

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

LEADERSHIP					
Objective	Action	Performance Indicator	Milestone / date of completion	Accountable Lead	Resources
Active engagement of CYPT and PCT Boards and city councillors in the Teenage Pregnancy agenda	City-wide leadership conference (briefing) to launch new Young People's Sexual Health policy and communicate key messages on teenage pregnancy, and to inspire commitment to lead the work necessary to reduce the number of teenage conceptions in the city	Set-up a conference co-ordinating group to organise the event	March 2009	James Dougan	£2,000 LAA TP grant 2009/10.
		Send out invitations	April 2009		
		Conference attended by at least 40 city leaders	13 th July 2009		
CYPT and PCT Board Members and city councillors demonstrate their commitment to leading the teenage pregnancy agenda	Staff conference to communicate key messages on teenage pregnancy, including: confirmation of CYPP priorities and performance structures for Tier 3 managers and below; launch of the policy; launch of the interventions; announcement of recording systems for Aspire.	Set-up a conference co-ordinating group to organise the event	March 2009	Kerry Clarke	£3000 LAA TP grant 2009/10.
		Send out invitations	April 2009		
		Conference attended by at least 100 staff	July 2009		
		80% of those attending report having a better understanding of their	July 2009		

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

		responsibilities regarding Teenage Pregnancy and are committed to carrying them out.			
The Senior Champion holds the CYPT local partnership to account for teenage pregnancy targets	Senior Champion to chair the newly formed Teenage Pregnancy Performance Board which will hold the local CYPT partnership to account for their performance against targets. Exception reports will be required for under poor performance. The Board will report to the PCT PMO and the CYPT Performance Team.	Quarterly meetings of the Teenage Pregnancy Performance Board	From Jan.2009	James Dougan	CYPT Mainstream
		Quarterly reports to the PCT, PMO and CYPT Performance Team	From Jan. 2009		
	Senior champion will revise the TP / SM Partnership Board and review membership	Annual Meeting	Announced Jan 08. Annual Reviews Sept 08 / 09 / 10	James Dougan	CYPT Mainstream
Commentary and evidence					
Intensive reviews of statistically similar areas with contrasting rates of progress, (the 'Deep Dive' research) carried out in 2005, identified key factors in successful areas. Included in the seven factors are:					
<ul style="list-style-type: none"> ✓ the active engagement of all of the key mainstream partners who have a role in reducing teenage pregnancies – Health, Education, 					

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

Social Services, Youth Support and the voluntary sector

- ✓ a strong senior champion who was accountable for and took the lead in driving the local strategy¹

The city's leadership have included a reduction in teenage pregnancies in the Local Area Agreement (2008-2011)² which is strong evidence of a shared vision and a commitment to partnership working to reduce teenage conceptions. This will be supported by the Senior Champion who will take the lead role in the performance management framework to ensure that individuals are held to account and that a problem solving approach is taken at the Teenage Pregnancy Partnership Board meetings. The results of staff focus groups held in December 2008 indicate a need for the city's leadership to make clear to everyone concerned that reducing teenage conceptions is a priority in the city and that staff are required to work with young people in a more directive style. A city leadership conference on teenage pregnancies will be the first of its kind in Brighton & Hove and aims to result in the active engagement of city leaders to assist in the implementation of the shared vision and target. A briefing for Lead Members for Children's Services by the Local Government Association has spelt out how vital it is for people in these roles to support the drive to reduce teenage pregnancies and improve outcomes for young parents in their localities ('Children's Services Teenage Pregnancy', LGA. November 2008). This briefing is attached as Appendix 6.

CULTURE AND BEHAVIOUR

Objective	Action	Performance Indicator	Milestone / date of	Accountable Lead	Resources

¹ Teenage Pregnancies. Accelerating the Strategy to 2010. Every Child Matters. Department for Education and Skills. 2007

² Local Area Agreement 2008-11

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

			completion		
To publicise key messages which challenge local cultural norms of sexual activity amongst young people and equip young people with information against defined sexual health behaviour deficits	To develop a teenage pregnancy campaign based upon the social marketing approach that is driven, delivered and evaluated by young people.	Complete briefing to Recruit social marketing project manager	End Jan. 2009	Kerry Clarke	£35,000 (case for change applications)
		Strategy completed	End May 2009		
	2 campaigns pa 100 targeted packs across min 10 teams x 2 pa	Campaigns matched to peaks in conceptions			
	Evaluation of the campaigns	At end of each campaign			
<p>Commentary and evidence</p> <p>The link between culture and behaviour that affects health outcomes is well known. Teenage pregnancy rates are higher in more socially deprived areas.</p>					

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

Research in seaside resorts (and their surrounding rural areas) found there to be a hedonistic ‘carnivalised’ leisure and entertainment environment which together with more transient populations, increased the likelihood of young people engaging in unprotected sex³ (this research was conducted in Brighton and Hove.)

The results of an Information, Motivation, Behavioural Skills survey of teenage woman at risk of unwanted teenage pregnancies concluded that the opportunity to correct descriptive norms regarding age at first intercourse and an opportunity to set up an older ideal age for first intercourse should become a local target based on the evidence.⁴

Social Marketing was born from the cross Government White Paper, Choosing Health. This approach was further strengthened in the Health Challenge England Public Health Strategy and the Building on Progress Public Services Report.

Staff Focus Groups run in November 2008 highlighted that staff, like local young people, operate with certain ideas about what is normal behaviour in Brighton & Hove and that these ideas do appear to conflict at times with the teenage pregnancy agenda which staff are required to adhere to. It seems that staff have developed a non-intervention approach with regard to sexual activity in young people and young women at risk of early parenthood. The staff conference in May will address this – it will launch the behaviour intervention packages and the CYPT’s Young People’s Sexual Health Policy and make it clear to staff how they are required to work with young people. Other actions to address this issue are included in the Integrated Planning and Review

³ Living on the Edge: Sexual Behaviour and Young Parenthood in Rural and Seaside Areas. Teenage Pregnancy Research Programme Briefing. Teenage Pregnancy Unit, DOH. June 2004

⁴ Results of an Information, Motivation, Behavioural Skills survey of teenage woman at risk of unwanted teenage pregnancies’ Charles Abrahams, Sussex University Oct 2009

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

Framework and the Workforce Development sections below.

Evaluations of the Government's media campaigns, RUThinking and Want Respect? provide evidence that using the media for communicating messages about sexual behaviour to young people can have positive impacts.⁵

INTEGRATED PLANNING AND REVIEW FRAMEWORK

Objective	Action	Performance Indicator	Milestone / date of completion	Accountable Lead	Resources
The Community Partnership's aims regarding teenage pregnancies, as represented in the Local Area Agreement, must be reflected in the planning frameworks of the contributing organisations	Refreshed Children & Young People's Plan 2009-2012 includes reduction of number of teenage conceptions as a priority	CYPP includes under 19 conception rate target	April 2009	Steve Barton	CYPT Mainstream
	Youth and Connexions (Y&C) Commissioning Plan includes reduction in number of teenage conceptions as a priority	Y&C Commissioning Plan includes under 19 conception target	Scheduled for completion by April 2009	Philip Ward	CYPT Mainstream

⁵ Teenage Pregnancy: Accelerating the Strategy to 2010. Every Child Matters. Department for Education and Skills. September 2006

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

	Integrated Youth Support Service has an information sharing protocol	Joint information sharing protocol in place across Integrated Youth Support Service and partnership arrangements	Scheduled for completion by April 2009	Steve Barton	CYPT Mainstream
The CYPT aims regarding teenage pregnancies are reflected at all levels of planning	Teenage pregnancy priorities from the CYPP are included in Tier 3 managers', objectives.	4 assistant directorates include teenage pregnancy objectives for their reportees	By May 2009	Assistant Directors	CYPT Mainstream

Commentary and evidence

The strategic planning element of work to reduce teenage pregnancies has been highlighted as a key characteristic of successful programmes⁶. It is recommended that all key plans and programmes incorporate the teenage pregnancy agenda, including the CYPP and Connexions Business Plans. The PCT Strategic Commissioning Plan 2008-2013 includes fewer teenage pregnancies as one of its eight priority outcomes for reducing health inequalities and improving life expectancy.

⁶ Teenage Pregnancy: Working Towards 2010. Good Practice and Self Assessment Toolkit. Teenage Pregnancy Unit. November 2006.

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

EFFECTIVE MONITORING					
Objective	Action	Performance Indicator	Milestone / date of completion	Accountable Lead	Resources
Non-commissioned services working with targeted vulnerable young people record information for monitoring purposes for the Teenage Pregnancy Performance Board.	TYSS (Targeted Youth Support Service) and Social Care Teams monitor the following performance indicators 100% of young women screened using TYSS risk referral check sheet	All services to agree to collect these performance indicators	By end of Jan 2009	Chris Parfitt, Nigel Jenner, Ailish O'Flannagan, Social Care managers	CYPT Mainstream
	100% contraception and sexual health assessments completed - in line with the Common Assessment Framework (CAF) – for those who are identified as	All services to report their performance against these PIs to the TP Performance Board.	Quarterly monitoring of the PIs from April. 2009		

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

Non-commissioned services working with targeted vulnerable young people record information for monitoring purposes for the Teenage Pregnancy Performance Board - continued	<p>being sexually active</p> <p>50% intervention provided within the service</p> <p>50% referral to TYSS Teenage Pregnancy posts across the city</p> <p>Those not sexually active provided with universal sexual health intervention package</p>	Services using Aspire to record contacts and interventions.	May 2009		
	YOT and the 16 Plus Support Team have targets for reducing the number of under 19 conceptions	YOT and the 16 Plus Support Team have an Action Plan for achieving the targets for reduced under 19 conceptions which has been signed-off by the relevant Assistant Director	By end Jan 2009	Nigel Aiden, Dermot Anketell,	<p>£10k pa for nurse at 16 Plus Support Team. (case for change application)</p> <p>Recommendation to transfer nursing hours attached to Ruok to YOT</p>
		All services to report their performance against these PIs to the TP Performance Board.	Quarterly monitoring of the PIs from April. 2009	Nigel Aiden, Dermot Anketell,	CYPT mainstream

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

EFFECTIVE MONITORING					
Objective	Action	Performance Indicator	Milestone / date of completion	Accountable Lead	Resources
Lead Professionals have systems which enable them to check on whether behaviour change interventions have had an impact after 6-8 months	Aspire developed to record information on behaviour change interventions and condom distribution schemes	Aspire can be used to record behaviour interventions	From June 2009	Steve Barton	£14k maximum: LAA; TYSS allocations
		Aspire can be used to record info. on condom distribution schemes	From June 2009		
		Aspire can flag up post six months period for those young people who have received sexual health intervention package.	From June 2009		
		Monitor take up and staff response	Quarterly from April 2009		

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

Lead Professionals for TYSS can identify other professionals who are working with targeted young people	More people working with young people enter information onto the Aspire database	More entries on the Aspire database re. who is working with targeted young people	From June 2009	Steve Barton	
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Commentary and evidence

The role of accurate data and information in performance management and to inform the provision of local services is highlighted as a key characteristic of successful teenage pregnancy programmes⁷. The collection of monitoring data by non-commissioned services (and the addition of a Data Analysis post in the Teenage Pregnancy Team) will enhance the performance management of the teenage pregnancy strategy significantly because individual Heads of Service will be held to account for their performance by the CYPT Teenage Pregnancy Performance Board. This is particularly important because the results of the staff Focus Groups indicated that some frontline staff in these services may be resistant to working in the required way with young people at risk of teenage pregnancy. The CYPT Performance Board will work alongside the PCT performance process.

The Targeted Youth Support Service is set-up to work with young people at risk of teenage pregnancy. The development of data systems which support multi-agency working is vital if the advantages of this way of working are to be realised. It is also essential for recording systems to be developed for evaluating behaviour change interventions, in line with NICE guidance.⁸

⁷ Teenage Pregnancy: Working Towards 2010. Good Practice and Self Assessment Toolkit. Teenage Pregnancy Unit. November 2006.

⁸ Behaviour Change at Population, Community and Individual Level. NICE. 2007.

Information Sharing: Guidance for Practitioners and Managers. HM Government. 2008

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

WORKFORCE DEVELOPMENT					
Objective	Action	Performance Indicator	Milestone / date of completion	Accountable Lead	Resources
All staff working with young people at risk of early conceptions are equipped with appropriate skills and competencies to address the universal enhanced and specialist level of interventions required to reduced unplanned pregnancy	Develop intervention packages and engagement scripts for staff from 11 CYPT Teams and 3 Vol. Orgs Teams to proactively engage in effective sexual health interventions to address specific behaviour deficits and the reasons for unplanned conceptions attached to, lack of information, contraception failure issues, ambivalence and family / peer expectations for young person.	Complete behaviour change brief to recruit consultant	Completed by end Jan. 2009	Kerry Clarke	£8000 for consultancy fees (LAA Teenage pregnancy allocations)
		Confirm work plan with consultant	Feb. 2009		
		Working group terms of reference, scope of work and membership	Agreed Feb.2009		
		Resources provided	End April 2009		
	Recruit training member of staff / consultant to develop and implement a training strategy to support the Teenage Pregnancy agenda, in particular the	Each training session followed up by three action learning sets each.	May 2009 – March 2010	Annie McCabe	£55 000 (case for change application and LAA : TYSS allocations)

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

	implementing and auditing policy document, behaviour training packages and the roll-out of CAF				
	Evaluate the behaviour change intervention packages	Focus groups and evaluation questionnaire	Sept 2009	Annie McCabe	As part of above post.
		Analyst report with clear recommendations	Oct - Nov. 2009	Annie McCabe	As part of above post.

Commentary and evidence

Staff Focus Groups – made clear the need for workforce development which would equip staff to undertake the targeted intervention work necessary to achieve the teenage pregnancy targets. The provision of good training for staff who have to deliver SRE has been highlighted as an essential ingredient in the success of work to reduce teenage conceptions⁹

‘Commissioning and Behaviour Change, Kicking Bad Habits’ confirms that behaviour change interventions and strategies should be clear about the nature of the behaviour that they are tackling, as well as who they are targeting.

‘Our Health, Our Care, Our Say’ (Dept. of Health 2006) stressed the need for health and social care services to support individuals to take responsibility in managing their own health.

Evidence from the Government’s ‘Deep Dive’ research was that successful teenage pregnancy programmes had a strong emphasis on targeted

⁹ Teenage Pregnancy: Accelerating the Strategy to 2010. Every Child Matters. Department for Education and Skills. September 2006

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

interventions with vulnerable young people at greatest risk of teenage pregnancy, in particular Looked After Children¹⁰

Commissioning Framework for Health and Well-Being (Dept. of Health, 2007) stated that a key component of effective commissioning is 'Each person has a set of risk factors that make it more or less likely that they will need future support from the NHS or Social Services. Front line practitioners should identify people who might be at high risk, and offer support before the risk becomes an established condition or vulnerability'.

Recent government policy has placed a greater emphasis on the role and responsibilities of individuals in adopting healthy behaviours and lifestyles and on PCTs commissioning support that will encourage people to change their behaviour to adopt more healthy lifestyles. The targeted approach to teenage pregnancy work is in this arena as it is the risk taking behaviour of sexually active young people that is the issue. World Class Commissioning has also provided an impetus for PCTs to support behaviour change interventions and the local 'Vital Signs' indicators alongside national and other local performance indicators can be used to assess the impact of behaviour change interventions. There is guidance on how to plan and implement behaviour change interventions and how to identify the groups that need to be targeted.¹¹

IMB findings re. Behaviour deficits. – The project with Sussex University aimed to collect and summarise the views of local experts and practitioners involved in the service delivery relevant to teenage pregnancy and sample perceptions of young people at risk of unprotected sexual intercourse. Practitioners agreed that a better approach to identifying those in need of adolescent services and to tailor services to specific needs of at risk groups was required. It was agreed schools needed more accessible and comprehensive contraception services. Practitioners recommended that guide lines (e.g. conversational scripts) would facilitate and standardise best practice. The survey of young people using a risk factor sheet that has now informed the TYSS service did reach the right cohort of sexually active young people. The results confirmed the need for behaviour intervention packages to include the

¹⁰ Teenage Pregnancy: Accelerating the Strategy to 2010. Every Child Matters. Dept. for Education and Skills. September 2006.

¹¹ Commissioning and Behaviour Change. The Kings Fund. 2008

Behaviour Change at Population, Community and Individual Level. NICE. 2007

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

following elements.

Knowledge

Young people have knowledge of effectiveness of EHC after 72 hours

Young people are able to use contraceptives correctly

Norms

Young people adjust their idea of the ideal age to have first sexual intercourse

Parents approve of the use of contraception by their teenage children

Young people experience peer approval for carrying condoms

Young people understand that having a baby results in missed social and other opportunities

Young people view terminations differently

Contraception behaviour skills

Sexually active young people (men and women) carry condoms when out

Young people use condoms correctly and do not have intercourse before condom use

Double Dutch method

Effective use of contraceptives by women

First line of contraception – LARC

Chlamydia screening

Using contraception / alcohol

Parenting behaviour skills

Young people have a realistic view of own parenting skills and ability

Young people have an understanding of the financial realities of being a young parent

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

SERVICE PROVISION					
Objective	Action	Performance Indicator	Milestone / date for completion	Accountable Lead	Resources
Ensure sufficient resources to provide targeted behaviour change intervention work with vulnerable young people in high rate neighbourhoods	Decommission the Sexual Health Advisor – transfer the post to the TYSS.	Business case to PCT	April 2009	Kerry Clarke	£40k (case for change application and CYPT TYSS allocations)
<p>Commentary and evidence</p> <p>Variations in teenage conception rates are highly correlated with levels of deprivation across England: half of all conceptions under-18 in England occur in the 20% most deprived wards. The East locality have the highest conception rates within the city and no targeted teenage pregnancy post but a Sexual Health Advisers post who also provides the post termination support services.</p> <p>Evidence from the Government’s ‘Deep Dive’ research was that successful teenage pregnancy programmes had a strong emphasis on targeted interventions with vulnerable young people in high rate neighbourhoods¹²</p>					

148

¹² Teenage Pregnancy: Accelerating the Strategy to 2010. Every Child Matters. Dept. for Education and Skills. September 2006.

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

SERVICE PROVISION					
Objective	Action	Performance Indicator	Milestone / date for completion	Accountable Lead	Resources
Sexual health services are provided at schools	Work in partnership with schools to develop and deliver health drop-ins within schools across the city.	3 schools involved in Round 1 4 further schools involved in Round 2 Remaining schools for Round 3	Jan-Mar 2009 Apr-June 2009 Sept-Dec.2009	Kerry Clarke Ann Podsiadley Emma Fincham	SHA funding and PCT : Choosing Health allocations for targeted school nurse roles
School Nurses take responsibility for screening and providing contraception to pupils in years 10 and 11 with multiple risk factors (poor school attendance and low academic achievement)	School Nurse Review	Consultant appointed	Jan. 2009		£150k (case for change application)
		Terms of reference of the Review, scoping and specification	By end Jan. 2009		
		Review carried out	Feb.2009		
		Commissioning Plan completed	By end March 2009		
Commentary and evidence					
There has been a strong focus on the link between health and schools since the White Paper on Excellence in schools (1997) which set out the Government's intention to help all schools to become healthy schools. In addition, 'Saving Lives: Our Healthier Nation' (1999) and the 'Independent Inquiry					

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

into Inequalities in Health'(1998) recognised the importance of a sound education in promoting better health and emotional well being for all children and young people. The Healthy Schools Programme is a Government commitment for schools to achieve the National Healthy Schools Status (NHSS) which expects schools to offer both learning opportunities and access to a range of services, including sexual health advice services. 'Choosing Health' (DH 2005) sets an expectation that all schools engage with their local Healthy Schools Programme and that at least 75% achieve NHSS by 2009. This target has been exceeded in Brighton & Hove, with 100% of LA schools achieving NHSS. Through the Extended Services Programme schools are encouraged to offer swift and easy referral to a range of services, including sexual health services.

Nationally there is strong evidence that school based sex and relationships education, particularly linked to contraceptive measures, is effective in reducing teenage pregnancies.¹³ The role of the school nurse has received an increasing amount of attention over the years with regard to the significant role they can play in schools and how their relationship with the pupils puts them in a prime position regarding the implementation of a range of initiatives including those relating to sexual health and teenage pregnancies.

Non-statutory guidance *Looking for a School Nurse* (Department of Health, March 2006) reflects the government's approach to placing a greater emphasis on school nursing as part of its drive to improve the health and well being of children and young people. The guidance states that school nurses have a responsibility to offer advice, care and treatment to individuals and groups of children, young people and adults who care for them, including regarding sexual health. This guidance includes a list of basic and intermediate functions of school nurses. Most of these support the teenage pregnancy agenda and include:

- Develop a programme of work around a specific school's needs e.g. Teenage Pregnancy initiatives
- Identify and work with the most vulnerable children and young people on issues of mental health, sexuality, self-esteem and risk-taking behaviours
- Provide contraceptive advice to pupils and emergency contraception and pregnancy testing to young women requiring this service
- Offer emotional support and ensure provision of practical support for teenage parents

¹³ Teenage Pregnancy and Parenthood: a Review of Reviews. Health Development Agency. 2003

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

Local Teenage Pregnancy Co-ordinators are encouraged to promote the benefits of developing on-site sexual health services in schools.

‘The government strongly supports the provision of sexual health services in places that young people find convenient and user-friendly. A clear commitment is made in the Children’s Plan to encourage the development of on-site sexual health services in schools – and this contributes to the achievement of National Healthy School status and Extended Schools. Schools that have set up on-site sexual health services report the benefits to the health and well-being of their students – and the positive impact on learning. Local authority areas that have taken a coordinated approach to service development in schools across the authority are starting to see the benefits for young people on a wider scale.’¹⁴

Locally during the consultation exercise with students at Patcham High School – 95% wanted access to on-site sexual health services

SERVICE PROVISION

Objective	Action	Performance Indicator	Milestone / date for completion	Accountable Lead	Resources
To provide an effective Youth Service	Increase provision of universal and diversionary activities for young people with a key focus on sexual health and substance use issues / minimum standards.	Completion of a business option paper for the PCT	End Feb. 2009	James Dougan	£200,000 (case for change application)

Commentary and evidence

The *Deep Dive* research (2005) into what works regarding reducing teenage pregnancies listed ‘A well resourced Youth Service, providing things to do and

¹⁴ Extract from an e mail to all local Teenage Pregnancy Co-ordinators from the Teenage Pregnancy Unit, DCSF. 15 December 2008.

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

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' as a key factor in areas that are successful regarding teenage pregnancies.¹⁵

In Brighton & Hove the work to provide an integrated Targeted Youth Support Service (TYSS) is well underway. It was the Government's Green Paper, 'Youth Matters' (2005) which set out a vision of integrated youth support services which would help all young people to achieve the five Every Child Matters outcomes. Effective targeted youth support addresses the risk factors that may result in poor outcomes and helps build vulnerable young people's resilience. These risk factors overlap with the risk factors linked to an increased likelihood of being a teenage mother.

'Aiming High for Young People: A Ten Year Strategy for Positive Activities' was published in July 2007. It set out the government's long-term vision for young people and services for them. The focus of the 55 commitments in Aiming High is to increase young people's participation in constructive leisure-time activities. Included in the 6 key objectives is 'improving the capacity and quality of services for young people'. Since April 2008 increasing the proportion of young people participating in positive activities has been measured by the Youth PSA (PSA 14). Progress against this PSA will be determined by indicators measuring increases in participation in both learning and positive leisure time activities, as well as the reduction in negative outcomes such as teenage pregnancy. The Aiming High Implementation Plan published in March 2008 states that, 'We expect local Children and Young People's Plans (CYPP) to set out clearly how local services will respond to demand from young people for positive activities and places to go'.

Ofsted's report, 'Effective Youth Services' (2005) summarised the findings of the first year of Youth Service inspections. It stated that, 'there was usually a link between the level of human and material resources allocated to a service and the quality of its work. Good services had sufficient managers and workers, a good balance between full and part-time workers and good quality accommodation and resources.'

SERVICE PROVISION

Objective	Action	Performance Indicator	Milestone / date for	Accountable Lead	Resources
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¹⁵ Teenage Pregnancy: Accelerating the Strategy to 2010. Every Child Matters. Dept. for Education and Skills. September 2006.

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

153

			completion		
To provide city centre young people focused contraception /sexual health services which are easily accessible, in the right location, have the right opening hours, have high visibility and meet the 'You're Welcome' quality criteria	The Teenage Pregnancy and Substance Misuse Commissioner to work with the HIV and Sexual Health Commissioner to produce an options paper which proposes options for ensuring that the current provision of contraception / sexual health services for young people meets their needs, CYPT targets for reducing teenage pregnancies and conforms to best practice	Options paper produced and presented to PCT	End Feb. 2009	Kerry Clarke	Cost neutral to draft paper. Implications for future provision will be outlined in the recommendations.
SERVICE PROVISION					
Objective	Action	Performance Indicator	Milestone / date for	Accountable Lead	Resources

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

			completion		
To ensure that young people's sexual health services in Brighton & Hove meet the 'You're Welcome' quality criteria	16 young people's sexual health services complete a Self Assessment and demonstrate the involvement of young people in their services through quality assurance	16 young people's sexual health services meet the 'You're Welcome' quality criteria	July 2009	Kerry Clarke	Extended existing temporary post within CYPT to lead this within LAA grant costs £5,000 program costs(case for change application)
<p>Commentary and evidence</p> <p>Nationally there is strong evidence that good contraceptive services are cost effective in reducing teenage pregnancies.¹⁶ The provision of good Contraceptive and Sexual Health Services (CASH) for young people are a vital part of the work to reduce teenage pregnancies in the city. National guidance on the provision of effective contraception and advice services for young people has been available since 2000¹⁷ but has recently been further endorsed recently by the findings of the <i>Deep Dive</i> research (2005) into what works regarding reducing teenage pregnancies. 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' is a key factor in areas that are successful regarding teenage pregnancies.¹⁸</p> <p>The Teenage Pregnancy Quarterly reports on the performance of Brighton & Hove CASH indicates that there is a need to improve provision for young people and the <i>Deep Dive</i> research provides good evidence from other cities of what works.</p>					

154

¹⁶ Teenage Pregnancy and Parenthood: A review of Reviews. Health development Agency. 2003

¹⁷ Best Practice Guidance on the Provision of Effective Contraception and Advice Services for Young People. Teenage Pregnancy Unit. 2000

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

155

SERVICE PROVISION					
Objective	Action	Performance Indicator	Milestone /Date of Completion	Accountable Lead	Resources
To reduce the number of teenagers having more than one child	Increase the number of Specialist Teenage Pregnancy professionals in the Children's Centre Teams	Recruit 4 posts	4 by May 2009	Siobhan Heir, CYPT	£158k (including a contribution from the Area Based Grant)
	Provide a more intensive Health Visiting service for young parents and their families	Targeted Caseload figure	80 young parents under 18 per annum	Siobhan Heir, CYPT	As above
<p>Commentary and evidence</p> <p>Teenage Parents: Who Cares? A Guide to Commissioning and Delivering Maternity Services for Young Parents. 2nd edition. July 2008.(DCSF) states that, 'Around 20 per cent of births conceived under the age of 18 are to young women who are already teenage mothers (about 4,200 births a year). Some of these pregnancies are planned but many are not. Young women are often unaware how easy it is to become pregnant again after having a baby, have limited understanding of the range of contraception available and are not actively supported to access contraception, which may be a low priority amid the other pressures of the postnatal period, particularly for young women with a chaotic lifestyle. They may have a coercive partner or lack the skills or</p>					

¹⁸ Teenage Pregnancy: Accelerating the Strategy to 2010. Every Child Matters. Dept. for Education and Skills. September 2006.

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

confidence to negotiate contraception with their partner.'

Teenage Parents Next Steps: Guidance for Local Authorities and PCTs. (Dept. of Health and DCSF) states that all areas are expected to ensure that midwifery and health visiting services provide tailored support for teenage mothers and young fathers. It reports that in focus group research, young parents who had experienced dedicated services for teenagers preferred them to all-age services.

The proposal to increase the capacity of Health Visitors to provide a front line service for teenage mothers and their families (offering siblings advice and support where necessary) is based on the Family Nurse Partnership model and examples of good practice from other localities. This family approach will fit well with Brighton & Hove's Family Pathfinder which is proposing to focus some of its resource on under 25 year old parents / carers.

The Family Nurse Partnership is a scheme, developed in the U.S. and currently being piloted at selected sites around England, to provide intensive support to first-time young mothers and their babies, with the aim of preventing future problems linked to social exclusion. Each young mother who agrees to join is assigned a Family Nurse who visits her (and her partner) intensively during pregnancy and for two years after the birth. The Family Nurse uses a strength-based approach to support the young woman to become self-sufficient, to adopt a healthier lifestyle, to improve her parenting skills, and to form a close attachment to her new baby. The programme draws on neurological research showing how pregnancy and the very early years are vital to a child's development. Three randomised control trials in the US in 1977, 1987 and 1994 have produced strong evidence, consistently showing the scheme led to improved outcomes for mothers and babies including fewer subsequent pregnancies and longer intervals between births. There is evidence that the Family Nurse Partnership is working in this country. There is a good level of engagement by fathers and it seems to be having a positive impact on smoking in pregnancy and breast feeding. The Government has allocated £30 million to expand the programme over 2008-09 to 2010-11. This will include increasing the number of sites offering the intervention and developing an evidence-based research strand.

In South Tyneside teenage mothers are supported by a multi-agency Teenage Pregnancy Team that offers holistic support for pregnant young women, their partners and their children and intensive follow-up on contraception use. This model has successfully reduced the rate of unintended second pregnancies. The Teenage Pregnancy Team includes Young Parents Support which provides advice on health, education, parenting, childcare, housing and benefits, and a Teenage Parent Health Visitor. They are provided with intensive antenatal and postnatal support around choosing future contraception. A family planning nurse works with pregnant teenagers to find the most suitable contraception for each individual, by focusing on what the young woman wants the contraception to do for her, how she would feel about body image issues such as having no periods or slight weight gain, and the practical issues associated with various methods of contraception, such as remembering to take pills or the adhesion of patches. She sees the young women at 28, 34 and 38 weeks, and visits them on the postnatal ward, and at home if necessary. The great majority of teenagers have chosen contraception before they give birth. If they choose a long-acting method, the nurse arranges fast track appointments for the implant or an intra-uterine device, and liaises with the Young Parents

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

Support Adviser to assist the young women with attending appointments. If the young woman does not keep the appointment, the dedicated health visitor follows it up. Young women who choose oral contraceptives leave hospital with a three month supply as part of their discharge plan. The family planning nurse calls and texts the young women at home to remind them to start taking the pills on the 21st day after the birth. The dedicated health visitor follows up on contraception at 6 weeks, as do the mainstream health visitors later in the first year. The highly visible service ensures that choosing not to use contraception has to be an active decision, not a default position.

SERVICE PROVISION

Objective	Action	Performance Indicator	Milestone / date of completion	Accountable Lead	Resources
Provide post-	A Teenage Pregnancy	Teenage Pregnancy	1 by May 2009	BPAS and CYPT	£50k

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

termination support and contraception assessments for all BPAS teenage clients and follow-up to prevent further teenage conception	Health Advisor to provide a post-termination and contraception service at the BPAS and a follow-up service in the community	Health Advisor recruited		Kerry Clarke	
		Service provided at BPAS with follow-up in the community	Contract in place by April 2009. Pathway into and through service agreed April 2009. Service provided to 100 percent under 18's accessing for termination	BPAS and CYPT Kerry Clarke	
		X number maintained contact after x time for advice and support	Each young person receives initial assessment, post termination and contraception assessment and home visit follow up appointment. 100 young people per	BPAS and CYPT Kerry Clarke	

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

			year.		
		Profile report produced	quarterly	BPAS and CYPT	
				Kerry Clarke	
Commentary and evidence					
<p>The good practice models for working with teenagers parents (see above) shows that it is necessary to provide intensive specialist services and follow-up in order to engage teenage parents in services. See 'Preventing Unplanned Second pregnancies – models of service delivery' National Teenage Pregnancy Midwifery Network (www.rcm.org.uk).</p> <p>Locally it has been reported that there appears to be a very strong link between under 18 year olds who have had a termination and those wanting to become pregnant which makes the provision of post termination support a high priority.</p> <p>This proposal for a Teenage Pregnancy Health Advisor to provide post-termination and contraception service is designed to improve the performance regarding the number of teenagers who stay in contact for contraception advice following a termination. Currently under 19 year olds in are referred from the BPAS via the Healthy Living Prescription for post-termination support. There have been a high number of people who the Healthy living Centre has not been able to make contact with following referral. The target for contacts for the year is 70 and the number achieved to is 24 (by this time in the year it should be 55) with 2 face to face interventions in the last quarter It is believed, given all the evidence from successful working with teenagers, that it is necessary to build a relationship with the young people using the BPAS via face to face contact with a specialist Advisor who will then provide follow-up in the community regarding contraception and sexual health advice.</p>					
SERVICE PROVISION					
Objective	Action	Performance Indicator	Milestone / date for completion	Accountable Lead	Resources

Appendix 1 TEENAGE PREGNANCY ACTION PLAN 2009-2011

Provide young parents with holistic advice and support at an early stage	Produce a business case for the provision of a One Stop Scan Clinic or similar	Draft business case produced	By end March 2009	Kerry Clarke	Costs neutral for scoping / additional costs to come from allocations to HV service above.
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Commentary and evidence

There are a number of examples of good results arising from an holistic approach to service provision for teenage parents. There are two examples of One Stop Scan Clinics which appear to be an important development. The Medway Unitary Authority provides a One Stop Scan Clinic at the point of the 12 week nuchal dating scan. As well as carrying out the scan access is provided to community liaison officers, housing officers and the Connexions service. There is good attendance by fathers and it provides the opportunity at a very early stage to work with the mothers and fathers to be on a range of topics including education, employment and training. At Newcastle's Royal Victoria Infirmary, following extensive consultation with local young women, a specialised antenatal clinic has been designed for young pregnant women and incorporated within the protocol for routine antenatal care. It has been created to enable young people to access support from various agencies at the same time as their scan appointment. It also allows the professionals to reach the maximum number of pregnant teenagers and their partners as the clinic coincides with the routine 20-week ultrasound scan (which is their best attended appointment). If they attend for a dating or nuchal scan they are often seen twice. A variety of agencies attend the clinic to make their services readily available to the young women, including the local Teenage Pregnancy Advisors who provide advice on issues such as housing, benefits, childcare and education. A young fathers worker meets the young men at the clinic and follows some up with one-to-one work, as well as inviting them to fathers-only parenting sessions. He also works very closely with the Connexions worker and together they encourage young parents to access appointments and courses which may be available. The staff at this clinic present information and options in a young-person friendly way, recognising their literacy problems and lack of confidence to ask questions pro-actively. Future plans include offering Chlamydia screening to the young women attending the multi-agency clinic (this is already available to the young men).

This re-organisation of care for around 250 young women a year has worked effectively and has been achieved without the need for any increased funding.