



Findings from the Strategic Review of the Teenage Pregnancy Partnership

RECOMMENDATION

- 1.1 To note the findings of the strategic review of the Teenage Pregnancy strategy and move from a teenage pregnancy partnership structure to a teenage pregnancy-commissioning framework as part of the city's wider children and young people's commissioning arrangements.
- 1.2 To note nine strategic objectives of the reviewed strategy:
 - implement the commissioning framework
 - prioritise vulnerable young people and hotspots
 - involve young people and young parents
 - work with parents and carers
 - manage and use information
 - ensure quality
 - contribute to work on self-esteem and emotional well-being
 - contribute to work on raising aspirations, improving attendance and attainment
 - develop the workforce at all levels.

REASON FOR RECOMMENDATIONS

- 2.1 Following the strategic review, the key findings have identified the following areas for further development. These will allow a greater consistency in the commissioning of services:
 - further senior ownership of and support for this issue
 - 'joining-up' areas of work terms of funding streams and delivery agencies to remove some of the current fragmentation of approaches
 - agreed commissioning for teenage pregnancy activity
 - link the use of resources more strategically to hotspots areas and where there are obvious inequalities
 - links current work on self-esteem / emotional well-being, raising aspirations / attendance / attainment not always explicit
 - further development of a strategic framework for workforce development which ensures services are responsive to different levels of need.

SUPPORTING INFORMATION

- 3.1 The national and local teenage pregnancy strategy is over halfway through its ten-year programme. In July 2006 new DfES guidance '*Teenage pregnancy next steps Guidance to LAs/PCTs on effective delivery*' requires acceleration of progress and places increasing pressure on local authorities to deliver. Teenage pregnancy is a high priority in Derby's Children and Young People's Plan.

3.2 Progress with targets

Prevention

The priority target is for Derby to reduce under-18 conception rates by 55% by 2010 from 1998 baseline (LAA 5/BVPI 197). Despite there being an overall downward trend in teenage conception rates in 2004, there was an upturn in both U18 and U16 rates, which gives cause for concern. Latest data for 2005 (February 2007) shows U18 conception rate 54.8/1000 female population 15-17 years (n=241), that is, a 14.1% fall from the 1998 baseline but similar to 2004.

This puts **Derby as Amber/Red** against the trajectory and it requires tough milestones if it is going to meet 55% 2010 target.

3.3 Support

Supporting young parents back into learning or employment and parenting is complex and requires good co-ordination from a wide range of agencies. Progress against the joint Connexions/teenage pregnancy target (by 2010 60% of teenage mothers will be participating in education employment or training) in 2006 is 30% (n=67/262). This is similar to 2004 and 2005.

3.4 Strategic review

In August 2006 the Children and Young People's Executive commissioned an external review of the teenage pregnancy partnership and its priorities with the aim of moving from a citywide approach to a more targeted and locality focus. The process included one-to-one interviews with Teenage Pregnancy Partnership Board members, stakeholder events and consultation with young people about need in priority areas.

OTHER OPTIONS CONSIDERED

- 4.1 Progress on the strategy is reported annually. However, despite a number of actions over the past year, the current strategy no longer provides an appropriate strategic framework with the Children and Young People's Service.

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Background papers: None

List of appendices: Appendix 1 – Implications
Appendix 2 – Teenage Pregnancy in Derby: Strategic Review

IMPLICATIONS

Financial

- 1.1
- Teenage pregnancy local implementation grant £141k a year (part of the LAA) ceases in March 2008. Position post-April 2008 is unknown.
 - Budget pressures: teenage pregnancy co-ordinator and admin support and pump-priming support to projects.
 - Further investment in teenage pregnancy-related work might be required to deliver targeted support.

Legal

- 2.1 None

Personnel

- 3.1 Change in role in teenage pregnancy co-ordinator to a commissioning function.

Equalities impact

- 4.1 This will be addressed as an integral part of the new commissioning framework.

Corporate objectives and priorities for change

- 5.1 LA is the accountable body on behalf of the teenage pregnancy partnership for delivering the teenage pregnancy strategy.

DRAFT

Teenage Pregnancy
in Derby

Strategic Review

Executive Summary

June 2007

Jan Norton
[Jan Norton Limited](#)

Introduction

This review followed a multi-agency self-assessment process, which took place in March 2007 and precedes the Joint Annual Review process due in September 2007.

Figures for 2005, published in February 2007, show a decline in the rate of under-18 conceptions of 14.1% from the 1998 baseline. Derby is now rated Amber/Red and the target reduction in under-18 conceptions of 55% is challenging.

Priorities

The wards with the highest rates (Office for National Statistics, 2006) are: Sinfin, Derwent, Alvaston, Arboretum, Mackworth and Normanton. However, rates in Boulton, Abbey, Darley and Chaddesden are also higher than the national average. Under-18 conceptions are falling in Derwent, whereas in Sinfin (including Osmaston and Allenton communities) and Alvaston, they are rising.

Why the teenage pregnancy strategy is so important

Having children at a young age can damage a young woman's health and limit education and career prospects. Children born to teenagers are likely to experience a range of negative outcomes and are up to three times more likely to become a young parent themselves. The Teenage Pregnancy strategy contributes to reducing social exclusion and narrowing the gap in terms of health, education and employment.

The delivery of the Teenage Pregnancy strategy will be monitored through a number of mechanisms:

- Annual Performance Assessment - local authority
- Healthcare Commission Annual Health Check – PCT
- Scrutiny Board – local authority
- Joint Annual Review (due September 2007)
- Performance management by Government Office and Strategic Health Authority.

New opportunities

New duties, structures and roles provide opportunities to integrate the work on teenage pregnancy with developing strategies for:

- commissioning
- tackling inequalities
- participation
- parenting
- performance and information management
- quality assurance
- enhancing self-esteem and emotional well-being
- learning and achieving
- workforce development
- community safety
- regeneration.

Children's Centres / Sure Start, Extended Schools, and the Targeted Youth Support and Swift and Easy Referral pilot provide new vehicles for the integration of teenage pregnancy activity.

Methodology

- Review of self assessment, summary of data and action plan progress for 2006/07
- Interviews with senior leads, one-to-one and by phone
- Lunchtime drop-ins, feedback forms and telephone feedback from frontline workers
- Feedback from young people awaited – due by end of July

Findings

- Senior ownership, understanding and support of this issue, in particular in local authority
- Some good work in place but fragmented in terms of funding streams and delivery agencies

Sex and Relationships Education – strengths

- Healthy Schools programme Beacon status
- Good engagement at Key Stages 1 and 2
- Specialist youth team hosted in youth services, working with vulnerable young people
- Work with young people at risk of exploitation
- Work with parents in Derwent
- Links with Parentline Plus
- Choices LGBT support group

Sex and Relationships Education – development needs

- Single city-wide SRE policy and strategy – key in social care
- Listen to what young people want, for example, timeline for topics to be covered
- Definition of entitlement at different key stages
- Service mapping
- Further work at Key Stages 3 and 4, at transition stages and post-16
- Menu of options / 'services' / quality standards
- Increased capacity of school nursing service
- Improved co-ordination of work with vulnerable young people when more than one worker / agency is involved
- Prioritise SRE provision to vulnerable young people and hotspot wards
- Ensure clear links to local services

Young people's contraception and sexual health services – strengths

- Range of services for young women and young men
- Some work with vulnerable groups
- Provision of emergency contraception via some school nurses and via pharmacies
- Mystery shopper feedback from young people
- Directory of young people's sexual health services
- Sexual health needs assessment under way

Young people's contraception and sexual health services – development needs

- Priority decision needed by September about work not yet funded beyond March 2008
- Fragmentation – services need to be mapped against need, reviewed in terms of specification and quality standards, and streamlined
- Pathways for young people to be clearly defined
- Minimum standard for universal and inclusive access
- Improved accessibility
- Clarify, extend and fund range of provision
- Provide post-termination contraception service
- Provide contraception service to young parents
- Engage with all practitioners providing contraception and sexual health services to young people
- Improve capacity to gather and analyse quantitative and qualitative feedback
- Improve post-16 provision

Support for young parents – strengths

- Services provided by Community Midwives and Connexions Personal Advisers
- Young mums to be group
- Young mums to be training programme
- Links with E2E training
- Local midwifery assessment framework
- Under-16s under care of consultant obstetrician
- Evening antenatal class
- Support group for dads
- Reasonable amount of floating support available
- Housing providers positively and proactively engaging

Support for young parents – developments

- Priority decision needed by September about work not yet funded beyond March 2008
- Services need to be mapped against need, reviewed in terms of specification and quality standards, and streamlined
- Pathways for young parents to be clearly defined
- Pre-CAF assessment for all young parents
- Referral
- Packages of support
- Reducing further unplanned pregnancies
- Childcare – quality standards
- Foster care – young mums and their babies
- Supporting people – commissioning of supported housing and floating support
- Housing strategy

Opportunities

- New local authority and PCT structures
- Children's Centres / Sure Start
- Extended Schools
- Building Schools for the Future
- Tackling inequalities
- Participation
- Parenting
- Performance and information management
- Quality assurance
- Enhancing self-esteem and emotional well-being
- Learning and achieving
- Workforce development
- Community safety
- Regeneration

Risks

- Loss of relevant priority services that are short-term funded
- Lack of systematic approach and accountability in assessing and providing holistic support to pregnant young women and young parents, including those under 16

- Poor integration of teenage pregnancy prevention and support activity with work with vulnerable young people

Recommendations

Commission:

- Relationships and Sex Education
- young people's contraception and sexual health services
- support for young parents.

Influence and contribute to the commissioning of:

- work on raising aspirations, improving attendance and achievement
- work on improving self-esteem and emotional well-being.

Prioritise:

- vulnerable young people
- hotspots

(whilst ensuring a minimum standard for universal and inclusive services).

Revise the structure

Implement a commissioning framework

Recognise nine strategic objectives for all teenage pregnancy activity:

1. implement the commissioning framework
2. prioritise vulnerable young people and hotspots
3. involve young people and young parents
4. work with parents and carers
5. manage and use information
6. ensure quality
7. contribute to work on self-esteem and emotional well-being
8. contribute to work on raising aspirations, improving attendance and attainment
9. develop the workforce at all levels

For greatest impact, commission services, should meet several strategic objectives including the development of integrated approaches. This would ensure a number of funding streams are brought together to commission explicit, streamlined services and packages of care