

<b>Title of paper:</b>	TEENAGE PREGNANCY PLAN 2010/11	
<b>Report to:</b>	Board	
<b>Date:</b>	27 January 2010	
<b>Director(s)/Corporate Director(s):</b>	Associate Director of Aspiration and Life Skills, NHS Nottingham City and Nottingham City Council	<b>Wards affected:</b> All
<b>Contact Officer(s) and contact details:</b>	Jane Brown, Associate Director of Aspiration and Life Skills 0115 915 7864 jane.brown@nottinghamcity.gov.uk	
<b>Other officers who have provided input:</b>	All members of the Teenage Pregnancy Executive	
<b>Relevant Children and Young People's Plan (CYPP) objectives(s):</b>		
Provide early, effective support and protection to children, young people and families		
Nurture and support strong, healthy families		
Increase children and young people's emotional resilience and the maturity of their decision-making		✓
Ensure that all our children, young people and families are provided with a sound foundation for lifelong learning and progression into skilled economic activity		
Reduce deprivation and its impact on children and young people		
<b>Summary of issues (including benefits to customers/service users):</b>		
<ul style="list-style-type: none"> <li>Tackling teenage pregnancy remains a high profile national and local partnership priority.</li> <li>Recent performance has shown a downward trend, and latest figures show Nottingham experienced its sixth quarter reduction to September 2008.</li> <li>The Taskforce Action Plan 2009 'Preventing Unplanned Teenage Pregnancy in Nottingham' published in January has been updated to form the Teenage Pregnancy Plan for 2010/11.</li> <li>Three cross-cutting priorities for 2010 have been identified: early intervention; raising aspirations; and reaching boys, young men and fathers.</li> <li>These will be integrated into all our activity across the seven workstreams: leadership, ownership and communications; data and intelligence; working with parents and carers (including support for teenage parents); contraceptive and sexual health services; education, learning and life-skills; working with vulnerable groups and those at risk; and workforce development.</li> <li>The Teenage Pregnancy Plan has implications for all children, young people and families, and particularly for those who have a greater likelihood of becoming teenage parents.</li> <li>A timescale has been developed to ensure partner endorsement and publication of the new Teenage Pregnancy Plan in February 2010.</li> </ul>		
<b>Recommendations:</b>		
1	The Board is asked to endorse the draft Plan, as Nottingham City's Teenage Pregnancy Plan for 2010/11.	

## Nottingham City Teenage Pregnancy Plan 2010/11

### 'Preventing unplanned teenage pregnancy and supporting teenage parents'

## DRAFT VERSION 1.6 – 15.1.10

### 1. *Introduction from Graham Allen MP*

Nottingham has too many unplanned teenage pregnancies - the Taskforce, united with our wonderful workforce, are now doing something about it.

This plan remains clear, simple and accountable and I want to hear from you on 07802 210179 where we can do even better. We continue to hammer home our two-pronged strategy – firstly of providing the best possible services on contraception and for teenagers who are pregnant, but secondly, to step up our efforts to intervene early so that life choices are made and unwanted pregnancies don't occur in the first place.

It is the depth of this effort which marks Nottingham out as unique in the UK in driving forward a full set of Early Intervention policies, which are tackling many of the social problems in the city. We want to ensure that every baby, child and young person grows up receiving the social and emotional bedrock that means they can make effective life decisions, including, in this context, real decisions on sex, relationships and parenthood. These Early Intervention policies include help for the babies of teen parents (the Family-Nurse Partnership), for every primary school child (the SEAL programme), for every teenager (11-16 Life Skills), and many others.

There were 47 fewer young women who conceived in the latest year, for which we have official figures, (October 2007 – September 2008) than did in the year before. It is our goal to keep this downward pressure on these statistics, not just this year but in the long term, that's why the inter-generational change of attitudes and capabilities which Early Intervention brings is so central to sustaining our good current results over the next decade.

The reduction in pregnancies so far is a great tribute to the hard working front line staff, including health workers but also teachers, parents and many others, who are making teenage pregnancy "everybody's business". I would also like to thank Jane Todd, the Chief Executive of Nottingham City Council, and Kate Quail, of the National Teenage Pregnancy Unit, for being such staunch members of the Taskforce and helping give it the high-level leadership it needed in its first year, and we wish them well now that we are established. The Taskforce continues its work with a small and clearly directed group of key individuals – myself; Andrew Kenworthy, Chief Executive, NHS Nottingham City; Ian Curryer, Corporate Director of Children's Services; Nottingham City Council; and Councillor David Mellen, Portfolio Holder for Children's Services and Chair of Nottingham Children's Partnership. We have created and now hold to account a talented Executive group of officers led by our recent appointment, Jane Brown, Associate Director of Aspiration and Life Skills. Our emphasis on

performance management will enable us to build on the strong progress of this year.

Our core belief - our vision - remains that unplanned teenage pregnancies are best prevented not only at the moment of conception, but by creating rounded, confident, capable young people in the years before any sexual activity starts. Giving them the power to choose when they become parents will enable them to be great parents, and raise children who in turn will become great parents too.

It's been an excellent first year. Well done everybody. Let's keep it going.

Best wishes,  
Graham Allen MP  
Chair, Nottingham's Teenage Pregnancy Taskforce

## 2. *Where are we now?*

'Preventing unplanned teenage pregnancy in Nottingham: A taskforce Plan for 2009' was published in January 2009. One year on we are pleased to report a great deal of progress.

Recent teenage pregnancy rates have shown a downward trend. In late 2009, we have seen our sixth consecutive reduction in our rolling quarterly average figures. The headline rate, based on the quarterly rolling average, for Nottingham City is now 64.8 per 1,000 15-17 yr old girls, the lowest quarterly rolling average rate since 1998.

In absolute numbers this means that 47 fewer young women have conceived comparing the last 12 months against the preceding 12 month period, representing a 13% drop from 361 to 314.

This is a considerable success.

Official figures for teenage conception rates are published quarterly after a 14 month time-lag. The most recent are those for July – September 2008.

There is evidence that our rates are now reducing at a rate faster than similar cities and this is a result of the strong partnership action, which has been in place over recent years.

However rates remain challenging and we still have some way to go.

Nottingham is typical of many urban areas having a younger population than England overall and, additionally, areas of high social disadvantage and income deprivation typically associated with higher rates of teenage pregnancy.

In highlighting some of the 'risk factors', however, we should be wary of portraying a 'stereotypical teenage parent'.

Although there are increased rates in certain groups there are many teenage parents who fall outside these groups, and the majority of those deemed at increased risk do not go on to have early pregnancies. For example, on geographic risk - over 34% of pregnancies occur to young women living in our 'hot-spot' wards (25% of wards) an over-representation of 1.36 times (36% higher than) the background rate. But this also means that the majority of conceptions under 18 years of age (66%) are not among women in this group.

We need, therefore, to tackle the issues both from the perspective of actions targeted at those who may be most at risk and universal actions that reach all children, young people and families.

This combined approach has been part of our success to date and will continue as we move forward.

### Our actions in 2009

Our high level Teenage Pregnancy Taskforce, led by Graham Allen MP, published 'Preventing unplanned teenage pregnancy in Nottingham: A taskforce Plan for 2009' in January 2009.

The Taskforce established clearer lines of accountability and took a stronger hold on our delivery arrangements, driving forward our efforts to reduce teenage conceptions.

In 2009, our successes have included:

Strategic leadership has been strengthened with the arrival in post of our Associate Director of Aspiration and Life Skills on 1 July 2009, who is assisting the taskforce to drive forward this work.

Our new Communications Strategy sets out our approach to communicating key messages to a range of audiences, including children, young people and families and those who influence them.

Our Taskforce Plan for 2009 stressed the importance of the development of life-skills (the social and emotional abilities to make effective life choices, including those around sex and relationships), amongst young people in the city. We have made progress towards this in a number of ways:

- 78% of schools having now achieved National Healthy School Status, thus met the Government's quality standards for Sex and Relationships Education
- Our life-skills curriculum, aimed at developing the social and emotional abilities to make effective life choices, including those around sex and relationships amongst young people in the city, was launched in 6 secondary-aged settings in September 2009

We have improved the quality and availability of our contraception and sexual health services. Key developments are:

- Provision of 20 young people's contraception and sexual health clinics across 12 sites targeted at young people; seven of which are based in further education colleges
- Implementing the 'You're Welcome' Standards for young people friendly health services. Nottingham City has a strong track record of implementing locally defined standards, including mystery shopping by trained young people, so is well ahead to fully implement the national standards and all contraception and sexual health services are now working towards 'You're Welcome' standards.

Our support to teenage parents has been improved through the development of new services specifically aimed at the needs of this group and by adapting the way in which some mainstream services are provided:

- The Family Nurse Partnership is well established and approaching the end of its first year. It is showing considerable signs of success dealing with its group of 175 first time teenage parents living in the 5 city hotspot areas. The FNP has been awarded funding for two additional workstreams: engaging young fathers including those in prison, and trialling FNP delivery to groups.
- Children's Centre Workers have been identified across 16 children's centres to provide targeted service and support to teenage pregnancy and young parents. Examples of the type of services which are being delivered in Children's Centres that support life skills, raise aspirations and work towards prevention of second pregnancies, include roll out of Healthy Children's Centre Standards; parenting classes and support to access Job Centre plus, Connexions, Cook and Eat sessions, First Aid courses, Budgeting, Delivery of C Card scheme and promotion of outreach sexual health services.
- Our new Side by Side peer mentor-led service has been providing an innovative approach to individual support for teenage parents who have housing needs.

As an example of how we have strengthened our focus on particularly vulnerable groups, we have taken a number of steps with the Youth Offending Team (YOT):

- Initial assessments include consideration of lifestyles that create risk of teenage pregnancy through the development of the 'Ngage' Toolkit. Intervention plans reflect the risk of sexually-transmitted infections or pregnancy.
- School nurses have been seconded to the YOT to expand CaSH and SRE services which are now available on two days per week on a walk-in or referral basis.

- Over half of the YOT's front-line practitioners are already trained and competent to deliver SRE sessions, with ready access to the nurses.
- All young parents are referred to the YOT based nursing team to ensure that they are aware of and have access to community based support.

### 3. *What is our mission?*

Our mission is to enable teenagers to make genuine, informed decisions about their lives and as a consequence achieve a sustainable reduction in the number of teenage pregnancies and improve outcomes for teenage parents and their children.

At the heart of our approach is our desire to enable young people to make an ***informed choice***. This means we respect the right of young people to choose to become teenage parents, within a legal context. However far too often it seems young people enter into parenthood either accidentally or without having the skills and information to make a fully informed choice about their life.

Our central aim is to enable young people to develop the social and emotional capabilities they need to make such an informed choice.

### 4. *The Nottingham City approach*

Our efforts to reduce teenage conceptions within Nottingham City sit within a strategic framework aimed at improving outcomes for all people within the city. The Nottingham Plan to 2020 sets out our vision for the city and includes high-level aims across the economic, social and environmental well-being of the city and its people.

#### **The Children and Young People's Plan**

The Children and Young People's Plan provides our plan for improving the outcomes for children, young people and families over the next three years. It describes what we want to achieve, how we will do it, and connects our activities to others that might help us achieve our goals.

One of the priorities within the Children and Young People's Plan is:

- To increase children and young people's emotional resilience and the maturity of their decision-making, aiming to ..... reduce teenage conceptions

Many of the other objectives and actions within the Children and Young People's Plan will help us to achieve this goal and it is important to see this Teenage Pregnancy Plan within the context of our wider goals and plans for children, young people and families.

## **Cross-cutting priorities for 2010:**

We have identified three cross-cutting priorities for 2010 which we will integrate into all our activity across the seven workstreams. The first two reflect our city-wide priorities and approach: **early intervention** and **raising aspirations**. The third emphasises a particular group that we want to target and ensure we reach in 2010: **boys, young men and fathers**.

### Early intervention

Nottingham is committed to developing an approach that will break the intergenerational nature of underachievement and deprivation in Nottingham.

The mission of Early Intervention is:

*“To break the intergenerational nature of underachievement and deprivation in Nottingham by identifying at the earliest possible opportunity those children, young people and families who are likely to experience difficulties and to intervene and empower people to transform their lives and their future children’s lives”.*

Children, young people and families will be offered the help and support they need, when they need it, throughout their childhood and adolescence and into adulthood. Services will be accessible, tailored to meet individual and community needs and designed to support social inclusion and cohesion.

Our developing approach to Early Intervention supports those Children and Young People who have a greater likelihood of not achieving their full potential and of becoming teenage parents. We will identify those children, young people and families for whom this is the case as early as possible. We will ensure that appropriate intervention and strength-based support to make positive decisions is available to them.

### Raising aspirations

Nottingham is a city full of opportunity, yet many of our children, young people and families seem unable, or unwilling to take the chances available to them. This demonstrates the low aspirations which characterise many of our communities.

Much of the evidence suggests that there is a link between low aspirations and our relatively high rates of teenage conception. Hence we see it as part of our strategy to raise the aspirations of our children, young people and families.

Our Children and Young People's Plan states that services will support children, young people and families to develop the skills, behaviours and self-esteem necessary to achieve. We will integrate these principles into our service design and commissioning, our workforce development and our day-to-day practice.

By April 2010, we will have set out in detail our approach to raising aspirations.

In the meantime, we will ensure that our plans to reduce teenage conceptions have a focus on aspirations, where appropriate.

### Reaching young men and fathers

Working with vulnerable groups is one of our key themes for 2010, and through this we will reach a range of young people who have a greater likelihood of getting pregnant and becoming parents, such as children in care, those young people who have low aspirations and are not in employment, education or training, and children with poor attendance and low attainment at school.

However, in 2010, we will particularly focus on reaching boys, young men and fathers. This is because we believe we have done much to work with girls, young women and mothers, but have not been so successful in reaching males. Teenage pregnancy is not just a female issue and young men and fathers have as much influence on this issue.

Whilst we have seen some success, for example with young men accessing our young people's outreach contraceptive and sexual health services, many of our services find it more difficult to reach and engage with young men and fathers. This means we need to consider specifically in all our activity, how we will engage and reach this group. We may need to redesign some services to make them more attractive and accessible to young men and fathers.

#### 5. *What will we do in 2010?*

Reducing teenage conceptions requires activity across a number of areas. We have set out seven workstreams, which align closely to the national 10 point plan, and are based on evidence of what is effective in reducing teenage conceptions.

We have also taken account of local data and intelligence and the views of children, young people and families.

The seven workstreams of this Teenage Pregnancy Plan are:

<b>Workstream</b>	<b>Outcome</b>
1. Leadership, ownership and communications	Effective leadership and communication which ensures teenage pregnancy is seen as 'everybody's business' and key messages are understood by children, young people, families and professionals.
2. Data and intelligence	Data and intelligence is used effectively to ensure that what we do helps us reduce unplanned teenage conceptions and target resources where they will be most effective.



3. Working with parents and carers (including support for teenage parents)	Parents and carers are supported to assist their children to develop the capabilities to make informed choices about life, including about sex and relationships. Teenage parents are supported to help break the cycle of disadvantage and achieve better outcomes for themselves and their children.
4. Contraceptive and sexual health services	Young people are able to access appropriate contraceptive and sexual health advice, information and services, and as a result make informed choices about contraception, sex and related health issues.
5. Education, learning and life-skills	Our children and young people are equipped with the social and emotional capabilities, and understanding of well-being, to make effective life choices, including those around sex and relationships.
6. Working with vulnerable groups and those at risk	Children and young people at risk of becoming teenage parents are identified early and provided with appropriate support to address these issues in their lives.
7. Workforce development	A children's workforce with the necessary skills and abilities to support children, young people and families to make informed choices about life, and particularly sex and relationships.

Our overall success measures will be:

- Reduction in conceptions under 18 years of age.
- Increase in the proportion of teenage parents in education, training or employment.
- Reduction in the number of repeat conceptions under 18 years of age.
- Reduction in the number of terminations of pregnancy by reducing unplanned conception.
- Improvement in the social and emotional capability of our children and young people.

For each workstream we have a clear rationale for choosing it as a priority, an identified outcome, a named senior manager who is accountable for delivery, progress measures, and a set of key actions. Each action plan also identifies how it contributes to the three cross-cutting priorities.

<b>Workstream: Leadership, Ownership and Communication</b>		
<b>Outcome:</b> Effective leadership and communication which ensures teenage pregnancy is seen as 'everybody's business' and key messages are understood by children, young people, families and professionals.		
<b>Accountable Lead:</b>	Jane Brown, Associate Director of Aspiration and Life Skills, NHS Nottingham City and Nottingham City Council  Tel: 0115 915 5555	<i>Photo</i>
<b>Progress Measures:</b>		
<ul style="list-style-type: none"> <li>• Communication campaigns, media coverage</li> <li>• Website usage and downloads of any e-communications resources</li> <li>• Polling and research carried out amongst target audiences, including young people and those who influence them, to show changes in behaviour</li> </ul> <p><i>Others are identified in the Teenage Pregnancy Communications Strategy 2009-11.</i></p>		
<b>Rationale:</b>		
<ul style="list-style-type: none"> <li>• Teenage pregnancy is a complex issue requiring the involvement of a wide range of professional and community stakeholders</li> <li>• National evidence tells us communications is one of the key elements of a successful strategy to reduce teenage pregnancy</li> <li>• Young people tell us they want information in ways that are easily accessible to them – and these are changing with greater use of electronic communication</li> </ul>		
<b>Key Actions:</b>		
<i>Issue</i>	<i>Action</i>	<i>By When</i>
Teenage pregnancy as a city priority	Ensure teenage pregnancy remains a high priority for the Nottingham Children's Partnership and continues to be reflected in key strategic plans.	Ongoing
Resources	Establish priorities for ongoing investment and plans to achieve them.	July 2010
Governance	Ensure clear governance, accountability for delivery and performance management through the Taskforce and Executive.	Ongoing
Communications Strategy	Implement the Teenage Pregnancy Communications Strategy, reaching deliverers, teenagers, influencers and opinion formers, and review effectiveness.	March 2011 Review plan September 2010
	Develop a social marketing approach to our communications.	April 2010
	Engage young people and parents in devising communications campaigns.	April 2010

<b>Contribution to Cross-cutting Aims:</b>	
<b>Early intervention</b>	The key message of early intervention will be reflected in our approach to leadership and all our communications activity will seek to influence at as early a stage as possible.
<b>Raising aspirations</b>	Our communications activity will seek to raise the aspirations of our target audiences, not only young people but also all those who influence them.
<b>Reaching young men and young fathers</b>	We will specifically engage young men and fathers in designing our communications activity to ensure we are effective in reaching these groups.

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<b>Workstream: Data and Intelligence</b>		
<b>Outcome:</b> Data and intelligence is used effectively to ensure that what we do helps us reduce unplanned teenage conceptions and target resources where they will be most effective.		
<b>Accountable Lead:</b>	Peter Cansfield, Consultant in Public Health Medicine, NHS Nottingham City  Tel: 0115 845 4545	<i>Photo</i>
<b>Success Measures:</b>		
<ul style="list-style-type: none"> <li>• Completion of updated Joint Strategic Needs Assessment by April 2010 and ensuring its use to frame commissioning of services and activity.</li> <li>• Data and evidence is used routinely to support the local programme.</li> </ul>		
<b>Rationale:</b>		
<ul style="list-style-type: none"> <li>• We know it is important for us to understand the local picture and to implement strong, evidence based approaches to reducing teenage pregnancy.</li> <li>• Resources need to be targeted towards actions which are known to be effective.</li> </ul>		
<b>Key Actions:</b>		
<i>Issue</i>	<i>Action</i>	<i>By When</i>
Performance tracking	Provide monthly updates to the Teenage Pregnancy Executive on the annual rolling average to date 5 months ahead of the national publication date	January 2010
	Develop a system for collation of relevant activity data to provide assurance of ongoing delivery of the elements of the Teenage Pregnancy Strategy	April 2010
Understanding the local picture	Ensure updating of the Joint Strategic Needs Assessment to provide: <ul style="list-style-type: none"> <li>• the size, nature of the issue and local patterns including strength of association with social and geodemographic groups</li> <li>• current trends</li> <li>• evidence of local need for planning of interventions and services</li> </ul>	April 2010
	Identify and map out current interventions and service use and identify gaps in provision	April 2010
	Carry out Health Equity Audit of key services to ensure uptake by vulnerable groups and those most at risk	October 2010
Young people's views	Identify issues on which the views of young people are needed and instigate research into these areas,	Timescales for specific work tbc

	including: views on the availability and quality of CaSH services; views on the nature of key relationships with professionals; young men's views on the availability of support, advice and information.	
Identifying new approaches	Identify and investigate specific locally defined issues, such as links between poor school attendance and teenage conceptions; alcohol and drugs and teenage conceptions; and the characteristics of teenage fathers.	Timescales for specific work tbc
	Use data to gain engagement from key partners for example by provision of school health reports including data on teenage pregnancy.	Ongoing School health reports April 2010
	Establish systematic process for the robust assessment of evidence of good practice to design and drive delivery of new interventions.	June 2010
Evaluation and cost benefit of actions	Ensure evaluation is sufficiently specified within commissioning of services to provide evidence of effectiveness for specific interventions	Ongoing as a part of all newly commissioned services
	Support analysis of cost / benefit of ongoing actions to identify the most effective interventions	Timescales for specific work tbc
<b>Contribution to Cross-cutting Aims:</b>		
<b>Early intervention</b>	Our use of data and intelligence will support our desire to intervene effectively as early as possible to improve outcomes. It will also raise our understanding of what works best in such interventions.	
<b>Raising aspirations</b>	Evidence of effectiveness of interventions to raise aspiration is considered as a part of identifying new approaches.	
<b>Reaching young men and young fathers</b>	Our research will seek to identify and help us respond effectively to the needs of young men and young fathers specifically.	

<b>Work stream: Working with parents and carers</b>		
<p><b>Outcome:</b> Parents and carers are supported to assist their children to develop the capabilities to make informed choices about life, including about sex and relationships. Teenage parents are supported to help break the cycle of disadvantage and achieve better outcomes for themselves and their children.</p>		
<b>Accountable Lead:</b>	Jane Richardson Head of Targeted Services 0-7, Children's' Services, Nottingham City Council  Tel: 0115 915 5555	<i>Photo</i>
<p><b>Progress Measures:</b></p> <ul style="list-style-type: none"> <li>• Increase take up of key services by young parents.</li> <li>• Increase participation in parenting programmes.</li> <li>• Healthy Child Programme to be fully embedded across all services providers.</li> <li>• Teenage Parents multi-agency care pathway embedded across all service providers.</li> </ul>		
<p><b>Rationale:</b></p> <ul style="list-style-type: none"> <li>• Parents have the greatest influence on the aspirations and life choices of their children</li> <li>• Young people tell us they most value information from their parents, family and friends</li> <li>• Children of teenage parents are much more likely to become teenage parents themselves and to experience lower outcomes for themselves and their children</li> </ul>		
<b>Key Actions:</b>		
<i>Issue</i>	<i>Action</i>	<i>By When</i>
Information for all parents	Family Information Service(FIS) to provide a single point of contact for information on services, facilities and publications for all parents, children and young people 0 -20.	Ongoing
Parenting Programmes	Review effectiveness of current parenting programmes and increase universal and targeted provision of the most effective.	Review February 2010 Enact October 2010
Building confidence of parents to discuss sex and relationships	Review provision of support programmes and establish a 'core offer' of these across the city.	September 2010
	Increase opportunities for parents to gain support on discussing sex and relationships.	March 2010
Social and Emotional Aspects of Learning (SEAL)	Increase use of the Family SEAL programme with parents in primary and secondary schools.	Ongoing - termly identification of new groups

Children's Centres	Implement and fully embed the Teenage Parent multi agency support care pathway.	Launch May 2010  Fully Embed - December 2010
	Review 'You're Welcome' standard for suitability to be rolled out across all Children's Centres.	Launch June 2010  Fully Embed – January 2011
Ongoing model of support for Teenage parents	Evaluate effectiveness of pilot programmes, such as Family Nurse Partnership and Side by Side Peer Mentoring, to develop the ongoing model of support for teenage parents.	Completion September 2011
	Take into account the Joint Service Need Assessment outcomes and matching of resource to established need.	Ongoing
Equity of service	Assess the equity of support services for teenage parents and address any gaps. Monitor the Teenage Parent Multi-Agency Support Care Pathway.	Framework - April 2010
	Establish a standard of delivery for the future model for parent support across the city to ensure equity of provision.	December 2010
	Explore models of good practice and use research with young fathers to define the design and provision of future services.	Collate – July 2010 Next steps agreed October 2010
<b>Contribution to Cross-cutting Aims:</b>		
<b>Early intervention</b>	Actions seek to engage children, young people and families as early as possible and also to break the cycle of disadvantage.	
<b>Raising aspirations</b>	All actions contribute to the aspirational development of teenage parents/parents and carers and impact on breaking the cycle of deprivation. The development of the workforce to support this is integral, providing models and toolsets to enable practice that ensures positive intervention/evidence based packages – Parenting Assessment Manual, Solihull Approach and motivational interviewing.	
<b>Reaching young men and young fathers</b>	All actions will seek to engage young men and fathers, particularly through the ongoing research into their needs leading to new ways of service provision.	

<b>Work stream: Contraception and Sexual Health</b>		
<b>Outcome:</b> Young people are able to access appropriate contraceptive and sexual health advice, information and services, and as a result make informed choices about contraception, sex and related health issues.		
<b>Accountable Lead:</b>	Lucy Davidson Assistant Director of Commissioning - Children & Family Services, NHS Nottingham City  Tel: 0115 845 4545	<i>Photo</i>
<b>Progress Measures:</b>		
<ul style="list-style-type: none"> <li>• Increase the number of young people accessing contraception and sexual health services by each year, increase the number of young men accessing services</li> <li>• Increase uptake of contraception in young people under the age of 18 year from 2009/2010 baseline</li> <li>• Increase the uptake of Long Acting Reversible Contraception in women under the age of 18 from the 2009/2010 baseline</li> <li>• Reduce health inequalities by commissioning services that are easily accessible, meet young people's needs and are integrated; this will be measured by patient feedback and achievement of You're Welcome standard</li> </ul>		
<b>Rationale:</b>		
<ul style="list-style-type: none"> <li>• National evidence links the provision of young-people friendly, effective contraceptive and sexual health services to reduced rates of teenage pregnancy</li> <li>• Consultation undertaken with young people has highlighted that they want services to be available in the places they frequently go and feel comfortable accessing</li> </ul>		
<b>Key Actions:</b>		
<i>Issue</i>	<i>Action</i>	<i>By When</i>
Increase young people's Contraception and Sexual Health (CASH) clinics and access to services	Develop additional young people focused community contraceptive clinics in or linked to educational settings	March 2011
	Increase access to and provision of emergency hormonal contraception, condoms, pregnancy testing and chlamydia screening in community settings e.g. community pharmacy, through school nursing, family nurse partnership and health visiting	March 2011
Increase the number of young men accessing services	Undertake specific focused work with young men to ensure contraception and sexual health services are accessible	June 2010



You're Welcome	Implement the You're Welcome standards within health settings, ensuring the delivery young people friendly services	Ongoing to 2020 with defined annual targets
Termination of pregnancy	Ensure services are integrated and easily accessed by young people by continually reviewing the current abortion pathway	December 2010
	Ensure information and provision of all forms of contraception including Long Acting Reversible Contraception is available to all women undergoing an abortion	Ongoing
Chlamydia	Ensure that all sexually active 15-24 year olds are offered the opportunity to access a Chlamydia screen and information on contraception with signposting to appropriate services for access to ongoing contraception	December 2010
Sexual Health Promotion	Increase outreach work for vulnerable groups including children looked after, black and minority ethnic groups, asylum seekers, refugees, young offenders, those with learning disabilities, sex workers, young men and young people disengaged from education	March 2011
NGY – new city centre youth venue	Maximise the availability of contraception and sexual health services and provision of contraceptive advice and innovative practice within the new NGY centre	Ongoing during development stage
<b>Contribution to Cross-cutting Aims:</b>		
<b>Early intervention</b>	Actions will ensure that young people can access contraceptive and sexual health services as early as possible. This will contribute to reducing unplanned conceptions and sexually transmitted infections often associated with the most vulnerable groups.	
<b>Raising aspirations</b>	Actions seek to raise the aspirations of young people by providing the opportunity for them to take control of their sexual health needs in a young person friendly environment convenient to their circumstances. Young people will be supported with the appropriate information and by skilled professionals.	
<b>Reaching young men and young fathers</b>	Actions seek to increase the engagement of young men and fathers and encourage increased access to sexual health services.	

<b>Workstream: Education, Learning and Life-skills</b>		
<b>Outcome:</b> Our children and young people are equipped with the social and emotional capabilities, and understanding of well-being, to make effective life choices, including those around sex and relationships.		
<b>Accountable Lead:</b>	Wendy Morton Head of Curriculum and Strategy 14-19, Nottingham City Council Children's Services  Tel: 0115 915 5555	<i>Photo</i>
<b>Progress Measures:</b>		
<ul style="list-style-type: none"> <li>• Life skills curriculum is adopted and embedded in all secondary schools and integrated with the SEAL programme.</li> <li>• All schools achieve Healthy School status.</li> <li>• E-safety is incorporated in ICT Strategy Board priorities.</li> <li>• Link with attendance and level of risk investigated and actions defined.</li> </ul>		
<b>Rationale:</b>		
<ul style="list-style-type: none"> <li>• Young people tell us they want more emphasis on relationships and life skills within their sex and relationships education</li> <li>• A number of the factors that increase the likelihood of a young person becoming a teenage parents are education related, such as poor attendance and low parental involvement in their education and learning</li> <li>• National and international evidence suggests that young people need personal social and emotional capability to make informed decisions about their lives.</li> </ul>		
<b>Key Actions:</b>		
<i>Issue</i>	<i>Action</i>	<i>By When</i>
Secondary Life-Skills Curriculum	Roll out the Life-Skills Curriculum to the next phase of schools and ensure others continue to embed and improve programmes.	Sept 2010
Social and Emotional Aspects of Learning (SEAL)	Ensure all primary schools embed the SEAL programme.	
Social and Emotional Aspects of Learning (SEAL)	Ensure the integration of the secondary SEAL programme with the Life-Skills Curriculum making the links with relationships and communication skills.	
	Extend use of SEAL in all secondary schools to include year groups 9 and 10.	Ongoing Completed by December 2011
Life-Skills beyond 16	Work with Further Education Colleges and Sixth Form schools to integrate Life-Skills into the curriculum.	
Life-Skills in informal learning settings	Work with youth services and other informal learning providers to ensure life-skills are central to programmes of work with young people individually	

	and in groups.	
Healthy Schools	Encourage and support all schools to achieve the Healthy Schools Standard and work towards Enhanced Healthy Schools Status.	
Attendance	Analyse persistent absence data, particularly in Key Stage 3 and explore the link between persistent absence, disengagement with education and teenage pregnancy.	
Cultural portrayal of sex and relationships	Address the influence of pornography and internet safety with links to safeguarding and parental responsibility.	
<b>Contribution to Cross-cutting Aims:</b>		
<b>Early intervention</b>	The planned data analysis should lead to early identification of risk factors evident in school. Early intervention will be put in place when persistent absence is a factor.	
<b>Raising aspirations</b>	Actions to improve attendance in school will increase aspirations and engagement in learning.	
<b>Reaching young men and young fathers</b>	Life skills curriculum is for all providing clear advice and consideration of issues.	

<b>Workstream: Working with vulnerable groups and those at risk</b>		
<b>Outcome:</b> Young people at risk of becoming teenage parents are identified early and provided with appropriate services, support and advice.		
<b>Accountable Lead:</b>	Mirth Parker Head of Alternative Learning, Children's Services, Nottingham City Council  Tel: 0115 915 5555	<i>Photo</i>
<b>Progress Measures:</b>		
<ul style="list-style-type: none"> <li>• Number of Common Assessment Framework assessments completed.</li> <li>• Accessible information advice and guidance targeted at specific groups. Success will be measured by feedback from a representative selection of young people.</li> <li>• School Improvement Plans demonstrate better understanding of and responses to risk factors.</li> <li>• All secondary schools in the city agree a process which offers school age mothers, without a school place, the opportunity to continue their education in a school.</li> </ul>		
<b>Rationale:</b>		
<ul style="list-style-type: none"> <li>• We know some vulnerable groups of young people are much more likely to become teenage parents and to engage in behaviours which increase their risk of doing so</li> <li>• Such young people require targeted support to reduce their chances of becoming teenage parents</li> </ul>		
<b>Key Actions:</b>		
<i>Issue</i>	<i>Action</i>	<i>By When</i>
School Engagement	Increase information provided to schools about the students and communities they serve to enable them to better target activity at the needs of their students.	September 2010
Coordination of response to families' needs	Increase use of the Common Assessment Framework, particularly as an early intervention tool.	Ongoing, Review October 2010
Teenage young men and fathers	Specifically seek to engage young men and young fathers in tailor made programmes and sexual health services.	April 2010
Young fathers within the criminal justice system	Specifically seek to engage young fathers who are in the criminal justice system, in parenting programmes and in contraceptive and sexual health services.	Ongoing, Review September 2010
Young people who are non attenders at school or not in mainstream education	Ensure a diverse range of positive pathways to re engage young people in education, employment or training	June 2010
Vulnerability of children in care	Further analysis of the prevalence of young people who get pregnant or	October 2010

	become fathers, before age 19, whilst in care or after leaving care	
	Identify and roll out of those interventions contributing to reducing the numbers of young people who get pregnant or become fathers, before age 19, whilst in care or after leaving care	March 2011
Reaching the most vulnerable	Ensure teenage pregnancy reduction education and sexual health advice is tailored to vulnerable groups in appropriate venues and via appropriate forms of communication used by young people.	April 2010
<b>Contribution to Cross-cutting Aims:</b>		
<b>Early intervention</b>	Actions will enable early responses to risk factors and seek to transfer the learning from the approaches used with specific vulnerable groups which have low rate of teenage parenthood locally.	
<b>Raising aspirations</b>	Actions seek to engage, young people as early as possible and also to break the cycle of a lack of involvement in education, employment or training.	
<b>Reaching young men and young fathers</b>	All actions seek to engage young men and fathers, whilst some will specifically target them.	

<b>Workstream: Workforce Development</b>		
<b>Outcome:</b> A children's workforce with the necessary skills and abilities to support children, young people and families to make informed choices about life, and particularly sex and relationships.		
<b>Accountable Lead:</b>	Candida Brudenell Director of Children's Trust Programmes, Children's Services, Nottingham City Council	<i>Photo</i>
<b>Progress Measures:</b>		
<ul style="list-style-type: none"> <li>• All key partners within Nottingham Children's Partnership include sex, relationships and teenage pregnancy issues within their induction.</li> <li>• Workforce development review is completed.</li> </ul>		
<b>Rationale:</b>		
<ul style="list-style-type: none"> <li>• Evidence tells us young people value the relationship they have with key workers and that they are influenced by them.</li> <li>• We know some workers may not feel confident discussing sex and relationships with young people, but opportunities to respond to young people's concerns about sex and relationships may arise at any time, not just in specialist settings.</li> <li>• Intervening early to address risk factors increases success, so the workforce needs to understand and be able to identify and respond to these issues.</li> </ul>		
<b>Key Actions:</b>		
<i>Issue</i>	<i>Action</i>	<i>By When</i>
Core competences of children's workforce	Ensure sex, relationships and teenage pregnancy issues adequately covered in induction by key partners.	December 2010
Specific competences of children's workforce	Review current training offer with a view to increasing the confidence of the workforce in relation to sex and relationships issues.	June 2010
Quality of the relationship	Ensure targeted sections of the children's workforce receive motivational interviewing training or equivalent.	Ongoing, Review October 2010
Key messages	Communicate the key messages to the workforce, in line with the Communications Strategy.	March 2010, and ongoing
Male role models	Identify under-representation of men in the children's workforce and take positive action to address the issue.	December 2010
One children's workforce	Develop the holistic approach, and use of the Common Assessment Framework, aiming for the workforce to be able to screen for key risk factors and respond appropriately.	Ongoing, Review October 2010
One children's workforce	Map current workforce development. Identify current effective early intervention, and the skills, tools and processes involved.	June 2010

Celebrate success	Reward, motivate and inspire staff through recognition of achievements.	Ongoing
<b>Contribution to Cross-cutting Aims:</b>		
<b>Early intervention</b>	Actions seek to build the skills of the workforce to identify and respond early to risk factors in children, young people and families, and to take a long-term view in their interventions.	
<b>Raising aspirations</b>	Actions seek to raise the aspirations of the workforce, and encourage them to develop positive, quality relationships with children, young people and families taking responsibility for the longer-term outcomes.	
<b>Reaching young men and young fathers</b>	Actions will seek to ensure the children's workforce is representative and provides male role models, and that the needs of young men and young fathers are specifically addressed within workforce development.	

#### 8. How will we deliver?

We have robust arrangements to ensure we are able to deliver these actions. Our emphasis has been placed on clear, strong lines of accountability so we can ensure our strategy translates into real impact.

*[INSERT CHART OF GOVERNANCE ARRANGEMENTS]*

Responsibility for the Teenage Pregnancy Plan falls within the Nottingham City Children's Partnership, and as such this means it has the support and commitment of a wide range of partners. The key elements of our governance are:

#### Nottingham City Children's Partnership Board

The Nottingham City Children's Partnership Board (acting as the Children's Trust) is the partnership of statutory and voluntary agencies working together, to deliver a joint approach to improving outcomes for children, young people and families in Nottingham.

#### Teenage Pregnancy Taskforce

The Teenage Pregnancy Taskforce provides the strategic leadership for this agenda. Membership of the Taskforce includes political and chief officer leads and advisors. It is chaired by Graham Allen MP and also includes: the Portfolio Holder for Children's Services; Corporate Director of Children's Services, Nottingham City Council; Chief Executive, NHS Nottingham City; and the National Delivery Manager, Teenage Pregnancy National Support Team.

The Associate Director of Aspiration and Life Skills is the lead officer for the Taskforce and provides the link between the Taskforce and the Executive.

#### Teenage Pregnancy Executive

The Teenage Pregnancy Executive is chaired by the Associate Director of Aspiration and Life Skills and consists of senior lead officers for each of the agreed workstreams. These named leads are accountable, to the Taskforce

and their own organisation, for delivery of the agreed actions and outcomes associated with their workstream.

Accountable leads agree with the Teenage Pregnancy Executive, the delivery arrangements for their specific area of responsibility.

### **Teenage Pregnancy Network**

An open Teenage Pregnancy network provides the opportunity to maintain the commitment of and communicate with the workforce in this field. The network meets every 6 months, in a workshop or conference type setting, but is also a 'virtual network' which can be used for communication of key messages and news.

#### 9. *How will we communicate our plan and actions?*

Communicating our actions and celebrating our successes are seen as vital elements of our approach. We also recognise that successfully addressing teenage pregnancy requires key messages to be communicated to young people, families, communities and those working with them.

The 'Reducing Teenage Conceptions in Nottingham Communications Strategy 2009-2012' was agreed in September 2009. The strategy includes key audiences identified as:

- **Deliverers** – those delivering services to children, young people and families
- **Teenagers** – both male and female
- **Influencers** – those who influence children and young people (parents/carers and friends/peers)
- **Opinion formers** – those who influence thought or policy in the field of teenage pregnancy.

A Communications Action Plan is included within the strategy and is regularly updated to ensure we use the right communications channels to reach the right audience, with the right message.

#### 10. *Further information*

For more information please contact:

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Associate Director of Aspiration and Life Skills,  
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Key websites (as in current plan)



## 1. BACKGROUND AND PROPOSALS

### Context

Tackling teenage pregnancy remains a high profile national and local partnership priority. The Nottingham Preventing Teenage Pregnancy Taskforce, chaired by Graham Allen MP, continues to meet and provide strategic leadership for reducing teenage pregnancy in Nottingham City. A new Director – the Associate Director of Aspiration and Life Skills – has been appointed jointly by NHS Nottingham City and Nottingham City Council to provide stronger managerial leadership of this issue.

Recent performance has shown a downward trend with the latest figures released to Local Authorities, by the Office of National Statistics, reporting the sixth consecutive reduction in our rolling quarterly average figures. The headline rate, based on the quarterly rolling average, for Nottingham City is now 64.8 per 1,000 15-17 yr old girls, the lowest quarterly rolling average rate since 1998. In absolute numbers this means that 47 fewer young women have conceived comparing the last 12 months against the preceding 12 month period, representing a 13% drop from 361 to 314.

Considerable partnership action has been put in place, leading to this success, but rates remain challenging and we need to continue this focussed action.

Rates of teenage conception are published quarterly after a 14 month time-lag. The most recent figures are those for July – September 2008.

### Developing the new Teenage Pregnancy Plan

The Taskforce Action Plan 2009 ‘Preventing Unplanned Teenage Pregnancy in Nottingham’ was published in January.

In September 2009, the Taskforce agreed a process for development of the next Plan for 2010/11.

The draft plan has been developed through a process involving key partners and stakeholders. Key stages have included:

- During August 2009, the Associate Director of Aspiration and Life Skills undertook a review of our progress against the Teenage Pregnancy Plan for 2009.
- Completion of the DCSF and DH Teenage Pregnancy Prevention and Support Self Assessment, to be submitted to GOEM.
- A workshop with key workers, in September, used the evidence base and local knowledge to begin to identify the key themes and areas of priority for 2010.
- Emerging themes and drafts, created by the Teenage Pregnancy Executive, have been considered by the Taskforce during October to December.
- A discussion on emerging priorities was also held with Young Nottingham Select Committee on 3 November.
- Drafts have been considered by the Children’s Partnership Senior Officer Group and by the Voluntary Sector Shadow Board, as well as by management teams within Nottingham City Council and NHS Nottingham City.

### Content of the draft Teenage Pregnancy Plan 2010

A draft Plan for 2010 is attached as Appendix 1. Any minor details to be confirmed or strengthened will be completed by the time the Board meets, ready for final endorsement and publication.

The new draft Plan has been developed with the following in mind:

- The need to build on the successes to date, particularly in recent years
- The desire to sustain focus and action, reducing the number of workstreams and enhancing impact
- The importance of strengthening accountability below the Taskforce
- The contribution needed by a range of partners and the need to integrate efforts to reduce teenage pregnancy within the wider children, young people and families agenda
- The importance of engaging front-line staff and young people in design and delivery

The draft Plan has as its mission 'to enable teenagers to make genuine, informed decisions about their lives and as a consequence achieve a sustainable reduction in the number of teenage pregnancies and improve outcomes for teenage parents and their children.'

At the heart of this is the notion of informed choice – providing young people with the information and the social and emotional capabilities to make genuine, informed decisions about their lives. This focus is reflected in the actions.

We have identified three cross-cutting priorities for 2010 which we will integrate into all our activity across the seven workstreams. The first two reflect our city-wide priorities and approach: early intervention and raising aspirations. The third emphasises a particular group that we want to target and ensure we reach in 2010: boys, young men and fathers.

Seven key workstreams have been identified:

- Leadership, ownership and communications
- Data and intelligence
- Working with parents and carers (including support for teenage parents)
- Contraceptive and sexual health services
- Education, learning and life-skills
- Working with vulnerable groups and those at risk
- Workforce development

Note that 'raising aspirations' is not a workstream in itself – it is reflected in each of the seven, but will also be subject to its own plan in response to the 'Aspiring Nottingham' aim within The Nottingham Plan to 2020.

### Ownership and Next Steps

The Teenage Pregnancy Taskforce is accountable to the Nottingham Children's Partnership Board for delivery of the Plan. Delivery of the Plan will be subject to a Performance Management Framework consistent with that adopted by Nottingham Children's Partnership.

The new Teenage Pregnancy Executive, supporting the Taskforce, has taken ownership of the development of the new Plan, and will be accountable for operational delivery, with leadership from the Associate Director of Aspiration and Life Skills. The timescale for development of the Plan allows for the Plan to be endorsed fully by partners and finally agreed by the end of January 2010. The Plan will then be launched to the media, community and the workforce in February.

## **2. RISKS**

Teenage pregnancy remains a priority in the revised Children and Young People's Plan and in the Local Area Agreement. It is also a high profile target nationally.

The risks of not undertaking activity to reduce teenage pregnancy are, therefore significant. More importantly, teenage pregnancy remains both a symptom and a cause of local

inequalities and poorer outcomes for children, young people and families. In order to achieve reductions, it must be tackled directly with specific services, such as contraceptive and sexual health services, and as part of a coordinated package of interventions and support designed to improve outcomes for all children, young people and families.

A strategic risk register is in place.

### **3. FINANCIAL IMPLICATIONS**

Some of the activity within the plan will be undertaken using the allocation for teenage pregnancy within the Area Based Grant (formerly the Teenage Pregnancy Local Implementation Grant). However the majority is funded through mainstream activity of the core partners – Nottingham City Council and NHS Nottingham City – and others.

### **4. LEGAL IMPLICATIONS**

None

### **5. CLIENT GROUP**

The Teenage Pregnancy Plan has implications for all children, young people and families, and particularly for those who have a greater likelihood of becoming teenage parents.

### **6. IMPACT ON EQUALITIES ISSUES**

Teenage pregnancy is an issue with a strong association to deprivation and inequality. The approach to reducing teenage pregnancy will both respond to and address a range of inequalities, both in terms of those geographical groups and communities of interest that experience higher levels of teenage pregnancy.

### **7. OUTCOMES AND PRIORITIES AFFECTED**

The primary objective and priority affected is 'To increase children and young people's emotional resilience and the maturity of their decision-making, aiming to ..... reduce teenage conceptions'.

This Plan will also contribute to several other objectives and priorities within the Children and Young People's Plan and it is important to see this Teenage Pregnancy Plan within the context of our wider goals and plans for children, young people and families.

### **8. CONTACT DETAILS**

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14 January 2010