



haringey strategic partnership

for children & young people

Meeting: Children and Young People's Strategic Partnership Board
Date: 6 May 2008
Report Title: Report from the Teenage Pregnancy National Support Team.
Report of: Director, the Children and Young People's Service

Summary

The Teenage Pregnancy National Support Team visited Haringey earlier this year. This report summarises their findings and recommendations.

Recommendations

That the CYPSP note and comment on the report.

Lead Officer

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Introduction

1. The visit from the support team took place on the 28th, 29th February and 5th March and they met a range of partners from the Local Authority, the Primary Care Trust (PCT) and some commissioned providers. The purpose of the visit, which was not an inspection, was to make some recommendations and suggestions for further action to reduce teenage conceptions and to identify support that they could make available to enable this to happen.
2. The next steps will be for Haringey to use the findings of the visit and the recommendations to determine local priorities for action as part of the Haringey Teenage Pregnancy Strategic Partnership Board action plan.
3. Further, the National Support Team (NST) will:

- meet with the Chief Executives of the Local Authority and PCT, Director of Public Health, Director of the Children & Young People's Service, and other key players locally, to negotiate and agree the support to be provided by the NST;
- agree a tailored package of support.

Summary of Key Strengths

4. Leadership, Partnership and Commitment:

- good clear vision for teenage pregnancy with Teenage Pregnancy Co-ordinator and senior management committed in driving the agenda forward;
- good support from lead elected members including review by Scrutiny Committee;
- refreshed engagement from new partners; re-structured board and sub-groups; enthusiastic, energetic and engaged front line workers;
- included in Local Area Agreement (LAA) and Children and Young People's Plan (CYPP);
- good involvement of young people including the Youth Council.

5. Sex and Relationship Education (SRE) and Schools:

- Sex and Relationship Education teaching pack developed and rolled out in five of the eleven secondary schools and plans to work with the remaining schools, with a session offered to teachers working in the primary to secondary transition stage to understand the different levels of SRE;
- parents working in partnership with teachers on SRE in some schools;
- high proportion of schools with National Healthy Schools status.

6. Contraceptive and Sexual Health Services and NHS services:

- strong and well known 4YP brand with high uptake of 4YP bus by boys and young men;
- commitment to meeting Department of Health 'You're Welcome' criteria;
- contraception for young mothers is being monitored and there is an aim to increase uptake; award winning midwifery service at Whittington Hospital.

7. Vulnerable Groups:

- good work on incentives and rewards for Children in Care and Care Leavers.
- teenage parent support service is clearly established; family support outreach workers;
- Haringey commissioned the research into the sexual health needs of unaccompanied minors that has formed the basis of the TPU's guidance in this area.

8. Raising Aspirations:

- a decrease in the percentage of young people in the NEET category (NEET – 15.9% in Sep 06 to 10.8% in Oct 07);
- 100% of school aged teenage parents and pregnant school girls have an education plan;
- attendance at secondary schools above the national average; attainment improving consistently at Key Stage 4;
- New Sixth Form Centre offering wide range of personalised learning opportunities for young people.

9. Infrastructure:

- sound financial position within Local Authority and Primary Care Trust.
- three star Local Authority.
- joint Director of Public Health and Commissioning posts.
- strong focus on Primary Care development with six super health centres coming on board.

Recommendations from the National Support Team

10. Strategy:

- that the Teenage Pregnancy Strategic Partnership Board undertake a regular self audit to ensure it is fit for purpose against the following functions: defining the long term strategic vision, performance managing the action plan, monitoring outcomes, making overall investment decisions leading into commissioning and governance;
- that the teenage pregnancy action plan includes measures of how success would be defined, leads for actions, joint commissioning intentions for teenage pregnancy, including joint sexual health commissioning intentions.

11. Data:

- undertake an up-to-date local young peoples sexual health needs assessment to identify the most vulnerable groups and hotspot areas. This should feed into the commissioning process on an ongoing basis;
- analysis of local data should be used as a lever to engage and inform partners.

12. Implementation:

- There needs to be clear contraception and sexual health joint commissioning intentions, informed by the Sexual Health Needs Assessment, and developed in partnership (including with Integrated Youth Support Services, Extended Services, Children's Centres, Building Schools for the Future and training providers), to deliver a range of sexual health services, including at level 2, in a variety of young people's settings, available 7 days a week and in hotspot areas.
- The condom distribution scheme needs to be extended to a more comprehensive range of young people's settings including voluntary, community and faith sectors.

- We recommend a Haringey-wide Sex and Relationships Education (SRE) approach incorporating policy, training and schemes of work, is further developed and implemented for all secondary schools and all agencies working with children and young people to ensure consistency and quality standards, for example across the 14-19 sector, Pupil Referral Units, the colleges, the Sixth Form Centre, youth services and social care settings. This should incorporate existing local and national guidance.
13. The team has identified a range of support that it is able to offer and Haringey is working with the Government Office for London in identifying similar neighbours with which to share and exchange good practice.
 14. Interpreting under-18 conception data is complex and despite significant and better than national reductions since 2002, in comparison to 2006 national rates (44.4 per thousand) Haringey's rate of under-18 conceptions at 63.7 per thousand remains high and, because of the steep rise between the baseline year of 1998 and 2002, is 1.4 per thousand higher than the base line year (62.3 per thousand)
 15. Rates are a useful comparator but they are not the sole way in which data should be used to judge effectiveness. Haringey is ensuring a reduction in the actual number of young women under 18 becoming pregnant. Further analysis of the latest data (released in 2006) shows:
 - The actual number of Haringey under 18 conceptions for 2006 is 236. This shows a continued downward trend since 2002, as it is 24.6% lower than 2002 (when there were 313 conceptions) and 4.45% lower than 2005 (247 conceptions).
 - The rate of conceptions for 2006 is the same as for 2005 (63.7) but is 16.7 per thousand lower than the 2002 rate (80.4 per thousand), compared to the national rate of reduction since 2002 which is only 2.3 per thousand
 - The 2004-06 national change in under-18 conception rates shows a decrease of 1.3 per thousand. Haringey's 2004-06 rate of change, a decrease of 1.7 per thousand, is better than the national figure.

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