

- Accountability for reducing teenage pregnancy and supporting teenage parents now sits firmly within the Children’s Trust arrangements with partners clearly aware of their responsibilities and contribution to performance
- A revised Teenage Pregnancy Co-ordinator post has been appointed to taking a strategic lead on planning, commissioning and performance management

- The Staffordshire Teenage Pregnancy Partnership Board (TPPB) has been reconvened with membership and terms of reference which allow improved strategic direction, planning and accountability (Appendix 3)

Data

- A teenage pregnancy baseline data project has been conducted which has established the means by which data will be shared and used to intelligently inform planning and targeting of resource and systematically performance manage the delivery of the action plan

Sex and Relationships Education (SRE)

- Work has begun to review and develop robust quality assurance of SRE in informal and formal settings
- Development of a Children's Trust Sex and Relationships Education Policy and delivery standards is underway
- The School Improvement Division are a key partner on the TPPB

Targeted work and work with vulnerable young people

- Work has begun to develop the risk assessment tools and pathways to identify and intervene early with young people deemed at risk of poor sexual health and teenage pregnancy
- Teenage pregnancy prevention and support for teenage parents is appropriately placed within targeted youth support, Staffordshire Young People's Service Children in Care colleagues are a key partner on the TPPB

Workforce development and training

- A tiered training and development programme has been negotiated with a local provider
- A Level 0 and Level 1 sexual health training programme to be delivered to children and young people service practitioners working in geographical target areas has been secured (for delivery in 2010/11)
- Speakeasy 'training the trainers' course is secured (to be delivered to staff working with parents of teenagers) – will enable staff to deliver Speakeasy programmes to parents to help parents provide information, advice and guidance to their teenagers about sex and relationships

Sexual health service

- A review of sexual and reproductive health service for young people has begun
- Development of a Children's Trust Sexual Health Policy and delivery standards (C Card, CIAB, IAG) in underway



Support for young families

- The Support Service for Young Families has been subsumed into targeted youth support within the Staffordshire Young People's Service
- Development of information sharing between maternity services and Staffs TPPB – enables early support for new teenage parents and better quality data
- Further development of the Children's Centre role in supporting teenage parents progressed

Appendix 5

Staffordshire Teenage Pregnancy Partnership Terms of Reference

Aim:

To improve Staffordshire's performance against NI 112 Under 18 year old conception rate in line with the 2010 target.

Objectives:

To oversee the production and implementation of the Teenage Pregnancy Strategy (Prevention and Support) and annual Action Plan and to co-ordinate activity in order to deliver against this.

To apply evidence-based commissioning on the basis of present and likely future needs and to target services for local black and minority ethnic communities and other vulnerable groups.

To agree the best use of available resources and to co-ordinate expenditure, ensuring alignment with strategy, and identify potential new grant streams/funding sources.

To ensure effective performance management of the strategy through the setting of appropriate baselines and targets and the development of management information systems.

To set objectives for Task and Finish groups, in line with local needs, national and international evidence and national targets and guidance, and to receive reports on progress in order to deliver against the Strategy and Action Plan.

To ensure that appropriate consultation takes place with children and young people, users of services and non-users, parents and carers, service providers, front line workers and members of this Partnership.

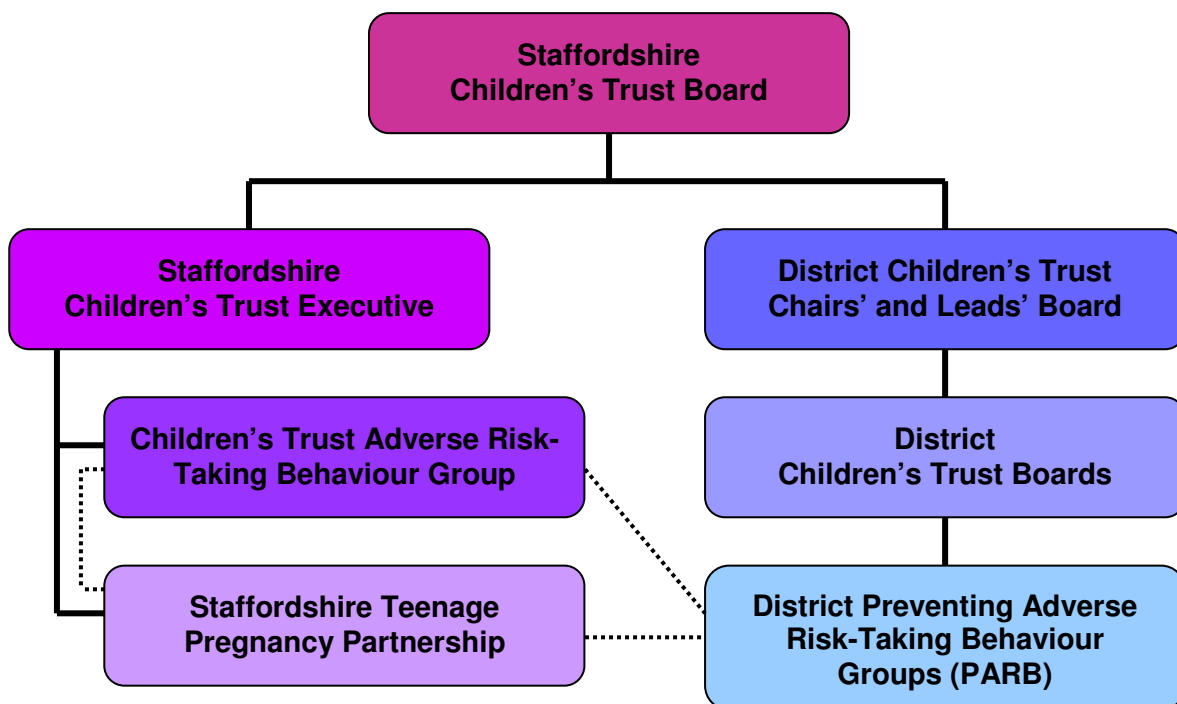
To ensure appropriate reporting to and from other relevant groups including the Preventing Adverse Risk Taking Behaviour Project Group and Children's Trust and to link with and influence other relevant strategies.

To promote the delivery of high quality PSHEe across all phases with a particular focus on effective sex and relationships education in promoting positive sexual health.

Governance

- The Governance and reporting process will be to the Staffordshire Children' Trust.
- The Partnership will work within local and national guidelines and protocols, with reference to existing processes.
- The Partnership will hold member agencies accountable for their role in delivery against the strategy.

Staffordshire Teenage Pregnancy Governance Structure



Chair

Assistant Director, Integrated Youth Support Service

To be reviewed on an annual basis.

Declaration of interests

Members are asked to declare interests in relation to each agenda item.

Frequency of Meetings

The Advisory Group will meet on a 3 monthly basis.

Quoracy

In order to be quorate at least three or one quarter of the membership (whichever is the greater) must be present. This must include representatives of Staffordshire County Council and both North and South Staffordshire Primary Care Trusts.

Membership:

The Partnership will comprise of core members or their representatives (of appropriate seniority to meet the objectives of the Board). Additional advisors may be invited from time-to-time as dictated by the agenda.

The Staffordshire Teenage Pregnancy Co-ordinator will not be a member of the Board but will act as the Board's Officer. As such the role will be able to challenge the Board on its delivery against the plan as well as report to the Board providing progress reports and undertake agreed actions on behalf of the Board.

Board members will be responsible for the two way communication to and from the Board on behalf of their organisation. This includes ensuring the appropriate presentation and endorsement of relevant documentation to/by Boards and Forums and providing organisational contribution to Teenage Pregnancy monitoring and reporting responsibilities.

Assistant Director, IYSS, Staffordshire County Council
Head of Service Development (Children's Services), South Staffordshire PCT
Acting Head of Service, Looked After Children, Staffordshire County Council
Director of Health Improvement, Public Health Directorate, NHS North Staffordshire
Head of Education Welfare, Staffordshire County Council
Regional Teenage Pregnancy Co-ordinator. Government Office West Midlands
School Improvement Officer (SRE), School Improvement Division, Staffordshire County Council
District and Borough Council Representative
Team Leader, Community & Learning Partnerships, Staffordshire County Council
Head of Service, Staffordshire Young People's Service

These terms of reference will be reviewed on an annual basis.

Last updated March 2010

Appendix 6

Under 16 conceptions in the West Midlands: An investigation (Newby 2009)

Key findings

Young women perceive a societal expectation of early sexual intercourse which can be exasperated by permissive attitudes of parents towards early sexual behaviour and limited boundary setting

Young people do not always support their parents' beliefs that they are good communicators about relationships and sex. Parents may perceive themselves as good communicators on the basis that they are open and directive but young people would like opportunities to discuss their thoughts and feelings

Parents may inadvertently condone sexual behaviour by not talking to their children about it. Attitudes projected by parents create mixed messages that on one hand parents wouldn't approve of sexual relationships but on the other, allow situations to occur that present the opportunity for sex to happen

Low self esteem and lack of confidence amongst young women leads them to be submissive to the needs to young men and to be heavily influenced by perceptions of what they want

Many young women feel that full sexual intercourse is an expectation of young men within a relationship and believe that young men would prefer not to use condoms placing pressure on them to conform

Having a baby is viewed as in vogue by some young women

Clear objections to termination of pregnancy is common amongst young women who experience an unplanned pregnancy

Key recommendations


Introduce more targeted work with parents of children and young people to enable them to understand sexual behaviour of young people and develop a parenting style that allows children space to grow up but also enables them to influence through boundary setting and to step in when it is appropriate to do so

Raise parent awareness of the significance of their role in inspiring their children both academically and socially

Work with parents of young children to enable them to develop a style of communication with their children that encourages open discussion about relationships and sex from an early age

Develop targeted work with families where the mother was a teenage parent herself.

There is a need to skill the Children's workforce to enable all workers to work formally and informally to identify and challenge attitudes and myths amongst young men and women that could lead to early sex e.g. no better option than parenthood, expectations of sex / unprotected sex, that having a baby is 'in vogue'



Young women and young men need support to take control of their own sexual health and to be empowered to consider what is right and rewarding for them within the context of sexual relationships and to be supported with skills development to carry this out

Identify and implement strategies that encourage young people to personalise sexual risk information such as providing tailored information to increase the accuracy of perceptions of vulnerability

Ensure that the 14-19: Opportunity and Excellence curriculum is identifying and engaging those most at risk of early pregnancy (young women and men) and helping them to be achieve (and perceive) success and attainment

Explore and challenge the extent to which young men have an aversion to using contraception and condoms and young women's acceptance of this. Messages should be developed with young people that associate using condom use with being strong, caring and desirable

Ensure clear messages are given to parents and professionals about the strong links between alcohol use, and early sexual activity and reduce contraceptive use

9. Glossary

A&E	Accident And Emergency
CAF	Common Assessment Framework
CAMHS	Child And Adolescent Mental Health Services
CASH	Contraception And Sexual Health
CCIS	Client Caseload Information System
CIAB	Clinic In A Box
CPD	Continuing Professional Development
CSP	Children's Strategic Partnership
Cx	Connexions
DCSF	Department For Children, Schools And Families (Formerly Dfes)
DfES	Department For Education And Skills (Now DCSF)
DH	Department Of Health
EET	Education, Employment And Training
EHC	Emergency Hormonal Contraception
GOWM	Government Office West Midlands
GUM	Genito-Urinary Medicine
HES	Hospital Episode Statistics
IAG	Information And Guidance
INSET	In-Service Training
IYSS	Integrated Youth Support Services
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAA	Local Area Agreement
LAC	Looked After Children
LARC	Long-Acting Reversible Contraception
LDP	Local Development Plans
LSP	Local Strategic Partnership
NEET	Not In Education, Employment And Training
NHS	National Health Service
NICE	National Institute For Health And Clinical Excellence
NI	National Indicator
NST	National Support Team
ONS	Office Of National Statistics
PAs	Personal Advisors
PCT	Primary Care Trust
PGD	Patient Group Directions
PRU	Pupil Referral Unit
PSHE	Personal, Social And Health Education
QCA	Qualifications And Curriculum Authority
SHA	Strategic Health Authority
SP	Supporting People
SRE	Sex And Relationships Education
SSYF	Support Service For Young Families
STI	Sexually Transmitted Infection
THE	Theatre In Health Education
TP	Teenage Pregnancy
TPU	Teenage Pregnancy Unit
TYS	Targeted Youth Support
VS	Vital Signs
WCC	World Class Commissioning
YOT	Youth Offending Team
YP	Young People

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