Torbay Council

Torbay NHS Care Trust

TORBAY TEENAGE PREGNANCY PARTNERSHIP

REDUCING TEENAGE CONCEPTIONS STRATEGY

Refreshed December 2010

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TORBAY TEENAGE PREGNANCY STRATEGY: REFRESHED DECEMBER 2010

Foreword – Dr Carol Tozer (Torbay People Commissioner and Director of Children's Services)

Torbay Care Trust and Torbay Council have welcomed the latest figures for teenage conceptions, which show a drop in rates in the Bay.

The latest figures for conceptions in those under the age of 18 have seen a 15 percent reduction from 2008 to 2009. The rate fell from 64.9 per 1000 in 2008 to 55.3 per 1000 in 2009. In actual numbers there were 131 conceptions in 2009 compared to 159 conceptions in the previous year.

Reducing teenage conceptions remains a top priority in Torbay and I am pleased that the measures we have taken are starting to have a positive effect. We have sought best practice from other areas and implemented what we know has made a difference elsewhere.

We know the key factors for reducing teenage conceptions are good quality and consistent sex and relationships education, easy access to effective contraception and sexual health services, early intervention and support for those young people most at risk and helping parents/carers to talk to their children about sexual health and relationships. Our commitment to young people, their families and the wider community is that we will continue to work closely with our partners to focus on and improve all these areas so our younger generation are given the best opportunities for full and healthy teenage years.

1. Our Vision

Torbay' strives:

- To empower all young people to have the skills, confidence and motivation to look after their sexual health and delay parenthood until they are in a better position – emotionally, educationally and economically – to face its challenges;
- To have the skills, confidence and motivation to look after their sexual health and avoid unwanted teenage conceptions.

Torbay is committed to:

- Build on evidence informed practice, by implementing what we know has made a difference elsewhere.
- Provide young people with the knowledge, skills and confidence to prevent pregnancy and manage their sexual health
- Improve young people's access to advice and support on contraception and sexual health
- Helping facilitate open discussions between parents / carers and their children on sex and relationships
- Ensure that advice on contraception is an integral part of the support provided to young women who have had a prior conception (either leading to abortion or birth) to avoid the risk of second and subsequent conceptions.

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Torbay remain committed to transforming children's lives by working together to provide locally delivered, high quality children's services that are responsive to the needs of the people we serve (CYPP 2009/10).

2. Local Data

What's in a word? *** Conception / pregnancy *******

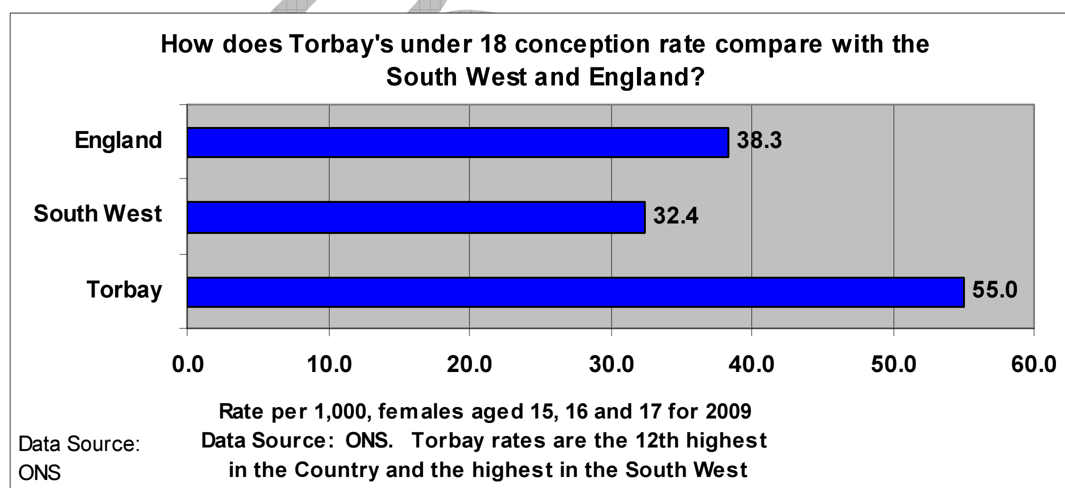
Teenage conception/pregnancy rates include women who conceived aged 15 – 17 and includes live births, still births and legal abortions.

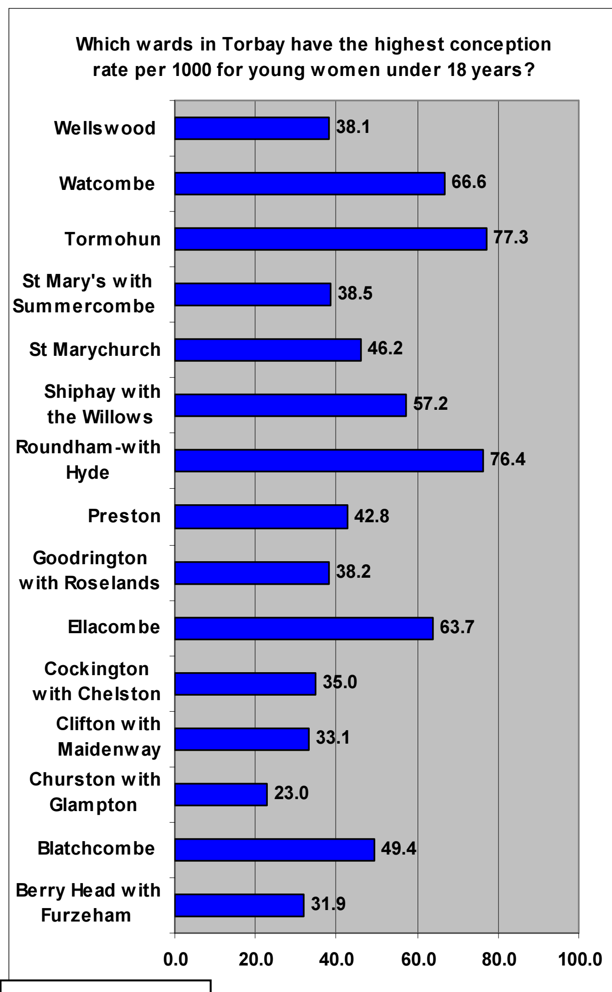
The strategy is about reducing the number of teenagers under 18 who become pregnant – no matter what the outcome.

The following table is a summary of annual teenage pregnancy rates and numbers for Torbay, South West and England.

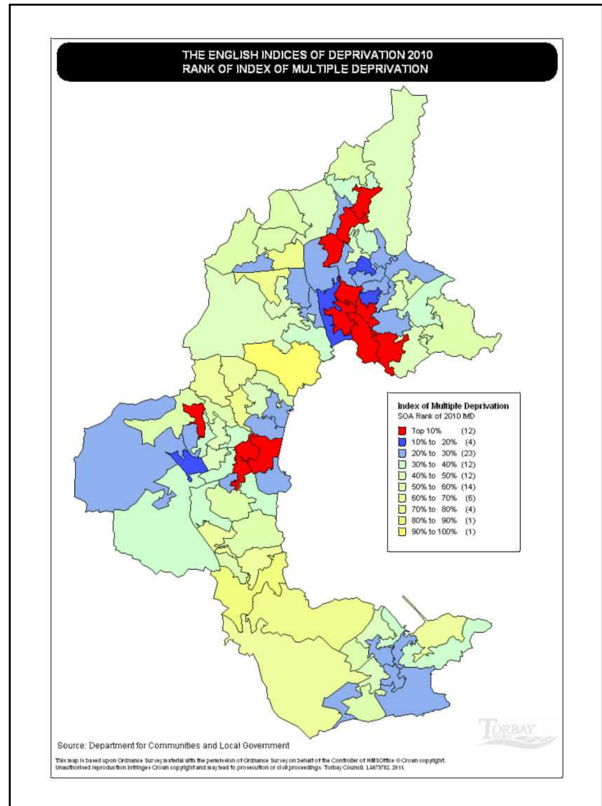
Year	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Number of official teenage pregnancies												
Torbay	89	106	105	92	115	99	123	118	122	138	159	131
Rate per 1,000 females aged 15 to 17												
England	46.6	44.8	43.6	42.5	42.7	42.2	41.6	41.3	40.6	41.7	40.4	38.3
South West	39.4	37.5	36.3	37.1	35.3	34.1	34.3	34.0	33.0	36.1	34.7	32.4
Torbay	44.2	52.7	48.9	40.6	49.6	41.2	50.0	48.6	51.1	57.4	64.9	55.3
% leading to abortion												
England	42.4	43.5	44.8	46.1	45.8	46.0	46.0	46.9	48.9	50.5	50.0	49.0
South West	44.8	46.1	44.6	46.1	46.3	46.6	47.2	47.9	50.2	48.9	51.0	49.0
Torbay	47.2	45.3	45.7	56.5	49.6	45.5	48.8	53.4	49.2	55.8	54.0	55.0

Data Source: ONS



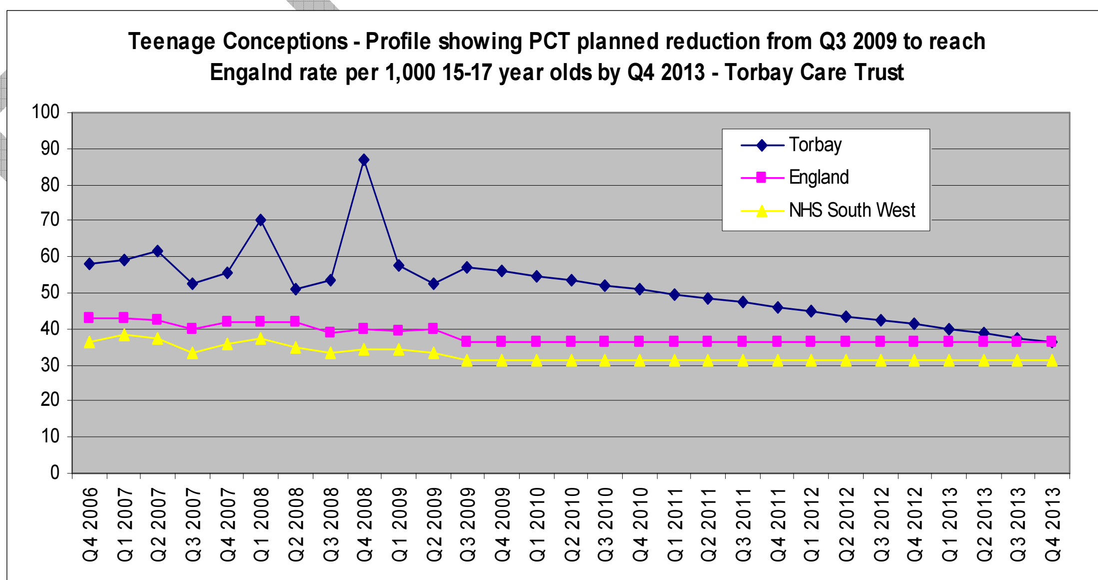


Data Source:
JSNA 2007



The map above shows the 2010 Index and Multiple Deprivation plotted against electoral wards. Source: Dept of Communities and Local Government.
Areas of deprivation match wards with high teenage pregnancy rates.

Torbay has set a target of 36.3 per 1,000 15-17 year olds conceiving by quarter 4 in 2013. This target is based on the quarterly England average. The graph below provides a trajectory For the next two years.



3. Torbay Priorities for Reducing Teenage Conceptions

The Teenage Pregnancy Strategy Refresh Meeting held December 2010 agreed to continue with the four priority areas as outlined in the original Reducing Teenage Conceptions Strategy agreed April 2009. The details underpinning these priority areas are detailed in the Teenage Pregnancy Action, Appendix 1.

Priority areas for Torbay		**Evidence of What works – based on 'deep dive' recommendations.**
1	Young people focused contraceptive / sexual health services: Trusted by teenagers and well known by professionals working with them	• Accessible services are tailored for young people • Full range of high quality services offered • Services are visible and highly promoted • Involvement by a range of knowledgeable service providers • Services are adequately resourced
2	Strong Delivery of SRE/PSHE by schools	• Strong delivery by well trained professionals • Broad thorough content • Clear commitment to SRE • Whole school environment contributes • Sustained provision throughout school years
3	Targeted work with 'at risk' groups of young people; in particular Looked After Children and Care Leavers.	• Strong use of data and evaluation • Specific preventative interventions targeted a range of vulnerable groups • Interventions tailored to suit specific needs • Effective interventions involve a range of professionals and voluntary and community groups and complement existing programmes
4	Work with parents and carers	• Make the most of existing programmes • Range of stakeholder organisations contribute • Provision reflects local characteristics • General as well as targeted provision
Other areas to support the priorities		**Evidence of What works – based on 'deep dive' recommendations.**
5	Strategic: Senior local sponsorship and engagement of all key partners	• There is clear commitment / teenage pregnancy is a priority • Teenage pregnancy is integrated into planning • Progress is driven by performance management

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6	Data: Detailed, accurate and up to date data and information	• There is clear commitment / teenage pregnancy is a priority • Teenage pregnancy is integrated into planning • Progress is driven by performance management • There is a systematic approach to knowing the local population and its needs in relation to teenage pregnancy. • Data and information are used to inform provision of local services • Performance management is led by accurate data and information
7	Communication	• Partners receive appropriate information • Parents and communities are engaged and informed • Young people – including those most at risk – are involved and informed • There is a strategy for dealing with the media
8	Workforce Training on sex and relationship issues within mainstream partner agencies	• Engagement with / guidance for all those working with young people • Staff follow good practice
9	Integrated Youth Support Services (IYSS) with a clear remit to tackle teenage pregnancy.	• Commitment • Well trained youth workers (SRE) • Provision of advice and contraception • Sign posting to specialist services
10	Working on raising aspirations	• Work combines raising awareness and raising self-esteem • Work reaches young people most at risk • Schools are engaged in raising aspiration for most at risk young people • Engagement with young people • Community engagement
11	Supporting Young Parents	• Supporting teenage parents to achieve better outcomes • Improving child health outcomes • Improving teenage mothers emotional health and well being • Support for young fathers • Effective supported accommodation for teenage mothers.

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5. Stakeholder Consultations

More information on the views of stakeholders (including from young people, parents/carers and professionals) can be found in Appendix 2.

What Young People have told us

Consultation with young people ‘at risk’ of teenage conceptions:

- Concern about confidentiality
- Alcohol led to risky sexual activities
- They want access to full sexual health services in youth settings
- They want staff who are young people friendly, well trained and knowledgeable about sexual health – both male and female workers
- Homophobia and fear of homophobia prevented LGBTQ (Lesbian, Gay, Bisexual, Transgender and Questioning) young people from accessing services.

Development of Sexwize Branding

- To have small credit card size leaflet
- People liked the idea of website
- Young people liked ‘things’ eg. Pens
- We need to ensure map of services on leaflets and website.

Young View/Student Focus group on health relationships

- Successful relationships must be modelled by adults
- Peer support can aid healthy relationships

APAUSE (Added Power and Understanding in Sex Education)

- Young people are not confident about accessing local services or about their confidentiality
- There was a lack of experiential teaching
- Want more on positive aspects of sex and sexual activity

TellUs 4

- 58% reported their Sex and Relationships Education had been helpful
- 59% reported their alcohol education helpful

Consultation on Sex and Relationships Education (SRE) using ‘Are we getting it right?’ toolkit

- Young people prefer single sex SRE lessons
- Young people prefer smaller classes
- Young people prefer experiential learning
- Delivery by confident and relaxed professionals
- Up to date resources
- Young people want to discuss issues around masculinity and pornography
- Young people stressed the importance of well trained professionals

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6. Why teenage pregnancy matters

The majority of teenage pregnancies are unplanned and around a half end in abortion [1]. As well as the emotional cost to individuals and families, abortions represent an avoidable cost to the NHS. Where teenage pregnancies result in a birth, evidence shows that having children at a young age can damage young women's health and well-being and severely limit their education and career prospects. And while young people can be competent parents, longitudinal studies show that children born to teenagers are more likely to experience a range of negative outcomes in later life, and are up to three times more likely to become a teenage parent themselves.

7. What works?

International evidence, as well as the lessons from areas where teenage pregnancy rates have fallen fastest, show that all young people need effective sex and relationships education (SRE) – which helps young people to deal with pressure to have sex, as well as equipping them with the knowledge and skills to avoid unplanned pregnancies and sexually transmitted infections – alongside easy access to young people-centred contraceptive and sexual health (CASH) services, when they need them.

But it is also clear that as well as giving all young people the means to avoid early pregnancy, sustained reductions in teenage pregnancy rates will only be possible if action is taken to address the underlying factors that increase the risk of teenage pregnancy, such as poverty, educational underachievement, low aspirations and lack of engagement in learning post-16.

8. How investment in teenage pregnancy prevention and improving outcomes for teenage parents and their children can support wider local strategies

Tackling Teenage Pregnancy is a vital part of local initiatives to address:

- Child Poverty and Worklessness
- Safeguarding
- Infant Mortality
- Health Inequalities
- Poor sexual health
- Poor emotional wellbeing and mental health

Child Poverty and Worklessness[2]
Teenage pregnancy is both a contributory factor and an outcome of child poverty. Teenage parent families have at least one parent under the age of 18 with responsibility for a dependent child aged under five. These families are at increased risk of the biggest causes of poverty (worklessness and low pay); while under-fives make up 44 per cent of all children in poverty[3].
As a result:

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[1] Social Exclusion Unit (1999) *Teenage Pregnancy.* London: HMSO), (National Statistics (2010) *England under-18 conception statistics*, 2008)
[2] DfE Briefing (2010)
[3] DWP (2008) 'Ending child poverty: everybody's business.

- children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties[4]

- at age 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over, and are much less likely to be employed.

Poverty, like teenage pregnancy, follows intergenerational cycles with children born into poverty at increased risk of teenage pregnancy, especially for young women living in workless households when aged 11-15[5]. The majority of teenage parents and their children live in deprived areas and often experience multiple risk factors for poverty, experiencing poor health, social and economic outcomes and inter-generational patterns of deprivation. Teenagers who become pregnant are more likely to drop out of school, missing a key phase of their education, leading to low educational attainment and no or low-paying, insecure jobs without training.

Teenage mothers are 20% more likely to have no qualification at age 30 than mothers giving birth aged 24 or over. Young mothers are also more likely to be lone parents with their children raised in a home with one income and often living in sub-standard housing or temporary accommodation. Teenage mothers are more likely to partner with men who are poorly qualified and more likely to experience unemployment.

Safeguarding

Many young women experience a high level of violence and abuse in their relationships and many of the young women vulnerable to teenage pregnancy may have much older male partners. International research findings demonstrate connections between sexual abuse, coercion, intimate partner violence and teenage conception rates. Recent research in the UK has shown clear links between teenage pregnancy and non-consensual sex [6]

Girls who have been sexually abused are more likely to become sexually active at a young age and be at specific risk of teenage pregnancy. The NHS Taskforce on Violence against Women and Children refers to teenage pregnancy as one of many impacts of abuse. Alcohol is often cited by young people as one of the factors that contribute to sexual activity they have subsequently regretted.

Infant Mortality

The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers; children born to teenage mothers have higher mortality rates under 8 years and are more likely to have accidents and behavioural problems. A reduction in teenage pregnancy makes a significant contribution to reducing Infant Mortality.

Health Inequalities

Teenage pregnancy does not affect young people equally and higher rates are found in areas that experience generally poor health. Teenage pregnancy also increases health inequalities and leads to poor long-term outcomes for young parents and their children.

Poor Sexual Health Outcomes - Abortion and Sexually transmitted infections

They key actions needed to reduce teenage pregnancy rates – effective Sex and Relationships Education and improved access to contraceptive and sexual health services – will also impact on the likelihood of young people suffering poor sexual health. Health Protection Agency figures on sexually transmitted infections (STIs) in 2009 show an upward trend in the levels of infection in young people.

[4] Mayhew E and Bradshaw J (2005) *'Mothers, babies and the risks of poverty'* Poverty, No.121 p13-16.

[5] Ermisch, J., Francesconi, M and Pevalin, D. J. 2001) *'The outcomes for poverty of children' DWP Research Report 15.*

[6] A MISSING LINK?: AN EXPLORATORY STUDY OF THE CONNECTIONS BETWEEN NON-CONSENSUAL SEX AND TEENAGE PREGNANCY Executive Summary July 2010 Maddy Coy, Kerry Lee, Liz Kelly and Colleen Roach Child and Woman Abuse Studies Unit London Metropolitan University

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Left untreated, sexually transmitted infections can lead to infertility as well as a range of other health problems[7].

Addressing teenage pregnancy alongside work to reduce sexually transmitted infections is a government public health concern. Access to Contraceptive and Sexual Health Services, advice and clear messages about using both a condom and the most appropriate effective contraception is necessary to achieve both outcomes.

Poor emotional wellbeing and mental health
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. A lack of self-esteem can affect a young woman's ability to resist peer pressure, abusive relationships, unwanted sexual activity and to negotiate the use of contraception.

9. Leadership and Governance

The Teenage Pregnancy Strategy Refresh Meeting held December 2010 agreed to continue with the Delivery Structure as outlined in the original Reducing Teenage Conceptions Strategy agreed April 2009. The long term aim would be to mainstream the governance and accountability framework for reducing teenage pregnancy, but for the present time the current structure was needed to ensure a detailed focus.

Torbay Teenage Pregnancy Strategic Executive

In order to provide the most senior engagement in making sure that Torbay Council and the NHS accord priority, focus and resources to our work in reducing teenage conceptions, we have established a Strategic Executive Chaired by Dr Carol Tozer, the People Commissioner for Torbay Council. Its members include: Elizabeth Raikes (Chief Executive, Torbay Council); Anthony Farnsworth (Chief Executive, Torbay Care Trust, Torbay Council); Debbie Stark (Director of Public Health, Torbay Care Trust and Torbay Council) and two elected councillors: Lead member for Children and Champion for Staying Safe.

Torbay teenage pregnancy partnership board

The Torbay Teenage Pregnancy Partnership (TPPB) is a multi-agency partnership responsible for developing and implementing the local Teenage Pregnancy Strategy. The TPPB is overseen by the Teenage Pregnancy Executive and underpinned by specific groups that focus on the priority areas within the plan.

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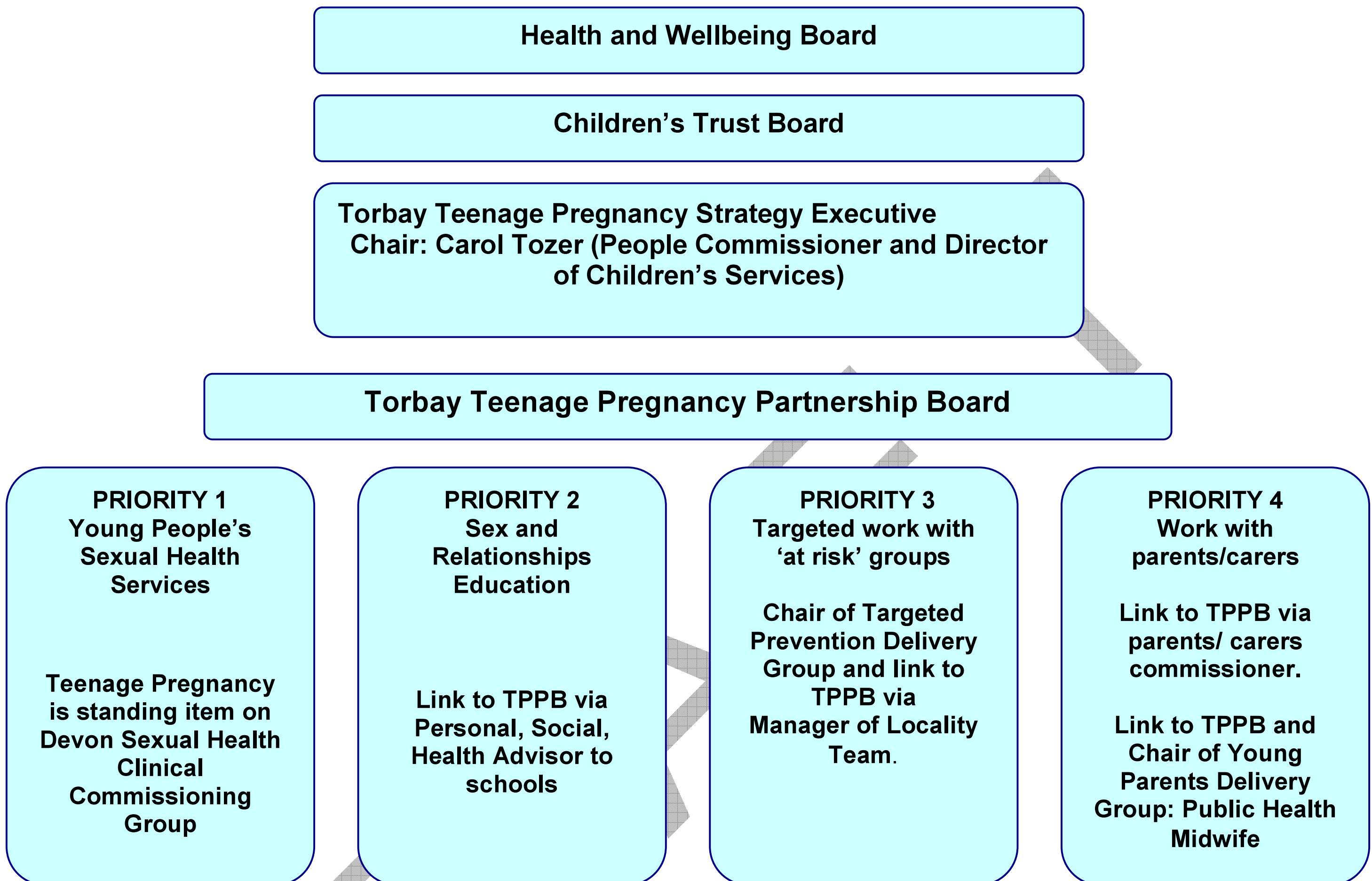
[7] Health Protection Agency: Health Protection Report, Volume 4 Number 34 Published 27 August 2010

LOCAL DELIVERY STRUCTURE



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10. Review of Achievements for the Priority Areas

Young People Focused contraception / sexual health services

- Young People's sexual health needs assessment in place
- Post natal follow up (under 18 at delivery) in place to provide contraception
- British Pregnancy Advisory Service contract amended to require provision of Long Acting Reversible Contraception (LARC) in addition to other contraception.
- Emergency Hormonal Contraception available in 31 pharmacies. New window sticker (based on Sexwize brand), sent to participating pharmacies to advertise the scheme.
- Increased number of GPs trained and offering implants to their patients. ,
- C-card (condom card) – Electronic system for registering young people to scheme and distributing condoms developed. Torbay providing advice to NHS Sexual Health South West with a view to extending the Torbay system to a regional level.
- Maternity service has set up early flagging system to numbers of under 18 years booking pregnancy.

- Sexwize materials being updated for another print run and website information also updated. Video project with South Devon students is in progress. When finalised, this will be uploaded onto website. Questions asked will be used for the FAQ section of the website.
- Dashboard fully operational with Sexual Medicine Service (SMS) to provide data on numbers of young people accessing GU and Contraception services and young people specific clinics
- Sexual Health Outreach team in place.
- Pharmacy sexual health campaign – campaign ran during November 2010. Training incorporated having difficult conversations (about sexual health) with young people, Chlamydia screening and signposting to Sexwize.
- You're Welcome Quality Standards: – current accredited sites are Health Wize, TIC TAC (Waterleat Road site), TIC TAC (Borough Rd), Parkhill Medical Practice, Sherwell Valley Practice, Dewerstone Surgery, Chatto Rd Surgery, tSMS Castle Circus Health Centre.
- Brook audit report of sexual health provision in Further Education Colleges in the South West identifies South Devon College providing on site, specialist sexual health service. Recommendations made in the report.
- Sexual Health Outreach Youth Worker leading a consultation programme with young people to gather their views and experiences of using sexual health services.

Strong Delivery of Sex and Relationships Education in Schools

- Leading PSHE Practitioners Network development continued. Domestic abuse training delivered at PSCC & Brixham C of E. Very positive evaluations.10 schools now engaged with training plus youth workers. All school based training followed up by session with appropriate staff member to ensure work becomes embedded in curriculum. Links made in training to sexual bullying. Second session concentrates on classroom strategies to develop healthy relationships.
- Challenging Social Norms Project peer surfers training completed. First stage of evaluation process complete. Herald Express young people's supplement published. All in place for its launch.
- Healthy Schools & Healthy Schools Plus ceased to be a national programme from March 2011. 95% (41) of Torbay's schools will be Healthy Schools at this point. Work likely to be subsumed in to work on child poverty & healthier communities.
- 5 candidates retained on National PSHE Continued Professional Development Programme. Outstanding practice being developed & shared. Peer support in place
- Primary PSHE Leads meeting facilitated – 01/11
- Student Focus Group/Young View continued to be embedded. Autumn term composite report on anti-bullying shared with all relevant stakeholders including chairs of governing bodies. Spring term focus is gender to link with sexual bullying agenda.
- Over view of consultations with young people shared with Participation/MPC Boards
- Assist Programme evaluation complete.
- Resource for combating homophobia in primary schools, "Different Families," disseminated to all schools along with briefing paper detailing available support & in partnership with Stonewall, as part of their Education Champions Programme.
- Engagement of Adviser with TellUs 5
- Needs led Relationships and Sex Education training in schools continued.
- Primary Relationships and Sex Education toolkit now facilitated in 6 schools. Most deprived schools targeted
- Strategic plan for work with 14 – 19 Partnership around meeting the sexual health needs of young people on apprenticeship & foundation learning programmes in early stages of development.

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Targeted Work with ‘at risk’ groups of young people.

- Implemented early identification via ‘risk factors’ tool through presentations to individual teams and incorporating in sexual health training which is accessed by staff working with YP.
- Provided targeted support to those young people most at risk via locality teams, targeted teams, sexual health outreach, Youth Services and other services working with young people
- Established supported access to contraception via Sexual Medicine Outreach Service and other services for those young people most at risk of teenage pregnancy.
- Young people looked after who agree to initial or annual health assessments received sexual health input.
- Drug and alcohol staff trained in sexual health.
- Implemented system so that young parents are followed up to ensure contraception in place to avoid second pregnancies.
- Multi agency staff teams working with ‘at risk’ young people regularly updated in order to promote the concept that reducing TP is ‘everyone’s business’; they are provided with information on how to improve service; individual work and all staff are encouraged to access training.
- Youth Service provided sexual health sessions in areas of deprivation in Torbay.

Work with parents/carers

- Triple P (Positive Parenting Programme) focused on enabling parents to build better communication and positive relationships with their children; who will help them to discuss issues in relation to sexual health and teenage conceptions.
- Piloted Sex and Relationships seminar as part of Triple P and now being rolled out.
- Provided Tip sheet on Sex and dating to all parents/cares who attend Triple P.
- In consultation with local parents, developed local leaflet and poster aimed at parents and carers
- Parent Support Facilitators and Family Support workers as part of early intervention service; and parenting workers in YOT trained in sexual health and provide information and signposting to Sexual Health Services. Data collection and impact of interventions need to be improved.

Work with young parents

- Care pathways in place to support all young parents from a multi agency perspective and also ensure contraception needs are met.
- Young Parents Training Starting in Torquay April 2011.
- Consultation taken place with professionals and young parents regarding housing needs for young parents. Questionnaires have been seen sent out and awaiting feedback.
- Young Parents Advisory Boards developed and to meeting on a quarterly basis to set up action plans and look at gaps in the service we provide. This will be fed back to Maternity Service Liaison Committee.
- Young Parents Delivery Group amalgamated with the Parents Delivery Group. Expectant Fathers Group started in January 2011 not well attended. Will re launch and re consult with Young Fathers
- Young Parents represented on Young Parents Delivery group
- Change 4 life group attached to the Young Parents Training in Torquay and Paignton at the Children Centres.

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APPENDIX 1

ACTION PLAN 2011-12

Reducing The Number Of Teenagers Who Become Pregnant.

1. Young People Focused Contraception / Sexual Health			
Performance Measures	2009/10	2010/11	2011/12 target
Number of young people accessing Sexual Medicine Service for contraceptive and sexual health services. (under 18 years)	1828 (under 19s)	Awaiting data	To set target
C-card (condom card) registration points and number of young people who register	36	47 2937	To set target
C-card (condom card) distribution points and number of young people who access service	53	73 Awaiting data	To set target

What we will do

- **Data** collected from sexual health services, school nurses, GPs, pharmacies on number of under 18s accessing contraception - targets set and reached. This will be supported with additional information identifying numbers of practitioners who are fitters of LARC. This will enable improved training opportunities for nurses and doctors supported by PGDs where applicable. (From Sept 2010 onwards.)
- **Quality Assurance -** At least 8 GP surgeries supported to meet You're welcome quality standards. Following accreditation of Castle Circus Young People Sexual health clinic – service to be mystery shopped twice a year. Mystery shopping to be used for other clinics and pharmacy providers. Feedback from mystery shopping to feed into service improvement plans. (By April 2012)
- **Targeted work –** Sexual Health Service to provide evidence that all under 18s who give birth or have an abortion have access to a contraceptive service. Contraceptive services are provided within areas of deprivation which may include GP and pharmacy. (From April 2011 onwards)
- **Outreach Team –** provide contraceptive provision to all secondary schools where agreed and in consultation with school nursing. Ensure support and provision is provided to target groups such as children Looked after and care leavers. (By Dec 2011)
- **Sexwize** developed using different media eg. videos, social networking, Q&As etc. Consultation undertaken with young people, parents/carers, professionals and Sexwize improved in line with feedback. (By Sept 2011)

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2. Strong Delivery of Sex and Relationships Education and Personal, Social Health Educations in Schools

Performance Measures	2009/10	2010/11	2011/12 target
TellUs indicator: proportion of secondary school pupils reporting SRE meets their needs	"helpful" 62%	"helpful" 67%	"helpful" 72%
Proportion of secondary schools, including specials, with a professional with PSHE CPD accreditation – 9 schools from 01/11	33%	55% (plus 3)	89% (plus 3)
Proportion of primary schools, including specials, with a professional with PSHE CPD accreditation – 31 schools	29%	32% (plus 1)	39% (plus 2)
Proportion on non academy secondary settings utilizing "Are You Getting it Right?" toolkit – 9 schools from 01/11	87%	78%	100%
Proportion on academy secondary settings utilizing "Are You Getting it Right?" toolkit – 9 schools from 01/11	66.6%	100% (plus 1)	100%

What we will do:

Building capacity:

- Continue to develop & grow the Leading PSHE Practitioners Network, including extending range of professionals involved. Aim to deliver DV awareness & its effects on children & young people across schools & Children's Services. Develop programme to incorporate work on constructs of masculinity
- Ensure successful, completion of 2010/11 PSHE CPD Programme & recruitment of 2011/12 cohort
- Find funding for essential project worker
- Continue to develop effective, email distribution & communication lists

Student voice:

- Facilitate "Are You Getting it Right?" toolkit in all secondary schools, including special schools, which are not academies. Ensure findings are shared with relevant stakeholders, including young people.
- Continue to develop & promote primary RSE toolkit
- Seek funding for Assist Programme to be rolled out to other secondary school/setting
- Secure funding for continuation of challenging social norms project & for its development

Policy and guidance:

- Ensure all schools are aware of their statutory duty to have a RSE policy
- Make relevant links to anti-bullying agenda both locally & nationally, & in particular prejudice based behaviour, such as homophobia, sexual bullying & Ending Violence Against Women & Girls Strategy

Health links:

- Ensure all secondary schools have clear sign posting to school based, local & national support services.
- Develop & disseminate guidelines for the successful running of school health drop ins, in secondary schools. From April 2011, collect data re use of school health drop ins.
- Continue to link health drop ins with quality of RSE/PSHE via encouraging schools to undertake whole school reviews of subject area

Working strategically:

- Work strategically with Sexual Health South West Board to ensure that sexual health is treated as a whole across the region
- Ensure effective representation at, yet to be established, LA, Health & Wellbeing Board
- Represent Torbay nationally, as member of National PSHE Association Advisory Council

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3. Targeted Work With ‘At Risk’ Young People In Particular Looked After Children And Care Leavers

Performance Measures	2009/10	2010/11 target	2011/12 target
Number of young women and young Men in LA aged 15-19 who are CLA known to be mothers or fathers. *Note: numbers below 5 are not shown in order to maintain confidentiality for individuals.*	Snapshot Jan 10- less than 5	less than 5	less than 5
Number of young women and young men in Torbay aged 15-19, who are care leavers know to be mothers or fathers. *Note: numbers below 5 are not shown in order to maintain confidentiality for individuals.*	less than 5	less than 5	less than 5
TellUs indicator: The proportion of young people in year 10 who have been drunk twice or more in the last 4 weeks	Sept 09 6%	2010 awaiting data	To set target
Sexual health outreach team – target to be set	No data	Awaiting data	To set target

What we will do

- **Assessments used in teams providing targeted work:** 100% of young people aged 13 and over will have sexual health included as a targeted assessment eg: APIR, ASSET, PreCAF, Sexual Health IAG will be offered as appropriate from April 2011 onwards. Implement system for assessing impact of work.
- **Sexual Health Outreach Team: (target to be set)**
- **The Hele Angels Neighbourhood Project** : Supports the reduction of teenage pregnancies by developing specific teenage pregnancy targets for the relevant 'hot spot' wards; staff will undertake sexual health training and the project will become a c-card distribution point from April 2011.
- **Housing Services:** Priority is given to 16 and 17 year olds who do not become homeless or Section 20 (Children Act), but who need to leave their family and are housed in supported accommodation. These young people should be identified as a group requiring targeted intervention. Sexual health interventions can be delivered by staff in supported housing, in partnership with specialist sexual health services.
- **Workforce development of targeted teams and link to alcohol agenda.** Continue to work towards 100% of staff working in targeted prevention teams undertake level one and level two, condom-card training and MASST training, including: Family Intervention Project (FIP), Anti-Social Behaviour, Youth Crime Action Plan Street Team, Youth Officers, Missing Persons (MISPER) intervention workers from April 2011
- **Care Leavers Team:** Continue to ensure that 100% of Pathway Plans consider the sexual health needs of CLA/former CLA from April 11 onwards. One whole page advertising in Compass Cred (In House magazine) on local sexual health services by March 2012.
- **Young Parents:** Continue to ensure that young parents attend Young Parents’ Training, support groups and individual family support as applicable to prevent second pregnancies from April 11 onwards. Continue to ensure that Family Support workers attend teenage pregnancy awareness sessions (eg. Reducing TP Seminar; level one sexual health training) to help them identify young people at risk even if it is not their specialist age from April 2011 onwards.
- **Looked After Children and Young People:** Continue to ensure that young people in care aged 10 yrs+ and who agree to an initial health assessment are screened by the doctor for sexual risk taking behaviour. When concerns highlighted a referral will be made to the designated nurse by March 2012. Continue to ensure that young people in care aged 10 yrs+ and who agree to an annual

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review health assessment are screened by the assessing practitioner for sexual risk taking behaviour. When concerns are highlighted a referral will be made to designated nurse or other appropriate worker by March 2012.

- **CAF:** Continue to strengthen links between CAF team around the family and link to outreach sexual health team from April 2011 onwards.
- **Specialist Drug and Alcohol Teams:** Continue to ensure 100% of young people specialist drug and alcohol workers complete level one and level two sexual health training and c-card training from April 2011 onwards
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4. Work With Parents/Carers On Preventing Teenage Pregnancy

Performance Measures		2010/11 target	2011/12 target
Universal and Targeted: Number of parenting courses offered in LA Parenting Strategy which include Sex and Relationships Education		To set baseline	To set target
Universal and Targeted: The number of parents attending a parenting course/group with a specific Sex and Relationships Education element in the last year eg. Triple P Tip sheet on SRE, sexual health services leaflet gone through, whole session targeted on SRE.		To set baseline	To set target

What we will do

- Work with Service Managers in order to develop plan and performance measures that will ensure ownership and full commitment of provider services for parents and carers.
- To develop sex and relationships education for parents and carers in consultation with parent and carer groups, by going to where parents/carers are.
- To develop and pilot a distance travelled tool to measure impact of SRE on parents/carers.

In line with feedback from parents and carers to Teenage Pregnancy Refresh:

- Explore with services providers how to improve parent's knowledge on accessing help and advice so they can assist their young people appropriately.
- Explore setting up an advice centre for parents so they can access information on how to deal with their young people on all these topics. This would encompass all areas within reason of parental needs.

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APPENDIX 2

STAKEHOLDER CONSULTATIONS

Consultation details: The Children's Society: Sex Factor 1 and Sex Factor 2

Dates and numbers: 2008 – 20 males & 35 females – 'hard to reach' group; and young parents groups

What was asked: Consultation with 'hard to reach' young people

Outcomes of Consultation:

- Concern about confidentiality
- With regards to sexual health - they learned from their 'mistakes'.
- alcohol led to risky sexual activities
- would prefer discussions and advice on positive relationships
- prefer face to face services rather than leaflets
- Young men still feel under pressure to 'perform'.
- They want to access full sexual health services in 'Youth Centres' that also have recreational and educational activities.
- Homophobia and fear of homophobia prevented lesbian, gay, bisexual, transsexual and questioning young people from accessing information and advice
- They want male and female workers, so they can choose who to talk to and want people who are young people friendly and well trained who are knowledgeable about sexual health.

What we did:

- Sexwize poster produced promoting confidentiality and confidentiality discussed with all YP accessing c-card.
- Training undertaken with pharmacists who can provide further information when young people access EHC.
- Staff working with young people are made aware of the links and have training on both sexual health and alcohol, so they can link the two agenda. Providing schools and agencies with the resource 'Drunk in Charge of a Body' and also 'Sex, Drugs and Alcohol' in order to improve work.
- Training for young people workers on discussing relationships and providing relevant resources.
- More training rolled out for professionals to enable them to provide information to the young people they work with.
- Work with boys and young men includes encouraging young men to discuss issues such as this and to challenge male stereo types.
- Set up outreach clinic - still need to do more in this area.
- Homophobia challenged in staff training and staff made aware it is a problem. Leaflets available and part of You're Welcome criteria.
- Staff training has been a priority in order to ensure all staff (males and females) working with young people are young people friendly and become skilled and knowledgeable in talking about sexual health.

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Consultation details: 'Are You Getting it Right?' Toolkit

Dates and numbers: Summer Term – 2009 - 6 secondary settings

What was asked:

- What SRE do you remember?
- Which teaching & learning styles were enjoyed?
- What else do you think you need to learn?

Outcomes of Consultation:

- Single sex SRE lessons were requested for some topics
- Smaller classes

- Experiential teaching & learning styles were popular
- Balanced moral views were vital
- Delivery by confident & relaxed professionals

What we did:

- Via Healthy Schools Plus additional funding has allowed some schools to provide single sex classes & for teachers to concentrate on developing good practice in SRE
- Provided SRE & drugs & alcohol resources with relevant training for all secondary settings which promote relevant teaching & learning styles
- Ensured that all SRE training incorporates personal values & their influence

Consultation details: Are You Getting it Right?' Toolkit. Janet Horrocks

Dates and numbers: Summer Term – 2010 - 9 secondary settings – incl. PRU & Combe Pafford

What was asked:

- What SRE do you remember?
- Which teaching & learning styles were enjoyed?
- What else do you think you need to learn?

Outcomes of Consultation:

- Up to date resources are vital
- Notice boards are unpopular as a means of accessing relevant information
- Issues around masculinity & pornography
- Importance of well trained health professionals to support teachers delivering SRE

What we did:

- Provide training for health professionals on working in schools, particularly school nurses
- Offer whole school PSHE/SRE reviews

Consultation details: APPAUSE (Added Power and Understanding in Sex Education)

Dates and numbers: Summer Term – 2009 Year 9 x 7 secondary settings

What was asked: Detailed questionnaire for whole year groups on knowledge, attitudes & values & quality of learning experience

Outcomes of Consultation:

- Overall girls have better knowledge of sexual health
- 80% of those surveyed thought that most teenagers were sexually active by 16
- They were not confident about accessing local services or about their confidentiality
- Lack of experiential teaching & learning strategies leads to lack of engagement of young people
- More on positive aspects of sex & sexual activity

What we did:

- Devised & located funding for peer led project challenging social norms project
- Dissemination to all secondary settings of 'Sexwize' info.
- Developing work on non consensual sex & concepts of masculinity via Healthy Schools Plus

Consultation details: TellUs 4

Dates and numbers: October 2009 – 38 schools, 1065 primary & 1810 secondary pupils

What was asked: Did your SRE meet your needs?

Outcomes of Consultation:

- 58% reported that their SRE had been 'helpful'
- 59% found their alcohol education 'helpful' too

What we did:

- TellUs has been abolished by the Coalition Government, but likely to continue on a local level so we can measure year on year progress.

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Consultation details: Development of Sexwize branding
Dates and numbers: February 2010
Young people, and professionals were consulted
What was asked: Questionnaire on Sexwize branding
Outcomes of Consultation:

- To not have purple or pink, some people suggested green and yellow.
- To not have squiggles as too feminine
- To have small credit card size leaflet
- People liked the idea of Sexwize website
- People liked the lettering and logo
- YP said they liked 'things' that promote services eg. Pens.
- To ensure map of services on leaflets and web
- GP and Pharmacist poster with main phone number

What we did:

- Colour changed to green and yellow
- Design changed to gender signs
- Small credit card size leaflet designed and printed and poster produced
- Website launched 2010
- Pens and other promotional merchandise purchased and distributed.
- Map of Castle Circus included

Thoughts on the Teenage Pregnancy Strategy from YR10 Peer Listeners
Dates and numbers: December 2010
What was asked: Please give feedback on 2009 TP Strategy.
Outcomes of Consultation:
Peer Listeners thoughts on SRE;

- Teachers need more training on PSHE because they put on whoever's available like Maths teachers who don't really know what they are talking about. And they get really embarrassed about it and they imply that all of us are having sex when it's not true; they need more training and more teachers.
- We just feel like they're talking to us like we're all having sex, and ought to be. It should be done by professionals rather than our teachers because we know the teachers too well and they don't take the lesson seriously, so we don't.

Peer Listeners thoughts on targeted groups;

- I think it doesn't matter where you come from you should get the same support as everyone else, like building up the confidence to say no, because I think, if you're put under enough pressure, even if you've had a good background, then you could still give in. so we shouldn't just focus on certain individuals we should focus on everyone in the community.
- I feel that providing a service to build people's self-confidence and self-esteem will help because there will be less pressure on young people because they'll have the confidence to say no.

Peer Listeners thoughts on Communications

- As peer listeners we think we should focus more on communications because everything stems from it. Whether that's bad communication coming from the media or peers about the wrong things or it's the lack of information through education.

Peer Listeners other thoughts

- A lot of people will be saying that they've done it *(had sex)* and will be doing it because they feel that they should be. It's not necessarily the case, the media portrays it because there's lots of adult programmes on and it's amongst the schools, it's just become in society's nature.

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- A lot of pressure is based on rumours, so when one person starts up a rumour they will tell people who they know will spread it fast, so then by like lunchtime, it will be round the school. So then that person will be like pressured into actually having sex, because everyone’s saying that there having sex.

Parents views.

- Parent’s knowledge on accessing help and advice for young people is limited, in terms of directing the young people appropriately. Where are the services and what are they saying to our young people?
- An advice centre for parents so they can access information on how to deal with their young people on all these topics. This would encompass all areas within reason of parental needs.

What we did:

- Incorporate views into 2011 action plan.

Views of Staff and Volunteers who attended Teenage Pregnancy Refresh Meeting

What should be the Reducing Teenage Conceptions priorities for next 2 years?

  - **Are the priorities we have right?**
  - **If not what would be better?**

- De-Silo and Integrate but make sure teenage pregnancy issues are not lost
- Should be a standing item on Children’s Trust
- Key indicators need to include uptake of LARC – how do you capture all prescribers
- Standardise SRE delivery in schools across Torbay and to include discussions of reality of teenage pregnancy/parenthood. Consider national model called ‘straight talking’.
- Workforce training and mapping
- Stronger focus on reducing second conceptions
- Sexual Health services sites eg. Schools
- Are we targeting right and do we need to increase universal?
- Raise aspirations in target areas.
- Vulnerability is around life chances – not lifestyle behaviours
- Parenting–‘understanding your teenager’ or ‘living with your teenager’. Take away emphasis on TP
- Same priorities as in 2009 TP Strategy – to be embedded in 12 months time

- **What’s gone well - Build on successes**
- Working well: c-card, working together, substance screening tool, SRE in schools, Training.
- Build on – peer education, SRE -> RSE and thinking about parent involvement, training, housing/supported housing.
- Sexual health outreach

What may now be the gaps?

- Long waiting lists for sexual health training
- Develop website specifically for parents.
- Workshops with young people on parenting.
- Bring head teachers and governors together
- Where is the work with all the young men aged 13-25?
- Need to integrate sexual health into agenda
- Need to explore local need for targeted work.
- Need to improve support for parents

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- Parental involvement in SRE agenda.
- Work with parents around awareness of Sexwize and c-card (but note that confidentiality is priority for YP and if they think parents recognise logo it may reduce YP's trust in scheme).
- To link with wellbeing – but what do we mean by wellbeing?

Anything we need to stop doing?

- No comments

Identify no cost/low cost

- Neighbourhood meetings ie. Hot spot ward community meetings
- Integrate data
- Pooling expertise around training eg. SH/DV etc
- To get Delivery groups to do the work on some of these areas.

What we did:

- Incorporate views into 2011 action plan.

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