New Deal for Communities
The National Evaluation

Research Reports

Teenage pregnancy and sexual health

Research Report 53

The Neighbourhood Renewal Unit within the Office of the Deputy Prime Minister is currently sponsoring the 2002-2005 national evaluation of New Deal for Communities. This evaluation is being undertaken by a consortium of organisations co-ordinated by the Centre for Regional Economic and Social Research at Sheffield Hallam University. The views expressed in this report do not necessarily reflect those of the NRU/ODPM.

Those wishing to know more about the evaluation should consult the evaluation's web site in the first instance **http://ndcevaluation.adc.shu.ac.uk/ndcevaluation/h**

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Teenage pregnancy and sexual health

Research Report 53

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- Despite gradual improvement, the UK **teenage pregnancy rate continues to be the highest in Western Europe**. In England during 2001 there were 38,461 conceptions amongst young women under 18 years of age, a rate of 42.5 per 1,000. This represents a total reduction since 1998 of 10%, which means that around 8,000 pregnancies in girls under 18 have been prevented. However, in 2002 the number increased slightly again to 39,350, representing a rate of 42.6 per 1,000 and suggesting the rate of decline may have slowed
- In socially deprived areas and specifically NDC areas, teenage pregnancy rates remain higher than the national average and may be as much as twice the national average
- **Diagnosis of sexually transmitted infections continue to rise throughout the UK population**. The number of visits to genito-urinary medicine (GUM) clinics has doubled in the last decade to over a million a year

Background - the NDC context

- Despite some notable improvements the **NDC areas still have high teenage pregnancy rates in relation to both the national and local area frequencies.** This combined with the government prioritising teenage pregnancy as a national concern has led to the continuation of teenage pregnancy initiatives in most NDC neighbourhoods

Achieving objectives/Changing objectives

- Teenage pregnancy initiatives are ongoing in the majority of NDCs. However, **in some cases teenage pregnancy is being replaced by a focus on the wider sexual health agenda**. In general the focus of the NDC agenda now appears to be moving away from teenage pregnancy towards a much wider brief covering sexual health issues in the whole population. It is unlikely that the sexual health agenda has been raised as a community issue. It is likely to have found its way onto the NDC agenda through the "top down route", as a result of health professionals' awareness of the re-emerging national priority
- **Although the sexual health agenda includes pregnancy prevention work, there is a risk to the element of strategy around support for teenage parents, which may be given less priority with a change of focus to "sexual health"**
- Several NDC teenage pregnancy prevention projects based their objectives on achieving a percentage reduction in teenage pregnancy rates to bring local rates closer to the average for their city. This has become increasingly difficult to achieve because in many cases the city rate as a whole has fallen, so the NDC rate has to move even further to achieve its objective
- Knowing whether these objectives have been achieved has also proved problematic for many NDCs. This is due to a **lack of local up-to-date data on teenage conceptions** and the relatively small size of individual NDC populations, that would make it hard to monitor trends from year to year even if figures were available. **NDCs often cannot show whether their work is making a difference to the local teenage pregnancy rate** or not. This may support a move towards sexual health objectives as these figures are more readily available and trends are more likely to attain a significant change

Process issues

- A concern was noted in a number of NDCs that **the focus on community participation, particularly in terms of setting the continuing agenda, is being lost**. More frequently

the health projects are being asked to provide evidence to support their activities leading to a conflict between implementing projects which are innovative and community led, and those which are evidence based and can be justified

- **Partnership working is essential to teenage pregnancy projects.** The continuing presence of local teenage pregnancy co-ordinators and the development of city wide strategies means there is often a lot of expertise and knowledge available to assist the NDC projects. Key partner agencies continue to include: Sure Start and/or Sure Start Plus, Youth Outreach workers and PCTs
- Several examples are emerging now in both teenage pregnancy and broader sexual health projects where the **NDC has successfully been used as a pilot for services, subsequently implemented in a much wider area**
- As local evaluation initiatives progress it is essential for the NDCs to develop strong methods of monitoring the projects' impact both quantitatively and qualitatively - there is more to be achieved than simply a reduction in teenage conception rates as this may occur anyway due to social trends. The NDCs **need to ensure that they develop ways of learning from, and documenting the successes and limitations, of these projects**

The benefits

- Where young people have been consulted about a service before it is established or are actively involved in its development it is more likely to be appropriate to their needs and therefore to be used and valued by them
- Local provision of services is essential, as young people are unlikely to travel to receive the help and support they may need. This is particularly true of young men and it is notable that many of the services, although not excluding young men, are aimed primarily at young women

Persisting and developing barriers

- One of the main barriers to success in teenage pregnancy projects is the lack of community awareness of the problems surrounding the issue and the lack of "visibility" when progress is made. Dealing with teenage pregnancy is a difficult issue because of a lack of a public mandate for reducing teenage pregnancy rates
- Underspend which has occurred in several NDC health themes, has been locally attributed to the large amount of time taken up by writing the business plans during 2004. Also everything had to be costed in advance and most of the figures were estimates due to the lack of time to complete full costings, which has led to further problems with project implementation
- An important local issue continuing to act as a barrier to success was identified by a number of NDC staff; **the short-term nature of funding and secondments** for some of the key projects results in **low staff morale and difficulty in long term planning, and limits partnership working**
- **A major issue highlighted by a number of NDCs is the lack of local, up to date teenage conception and birth data**; because of the small numbers involved at NDC level the data is identifiable and PCTs are understandably cautious about releasing the data even for local use. Two NDCs have independently suggested that the data be available at a senior officer level so that it can be used for evaluation and planning without having to release it publicly

Key findings

- teenage pregnancy initiatives are ongoing in the majority of NDCs. However, in some cases teenage pregnancy is being replaced by a focus on the wider sexual health agenda

- such initiatives often do not reflect an area of concern for NDC residents
- the change in focus is due to many factors including mainstreaming of teenage pregnancy work, accessibility of data and changing local agendas
- a sexual health strategy will address the issue of pregnancy prevention but NDCs also need to ensure that the support for teenage parents is not lost
- access to relevant local data is providing a barrier to successful local evaluation of teenage pregnancy projects and may restrict future implementation
- NDCs could document successes and limitations of projects
- more frequently the health projects are being asked to provide evidence to support their choice of interventions leading to a conflict between implementing projects which are innovative and community led, and those which are evidence based and can be justified
- some young people will continue to choose early pregnancy making support service provision vital

1. Introduction - policy update

1.1. Teenage pregnancy

The Independent Advisory Group on Teenage Pregnancy's second annual report (July 2003) builds on the observations and recommendations of the first report (November 2001) and highlights the continuing progress being made towards implementation of the Strategy since they first reported. The second annual report is broadly based around the strategic themes of **joined up action, national campaign, prevention and support**, and makes eight key recommendations to achieve these aims (Appendix 1). The Government's response to the eight recommendations acknowledged the good progress that is being made in implementing the 10-year Teenage Pregnancy Strategy and highlights the fact that **tackling the causes and consequences of teenage pregnancy continues to be a high priority for the Government.** The report welcomes the early signs that the long-term sustained efforts to reduce the rates of teenage pregnancy are working, whilst recognising that there is no room for complacency.

The Health Development Agency recently published a thorough review of the evidence of what works best in reducing teenage conceptions and the findings reinforce the evidence base for the Strategy. Their review identifies the following characteristics of interventions that can be helpful in reducing the number of teenage pregnancies.

- encouraging a culture in which discussion about sex, sexuality and contraception is open and accepted without judgement or prejudice
- clear, unambiguous messages and information given well before the start of sexual activity
- involving teenagers' parents in interventions so they are empowered to take an active role in providing information and advice to their children
- programmes that focus on young people's personal development by supporting and teaching confidence, self esteem and negotiation skills and providing educational and vocational skills
- relevant age specific sex education provided at school, particularly when it is linked to the provision of contraception
- good access to information, advice and services in the community
- information, advice and services aimed specifically at young men and women, focusing on hard to reach groups and taking into account local needs
- selecting and training staff who will respect the confidentiality and needs of young people and are committed to programme and service goals
- working with teenage 'opinion leaders' and those with influence over peer groups

Despite gradual improvement, the UK **teenage pregnancy rate continues to be the highest in Western Europe**. Conception data published by the Office for National Statistics on 27 February 2003 show that in England during 2001 there were 38,439 conceptions amongst young women under 18 years of age, a rate of 42.3 per 1,000. This represents a 3% reduction in conception rates in under 18s since 2000. The total reduction since 1998 is 10%, which means that around 8,000 pregnancies in girls under 18 have been prevented. Amongst the under 16s there were 7,396 conceptions in 2001, a rate of 7.9 per 1,000. This is 4.5% lower than in 2000, with an overall reduction of more than 11% since 1998. However, in 2002 the number increased slightly again to 39,350, representing a rate of 42.6 per 1,000 and suggesting the rate of decline may have slowed.

Also, in socially deprived areas and specifically NDC areas, teenage pregnancy rates remain higher than the national average and may be as much as twice the national average. This is a major area of national concern.

1.2. Sexual Health

Diagnosis of sexually transmitted infections (STI) continues to rise throughout the UK population (Health Protection Agency, 2003). Unintended pregnancy and STIs can have a **long lasting impact on people's health** (Department of Health (DH), 2001). Chlamydia and HIV infections are characterised by long incubation periods and episodes without any symptoms. People with infections may be symptom free and unaware. When symptoms do develop the awareness that they are caused by an STI is limited which means that patients are most likely to present to their GP (Pimenta et al, 2003). However, the number of visits to genito-urinary medicine (GUM) clinics has also doubled in the last decade to over a million a year (DH, 2001).

The national strategy for sexual health and HIV (DH, 2001) aims to:

- reduce the transmission of HIV and STIs
- reduce the prevalence of undiagnosed HIV and STIs
- reduce unintended pregnancy rates
- improve health and social care for people living with HIV
- reduce the stigma associated with HIV and STIs

The proposals for achieving these aims are outlined in Appendix 2.

2. Research approach

This report updates previous research reports on teenage pregnancy prevention and support for teenage parents in NDC communities. The earlier reports are available at: http://ndcevaluation.adc.shu.ac.uk/ndcevaluation/Reports.asp.

The research consisted of four main elements:

- a review of the current policy literature
- case study visits (Appendix 3)
- a review of existing documents such as delivery plans and partnership reports available from the partnerships or on the CRESR web pages
- supplementing this available information by telephone calls and emails to partnerships where information was difficult to obtain

Teenage pregnancy continues to be a focus of many NDC plans with 32 NDCs reported to be tackling the issue to date (Appendix 4). As it was not possible to make contact with all the partnerships it is important to note that other teenage pregnancy initiatives may exist or may be under development currently.

The NDC case study neighbourhoods from the previous teenage pregnancy reports were revisited to determine progress that had been made in the original strategies and how the direction of the strategies had been changed.

The case study neighbourhoods were:

- East Manchester - Beswick and Openshaw
- Derby - Derwent
- Nottingham - Radford and Hyson Green
- Knowsley - North Huyton
- Birmingham - Kings Norton

3. Background - the NDC context

Despite some notable improvements the NDC areas still have high teenage pregnancy rates in relation to both the national and local area frequencies**. Yet this is one area where the impact of any intervention can be measured almost immediately compared with such interventions that aim to address, for example, heart disease. This combined with the government prioritising teenage pregnancy as a national concern has led to the continuation of teenage pregnancy initiatives in most NDC neighbourhoods. Despite these elevated rates, in many cases the local community still do not consider teenage pregnancy to be a key health concern in the area. Health concerns tend to focus mostly on access to health services, and teenage pregnancy is sometimes** seen as the acceptable norm **in areas where it has occurred repeatedly over several generations. This is ingrained in the local culture and will take more than a couple of years to alter. In community consultations with local residents, health generally continues to come bottom of this list of priorities with the primary concerns being around housing or crime issues.**

Families tend to be very supportive of pregnant teenagers BUT there is still impact on their education, future expectations etc. Also there remains the risk of the teenager being "kicked out" if the family cannot cope financially.

The teenage pregnancy issues are therefore incorporated into the NDC agenda due to the knowledge of those working in the health theme who have highlighted the problem. In many cases the NDC areas overlap or border Sure Start areas and many cities already have established teenage pregnancy strategies which make it easier to incorporate NDC teenage pregnancy work by providing additional resources to already established projects, in order to intensify or roll out into the NDC area. However, in some cases NDC projects have developed as independent and innovative initiatives.

Teenage pregnancy is a result of many factors including lack of education, perceived lack of alternative opportunities and local cultural norms. There is a significant inequality in teenage pregnancies, and a **tenfold increase in teenage pregnancy rates between the lowest and highest social classes**. Teenage pregnancy is also associated with poor educational achievement, which again is greater in deprived neighbourhoods. Teenage fathers are also more likely to come from a lower socio-economic group, and to have left school at the minimum age and without qualifications. Young people in care, those who are homeless, those involved in crime, those who have been excluded from school, children of teenage mothers, and members of some ethnic minority groups are particularly vulnerable to becoming teenage parents. Caribbean, Pakistani and Bangladeshi women are more likely to have been teenage parents that white women, but Indian women are well below the national average and rates in South Asian communities are generally falling (Swann, 2003). There is also much regional variation, but the elevated rates in deprived areas tend to outweigh this -

variations due to socio-economic factors are greater than regional factors. There is an even greater variation seen in teenage motherhood as those from more affluent areas are more likely to chose to have a termination.

Although teenage parenting can have a positive side creating a renewed sense of purpose and increased motivation for education or work, the health risks to both mother and baby are well documented and there are also adverse social and material consequences associated with such families. These include poor mental health, poor housing, and low educational attainment for teenage parents, and low birth weight, higher infant mortality, and higher risk of poverty for children. The economic and employment outcomes for young fathers are also poor.

Children of teenage mothers are more likely to have the experience of being a bne parent family, and are generally at increased risk of living in poverty, poor housing and suffering bad nutrition (Swann, 2003). They are also more likely to become teenage parents themselves.

Teenage mothers are more likely to give birth to low birth weight babies. Low birth weight is linked to increased mortality and morbidity in infancy and also to an increased risk of cardio-vascular disease in later life. It is therefore a measure not only of immediate health risk but also of future health problems that may not present until later life. For example, in the Kings Norton NDC area, 9.2% of children born between 1996 and 2000 had low birth weights. Low birth weight varies widely according to socio-economic status; for example, between 1991 and 1995, in England and Wales the percentage of low birth weight births was 5.4% in professional social class I (based on the occupation of the father) compared with 8.2% in unskilled social class V and 9.3% of births registered by the mother alone (Macfarlane et al., 2000).

4. Achieving objectives/Changing objectives

Teenage pregnancy initiatives are ongoing in the majority of NDCs. However, **in some cases teenage pregnancy is being replaced by a focus on the wider sexual health agenda**. It is difficult to ascertain whether this is due to a change in government policy or local agendas. It is recognised that sexual health is becoming more important for the government agenda, and the National Strategy for Sexual Health and HIV was developed in 2001. In terms of the public health white paper (DH, 2004), this is a recent policy publication and the NDCs will not yet have had a chance to respond to it. Its impact will depend almost entirely on the individual health lead officer and their awareness of current health promotion literature. As is the case for teenage pregnancy, it is unlikely that the sexual health agenda has been raised as a community issue. It is likely to have found its way onto the NDC agenda through the "top down route," as a result of health professionals' awareness of the re-emerging national priority.

In Manchester teenage pregnancy as an issue has generally been "moved to one side" due to the success of the city wide strategy. The teenage pregnancy steering group in the NDC has wound up due to lack of need and the city teenage pregnancy unit (in the new joint health unit) are leading the teenage pregnancy work for the whole of Manchester. The health theme lead from the NDC continues to attend the city steering group to ensure the NDC remain informed. The NDC projects are moving on to tacking sexual health and STIs more widely and not just targeting young people.

In Kings Norton, the loss of the local teenage pregnancy champion was the first step leading to the wider sexual health remit. Initially the teenage pregnancy meetings were continued but as only the people who were working in teenage pregnancy were attending, it was felt the meetings were no longer productive. The feeling locally is that

there is not enough NDC work for a full time teenage pregnancy post as most of the work is now around sexual health and child protection. Teenage pregnancy has become a part of that wider agenda because it is part of the symptoms and the cause.

An important point is that, **although the sexual health agenda will cover the pregnancy prevention work, with the changing remit it is vital to maintain the support for teenage parents and make sure that is not lost.**

In terms of achieving objectives, several NDC teenage pregnancy prevention projects based their objectives on achieving a percentage reduction in teenage pregnancy rates to bring local rates closer to the average for their city. This has become increasingly difficult to achieve because in many cases the city rate as a whole has fallen, so the NDC rate has to reduce even further to achieve its objective. In nearly all cases these objectives are now considered locally impractical and have been altered to meet the changing agenda.

Knowing whether objectives of this format have been achieved has also proved problematic for many NDCs, due to a **lack of local up-to-date data on teenage conceptions**. This may also explain the move towards sexual health objectives as these figures are more readily available and several NDCs areas have already provided the location for local chlamydia screening programmes. For example, in Knowsley the issues with the teenage pregnancy data means they are finding it **difficult to obtain the evidence to justify the continuation of the teenage pregnancy work**. Monitoring systems mean that they have good evidence about the numbers attending and the number of sessions, but the teenage pregnancy data is very old and is for Knowsley borough not just the NDC. As a result they cannot show whether the work is making a difference to the NDC teenage pregnancy rate or not.

> *"The latest data is 2000 so that's basically useless, we've asked the PCT to help but they don't have anything more either so that's not been very constructive. It also means it's difficult to write the action plan for teenage pregnancy for the borough. We have suggested that we could measure the data locally but that won't be accurate so it's only going to give us ball park figures because it's doubtful that we could even get it at ward level. We could maybe get at the [ward] level but we would only get births and maybe miscarriages because the terminations is public funded only, and so even though this covers most of the young people it does make the data inaccurate."* (NDC worker)

Discussions are currently underway with Knowsley PCT to try to decide what data the NDC can get access to. The problem with NDC level data is that it becomes identifiable due to the small population size. The NDC health team want to set up limited access at the senior professional level so the data is not in the public domain but it can be used for planning and evaluation.

In Kings Norton, the teenage pregnancy outcome has now changed to child health outcomes. This is because the only figures available are out of date for the population, and there are issues with confidentiality because it's such a small area. Also there has been a project locally where the chlamydia figures in the NDC have been measured. This has become a local priority and has also raised concern about the wider Birmingham figures. Since the survey found high levels that cannot be considered atypical, the issues raised are now of concern to a wider group than the NDC.

In some cases teenage pregnancy funding has been seriously reduced, or the same budget is now expected to cover the whole sexual health agenda. In Kings Norton the original teenage pregnancy funding was £40,000 a year but that has now

dropped to £40,000 over the whole PCT and to cover a much wider sexual health remit. The change was made because the new structure has a better mainstream fit.

5. Process issues

5.1. Continuing community participation and feedback

Teenage pregnancy and sexual health issues are not a concern to residents in the NDC neighbourhoods. Health concerns continue to focus around access to services although the wider social issues and factors such as housing, transport, environment and drugs are beginning to be recognised by the community as impacting on health and well being. In areas of high teenage pregnancy, teen parenting is often seen as the norm and even where work has been done to increase expectations and life choices, communities are still often unaware of the poor health outcomes and implications for both mothers and babies. In the light of the many other indices of poverty and deprivation present in the communities it is perhaps unsurprising that teenage pregnancy and sexual health are not perceived to be as high a priority as more visible issues.

In order to encourage community contact with the teenage pregnancy project in Nottingham a leaflet has been developed. Originally designed to provide information for local agencies, it is now being used to provide information to young people about initiatives in the area. It also includes all the locally important telephone numbers for referral to other services. The young people featured on the leaflet are real, local people from Nottingham, which means they are relatively representative of the area.

> *"…… and if someone sees the leaflet and knows them they might think, oh well they obviously think it's a good idea so I might give it a go, and then they'd be more likely to use the service. The leaflet has good ethnic representation as well so its user friendly."* (NDC worker)

A concern was noted in a number of NDCs that **the focus on community participation, particularly in terms of setting the continuing agenda is being lost**. The projects which are now being planned and implemented are often quite removed from the community led priorities set out in the delivery plans - due to numerous changes of focus as a result of updated strategies and changing local and national priorities. More frequently the health projects are being asked to **provide evidence** for everything they do and this leads to a **conflict between implementing projects which are innovative and community led, and those which are evidence based and can be justified**. The latter are more likely to get through the increasing problems with project appraisal, which have been highlighted in many cases.

> *"There's basically no community involvement in project development anymore, I think we're really losing that focus. We're being asked to prove evidence for everything so it's pretty impossible to be innovative."* (NDC worker)

However, **other areas are continuing their success in involving residents in project development at all stages of the process**. A good example is the Derby Best Beginnings project, which is based on the Sure Start model. A new development co-ordinator has set up a parent's group, which has had a substantial impact on continued community involvement. The residents recently presented their ideas for project development to a large partnership group. A news letter is produced every month to raise the profile of the NDC within the community and to try to stop health projects being attributable to the health service which has been a problem in the past.

They have developed an empowerment project, which puts teams out into the community to overcome the problems of low literacy in promoting the projects by talking about them.

In the Manchester supported housing project, there was a lot of negotiation regarding community use of the building and more domestic issues such as "mud getting everywhere during the building construction" - even those supporting the building had issues to be resolved. Production of the building has led to the creation of a new residents' association. The building contains a community room, which can be used by local groups, currently including the Mums and tots group.

In Nottingham, one issue is that the teenage pregnancy projects receive few referrals from Asian communities, a likely interpretation of which is that the community members involved don't match the profile of the local population. However, it is also recognised that teenage mothers have good community support within this sector of the population and so they may be less likely to require the services offered. The sexual health agenda has not been highlighted as a key area of concern in recent consultations. It is felt that awareness of health issues is improving, but is still not a priority.

5.2. Partnership working

Partnership working is essential to teenage pregnancy projects. The continuing presence of local teenage pregnancy co-ordinators and the development of city wide strategies means there is often a lot of expertise and knowledge available to assist the NDC projects.

Key partner agencies continue to include Sure Start, Sure Start Plus, youth outreach services and Primary Care Trusts (PCTs).

Sure Start and/or Sure Start Plus

In Knowsley the teenage pregnancy work is a close partnership between Sure Start and the NDC. The work is managed through Huyton Community and Youth Service. The service employs two full time Sure Start workers (father's worker and young women's worker), and two NDC workers (a young women's project worker and a young men's sexual health worker) as a whole team approach. Finances have been fused to try to develop a more co-ordinated service. The teenage pregnancy workers are part of the Community Wellbeing Team (CWT) which provides a powerful demonstration of the emphasis on collaboration and an integrated approach to developing services.

> *"The CWT really are the dream team, what ever problem comes up we have someone who can deal with it, someone we can refer people to."* (NDC worker)

The NDC health theme manager oversees the CWT at a strategic level in order to make the most efficient use of the available links. A key partner of the CWT are the local teenage pregnancy contraceptive services team. Huyton is seen as the best practice young people's clinic in Knowsley, and positive links have been developed with all the teenage pregnancy/sexual health teams in the Liverpool area.

In Nottingham, NDC money provides Sure Start all day ante-natal classes so that young people can attend the whole course in one day. Strong links have been developed with the midwives so that they all know about the service and how to refer to it.

Youth Outreach

Another set of key partner agencies are youth workers, either within the NDC or more importantly in voluntary sector and mainstream organisations. Training of all youth workers in teenage pregnancy issues is a very successful way of engaging young people with prevention education in an informal environment and may have the added benefit of reaching those who are not attending school. In Manchester the DISCUS youth outreach work continues to contribute to working with young people in the NDC area including work around issues surrounding teenage pregnancy.

Primary Care Trusts (PCTs)

The Knowsley Community Wellbeing Team is flexible, and has good contacts with agencies such as Knowsley PCT who are a key partner agency. This gives the opportunity to offer a more seamless referral system, so often people don't even realise they're being referred between organisations. The team has 15 multi-disciplinary staff and is managed by four local authority departments, plus the PCT, NDC and Sure Start. Initially there were some problems as each agency has its own agenda and targets which needed to be fused, but these issues are being overcome. An independent identity along with collective funding and staff training has contributed to increased staff awareness and the development of a joint agenda.

5.3. Mainstreaming

Several examples are emerging now in both teenage pregnancy and the broader sexual health projects, where the **NDC has successfully been used as a pilot for services in a much wider area.**

In Knowsley, the Huyton Sexual Health Clinic is being used as the ideal model for the whole borough so the NDC is influencing what is happening in the wider area. The teenage pregnancy agenda is borough wide but the NDC is the "blue print" for what will happen in the other areas. There is a concentration in the NDC area of highly visible vulnerable groups and the work in this area feeds into work from a broader perspective. The CWT includes a remit to disseminate the best practice examples to the rest of the borough. This has the potential to result in one of the CWT posts being transferred to mainstream funding. There is also a strong potential that some of the NDC work will be rolled out in Knowlsey as a whole.

> *"In terms of the clinical services Huyton is the showcase area. The services are being moved out to other areas and set up how they have been set up here with outreach, peer education etc."* (NDC worker, Knowsley)

In Derby the "clinic in a box" project is provided mostly by the PCT. A lot of work has been done to try to reconfigure services and staff time as there is an issue with public holidays when the school nurses providing the service don't work. The post of the new teenage pregnancy worker (currently employed by youth service), will be mainstreamed by transferring the costs to the youth service.

In Nottingham funding from Sure Start, education, the NDC and the teenage pregnancy strategy has been pooled together. The projects are managed by Sure Start Plus and the NDC funding provides a Sure Start Plus Advisor for Radford and Hyson Green. The Sure Start Plus programme aims to join up and add value to existing services and develop a user led model to influence mainstream services to become more accessible and appropriate for pregnant teenagers, teenage parents (especially fathers), and their children. Self-referral is frequent and early referral (before the tenth week of pregnancy) is encouraged.

5.4. Monitoring and evaluation

As local evaluation initiatives by internal NDC evaluation teams progress, it is essential for them to develop strong methods of monitoring the projects' impact both quantitatively and qualitatively. There is more to be achieved than simply a reduction in teenage conception rates as this may occur anyway due to changing social trends. The NDCs need to ensure that they **develop ways of learning from, and documenting the successes and limitations of, these projects**.

In Manchester all the local targets have been agreed with the PCT. These have recently been modified to meet new performance management targets (Neighbourhood Renewal Unit guidance). A residents' perception survey is conducted every three years and includes similar questions to the NDC MORI survey, covering for example, healthy living, and access to GPs. This allows the NDC to maintain a general picture of wellbeing as well as incorporating a few specific health questions. Members of the NDC citizens' panel receive a standard postal questionnaire every three months with the addition of specific questions, depending on what is happening in the NDC at that time. There does not seem to be as much effort put into getting suggestions and comments on projects before they happen, compared with getting feedback once they are implemented. Informal monitoring also occurs via "neighbourhood get togethers". There is an internal NDC evaluation team to oversee these processes.

In Kings Norton the sexual health course is being professionally, externally evaluated. There is a feeling however that the NDC monitoring team work is very limited and the theme leads are not involved, which is felt locally to be a big weakness.

> *"All the NDC projects have monitoring, basically if we fund it, we count it! I think they try to count too many things and make the job too difficult so they're always behind. And of cause there are the confidentiality issues around what data they can use."* (NDC worker)

In Nottingham there is a joint evaluation of Sure Start and Connexions. In terms of NDC appraisal, feedback is sought from all the students attending the courses. The evaluation has shown good linkages between the partner agencies (the third main funding partner is Boots the Chemist) but also suggested that further work could be done to achieve strategic integration. It was also noted that consultation with young people varies widely and that data collection regarding young people and access to services is in need of improvement. To date, the stakeholders have perceived the teenage pregnancy work as:

- contributing to a reduction in teenage pregnancy
- raising the profile of teenage parents
- linking services
- increasing community involvement of young people
- improving support
- raising awareness among service providers of issues related to this group of vulnerable young people

Future evaluation will include interviews with young people who have been in contact with the projects to explore their perceptions and experiences. This will be done through face to face interviews and focus groups.

6. The Benefits - improvement over time?

6.1. Local provision

Local provision of services is essential, as young people are unlikely to travel to receive the help and support they may need. This is particularly true of young men and it is notable that many of the services, although not excluding young men, are aimed primarily at young women. In Derby the successful Derwent Spaceman (formerly Get Your Kit On!) project, funded by the teenage pregnancy strategy (and intensified by NDC in the Derwent area), aims to reduce teenage pregnancies by providing young men with: confidential unbiased information and advice on sexual health; access to condoms and information on how to use them; confidential support sessions on sexual health issues; and training on sexual health and relationship issues. This is now supported by a further project "Time 4 Girls", which was developed as a result of the interest created by the boys' work. The group is currently looking for a new, central location, but previously twelve girls were involved in talking about issues and receiving advice. The project's biggest achievement was felt to be raising the girls' self esteem and presenting them with a wider future outlook.

In Manchester the newly built Olivia Lodge, a supported housing project located in the NDC area, is now accepting referrals and meeting its objectives by providing support for up to twelve months for teenage mothers (and pregnant teenagers) in one of twelve self-contained flats. Priority is given to NDC residents although it is appreciated that there may be occasions where young women would wish to move out of the area. Residents agree their individual support needs with their key worker but they are likely to include:

- settling in and home making skills
- budgeting and finance
- claiming benefits
- independent living skills
- health matters
- education and employment
- tenancy sustainability

The general community has access to some of the building including meeting rooms and a community laundry.

6.2. Co-ordination

A well co-ordinated focused NDC team with a clear strategy is essential to provide best value in the projects and maximise the likelihood of affecting the mainstream.

The NDC assisted Sure Start Plus team in Nottingham ran a residential away weekend for teenage parents, and pregnant couples, focusing on the needs of young fathers. The majority of those attending were NDC residents. The residential was very successful and this was felt to be because the advisors all knew the young people. Workshops were held with both small and larger groups and this helped the young people to form, or improve on, relationships with other participants and the advisors. **The one to one relationships with the advisors were key to the success of the event as the young people trusted and respected them**, and so they were comfortable and able to participate in the group work. There are great benefits to taking

young people away into a different environment and the advisors felt the young people were more engaged in the group work due to being a "captive audience".

The Community Wellbeing Team in Knowsley NDC consists of a variety of agencies situated within the same office space. The team deals with all health issues and includes smoking cessation, mental health, sports development, community learning champions, community nutrition, dental health, physical activity, and nurses from the NDC health bus as one single co-ordinated team. The team is flexible, and has good contacts with agencies such as the PCT. This gives the opportunity to offer a more **seamless referral system**, so often people don't even realise they're being referred between organisations.

6.3. Appropriate services

Where young people have been consulted about a service before it is established or are actively involved in its development it is more likely to be appropriate to their needs and therefore to be used and valued by them.

The Knowsley teenage pregnancy and sexual health media group brings together youth worker professionals from borough-wide services including sexual health and teenage pregnancy, substance misuse, looked after children's youth and play, as well as the teenage pregnancy co-ordinator, and staff from the NDC and PCT. The professional representation on the group is outnumbered by the young people involved who direct the group. To date the young people have named the group THINK (Teenage Health In Knowsley), shaped the campaign and been responsible for its launch. The group has developed a free information phone line from the initial design through to recording the pre-recorded information. The NDC now want them to develop a peer education free phone line. The young people are also currently involved in a costing exercise looking at the viability of providing free weekend survival bags, which may include pregnancy tests, condoms, info-packs, sanitary products, taxi numbers as well as toiletries, candles and bottled water.

7. Persisting and Developing Barriers

7.1. Community awareness

One of the main barriers to success in teenage pregnancy projects is the lack of community awareness of the problems surrounding the issue and the lack of "visibility" when progress is made. Dealing with teenage pregnancy is a difficult issue because of the lack of a local public mandate for reducing teenage pregnancy rates in many communities.

7.2. Staff

An important issue that continues to act as a barrier to success was identified by a number of NDC staff; the **short-term nature of funding and secondments** for some of the key projects, which results in **low staff morale, difficulty in long term planning, and limits partnership working**.

In Derby the teenage pregnancy link worker has been on long term sick leave which has caused numerous problems and is felt to have contributed to a lack of progress. It has now been established that the original employee will not be going back to work so the NDC are making arrangements to re-advertise the position.

A similar problem occurred in Kings Norton, where the community development manager is also on long term sick leave. There are three trainees, one of which is currently running the community development strand. Also in Kings Norton, the suspension of the NDC chief executive and the programme operations manager due to intervention by Birmingham City Council (BCC), the NDC's accountable body, has had massive implications for progress.

> *"Currently we have an acting chief executive and support from BCC but it's bringing up problems like we don't have access to petty cash at the moment and just lots of things like that which make getting anything done nearly impossible."* (NDC worker)

7.3. Other agencies

In Manchester the Roman Catholic secondary school and further education college have continued to resist the installation of the condom vending machines, and there have been issues overall in evaluating the success of the project. However, the Catholic primary schools co-operated with a pre-puberty package called PRISE - Parental Responsibility in Sex Education, which supports parents in talking to kids about many issues including sex and personal hygiene.

7.4. Funding

The underspend which has occurred in several NDC health themes has been locally attributed to the large amount of time taken up by writing the business plans last year. In Kings Norton only those projects which are detailed in the business plan are currently being passed by the appraisals board. As everything had to be costed in advance and most of the figures were estimates due to the lack of time to complete full costings, this has led to further problems with project implementation. This may lead to reduced teenage pregnancy spending due to a focus on projects which can be easily justified by available, up to date data.

> *"For example the smoking cessation programme is costing at 1.5 million pounds but we guessed 200 thousand. The project has got a lot bigger since then and developed a lot further. We're doing all the outreach work now and the original costing was just to fund the existing local work. But we realised we'd have to do a lot more than that to have any impact."* (NDC worker)

At the time of interview in Nottingham, ten young people were attending a peer education training course run by the local college. Despite regular attendance the college have informed the NDC that they require twelve participants in order to make the course viable. If additional participants cannot be found then the course will be cancelled part way through.

> *"A lot of those who were originally interested have moved on or have gone to jobs or education and I really don't want the ones that are left to be penalised for that because they're the ones who really need the help in getting somewhere."* (NDC worker)

7.5. Data

A major issue highlighted by a number of NDCs is the **lack of local, up to date teenage conception and birth data**. This is important as it provides a relatively immediate measure of the success of the local project. However because of the small numbers involved at NDC level, the data are identifiable and PCTs are understandably cautious about releasing the data even for local use. **Two NDCs have independently**

suggested that the data be available at the senior officer level so that it can be used for evaluation and planning without having to release it publicly. The data are held by the Office for National Statistics, but there is a strong feeling within the NDCs that if it is local data then it should be down to the PCT how it is used. There are confidentiality issues to overcome but **without this sort of information it is nearly impossible for the NDC teenage pregnancy projects to become evidence based and seek continued funding for successful initiatives.**

Even if figures were available, the relatively small size of individual NDC populations makes it hard to monitor trends from year to year, although rolling averages over several years could be used to even out some of the variability due to small numbers and changes per year. For all these reasons NDCs often cannot show whether their work is making a difference to the local teenage pregnancy rate or not. This issue may support a move towards targeting sexual health issues more generally as these figures are more readily available, and trends are more likely to reach statistical significance.

7.6. Buildings

There also continues to be some limitation in the availability of suitable community venues in which to house the health projects. NDCs are building suitable facilities or renovating and adapting existing buildings. These projects are long term, meaning that finding suitable accommodation "now" is an ongoing problem. For example, in Kings Norton, attempts to provide free pregnancy testing at the local pharmacy have been delayed because the pharmacy has no space for a pregnancy testing service. Despite the fact that local staff have had the relevant training, the service has not been delivered. This illustrates the problems faced by an NDC based on a relatively modern housing estate - there is a severe lack of buildings to convert.

> *"The pharmacist would like more space and they're considering using their garage to develop a well-being centre. The advantage is that it would be staffed all day and have strong NHS links."* (NDC worker)

8. Conclusions

Teenage pregnancy initiatives are ongoing in the majority of NDCs. However, in some cases teenage pregnancy is being replaced by a focus on the wider sexual health agenda. This is due to many factors including mainstreaming of teenage pregnancy work, poor accessibility to local, NDC level data and changing local agendas. Access to relevant local data is providing a barrier to successful local evaluation of teenage pregnancy projects and may restrict future implementation.

In light of the changing focus from teenage pregnancy to sexual health, it is important to ensure that, where relevant, both teenage pregnancy prevention and support for teenage parents continue to be addressed by the NDCs. A sexual health strategy will address the issue of pregnancy prevention, but NDCs must ensure that the support for teenage parents is not lost.

Key changes in project appraisal are having an impact on the type of health theme projects which are being developed. More frequently the health projects are being asked to provide evidence for everything they do leading to a conflict between implementing projects which are innovative and community led, and those which are evidence-based and can be justified.

It may at first sight seem that addressing teenage pregnancy by focusing on prevention will reduce the need for support services in the long term. However, it is vital to understand that even with improvements in education and awareness, and improving future prospects and life options for young people in the NDC areas, some will continue to CHOOSE early pregnancy, making support service provision vital.

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Appendix 1: The Independent Advisory Group on Teenage Pregnancy's second annual report - eight key recommendations

Joined up action

1. The Government identifies a robust method for collecting data on teenage pregnancy amongst looked after young people and care leavers to inform the development of an indicator for inclusion in the social services performance assessment framework indicator set for 2004-5.

2. In formulating legislation on the Sexual Offences Bill, the Government takes account of young people's sexual development needs. A balance must be found between protecting young people from abuse and exploitation whilst ensuring they can access the services they need without fear of prosecution.

3. The Government identifies appropriate performance management levers within all relevant departments to sustain the priority given to teenage pregnancy programmes when ring-fencing of the teenage pregnancy implementation grant is lost. Robust mechanisms will need to be in place to ensure that mainstream funding continues to support effective interventions to ensure the ongoing delivery of the local strategies.

National campaign

4. The national campaign continues to target those who are disadvantaged or hard to reach. Special efforts must be made regarding young people from ethnic minorities, boys and young men, young people with learning disabilities, looked after young people, young parents, care leavers and those within the Juvenile Secure Estate. We also recommend that all young people, including under 16s, are given the message that they have a right to confidentiality through adverts as part of the national campaign.

Prevention (SRE)

5. PSHE forms part of the statutory curriculum at all key stages and that Ofsted should report on the provision of PSHE bi-annually. We also recommend that by 2006 all secondary schools have at least one specialist PSHE teacher who holds a PSHE certificate and that a target is set for a realistic number of nurses to hold the PSHE certificate in the national roll-out of the specialist certificate programme in 2004/5.

Prevention (Services)

6. The revised guidance on confidentiality to under 16s is distributed to health professionals without delay and that all other existing guidance be revised after the Sexual Offences Bill to give a clear indication to all professionals and non-professionals on the giving of sexual health advice and contraception. This advice will also need to be highlighted in the national campaign to make clear to young people that they can, and should, seek advice when needed, without the fear of their confidence being breached.

7. The current position on the confidentiality policy of Connexions personal advisers working in schools should be re-examined as a matter of urgency and that personal advisers should work to the same model as school nurses. Within this framework the personal adviser would follow the confidentiality policy of the individual school (or other institution) in group or classroom discussions, but one-to-one consultations would remain confidential unless there were serious child protection concerns. All young people accessing the

service in schools must be told of the level of confidentiality they can expect before they disclose information.

Support

8. Many young parents still have very low incomes, face many obstacles in returning to education and work, and do not live in appropriate housing. Accordingly, we recommend that the Government gives priority to the provision for teenage parents of:

    - adequate financial incentives to support young parents
    - adequate and affordable childcare
    - suitable, affordable housing, including sufficient supported housing

Appendix 2: The national strategy for sexual health and HIV

The aims of the national strategy will be achieved by:

- providing clear information so that people can take informed decisions about preventing sexually transmitted infections (STIs) including HIV
- ensuring there is a sound evidence base for effective local HIV/STI prevention
- setting a target to reduce the number of newly acquired HIV infections
- developing managed networks for HIV and sexual health services, with a broader role for those working in primary care settings and with providers collaborating to plan services jointly so that they deliver a more comprehensive service to patients
- evaluating the benefit of more integrated sexual health services, including pilots of one stop clinics, primary care youth services and primary care teams with a special interest in sexual health
- beginning a programme of screening for Chlamydia for targeted groups in 2002
- stressing the importance of open access to GUM services and, over time, improving access for urgent appointments
- ensuring a range of contraceptive services are provided for those that need them
- addressing the disparities that exist in abortion services across the country
- increasing the offer of testing for HIV and setting a target to reduce the number of undiagnosed infections, thereby ensuring earlier access to treatment for those infected and limiting further transmission of the virus
- increasing the offer of hepatitis B vaccine
- setting standards for the treatment of STIs and for the treatment, support and social care of people living with HIV
- setting priorities for future research to improve the evidence base of good practice in sexual health and HIV
- addressing the training needs of the workforce across the whole range of sexual health and HIV services

Appendix 3: Case studies

MANCHESTER - BESWICK AND OPENSHAW

For some time now the teenage pregnancy work in Manchester has been co-ordinated by the city wide teenage pregnancy unit. The NDC continue to have representation on the steering group and input into the work. Key projects recently impacting on the NDC area include:

Manchester Methodist Supported Housing

Olivia Lodge is a supported accommodation unit which is now up and running in the NDC area. It provides accommodation for young mothers aged 16 to 25 who are pregnant or have children up to five years old, and who have housing needs - they may be homeless or threatened, or living in temporary (hostel) or unsuitable (over crowded, substandard) accommodation. They are housed for up to two years in one of twelve self contained one or two bed flats. Disabled facilities are provided. Olivia Lodge includes a communal lounge, community laundry facilities and a training room which were funded by the NDC. The NDC community are priority residents - although it is recognised that some people want to move away from the area so there is always a choice. Residents are provided with personal support throughout their stay via a jointly agreed support plan involving other appropriate agencies. The support plan will typically cover home making, budgeting, benefits, independent living skills, health, education and employment, and tenancy sustainability. Resettlement officers provide follow up support with benefits, landlords and developing support networks for one year after they are re-housed. Referral is via an agency or self referral and must be supported by references confirming their accommodation needs.

Condom vending machine project

Evaluation of the NHS/Galaxy FM condom vending machine project was undertaken by semi-structured interviews with 21 stakeholders, questionnaires with 90 young people, and two focus groups. Traffic counts at the site of all the machines were also undertaken. The machines were placed around Manchester including several in the NDC area. It was concluded that there were too few machines for the project to become self-funding and problems occurred because the chosen locations were not fully monitored. There was good commitment between the organisations involved in the projects but there needed to be better correlation between the location of the machines and when the young people needed to access the products - locations only accessible during the daytime were found to be inappropriate. It was found that locations that were accessible to both sexes, busy, but offering some privacy were likely to be successful. The machines should not be placed in venues which already distributed free condoms.

Teenage pregnancy/sexual health awareness survey

This survey interviewed young people as part of the youth service action planning project. The survey found that of the 177 young people who received sex education in school only 28 found it useful. A higher percentage (36 of 75) found the sex education they received in a youth centre useful. Most would go to their doctor for contraception (27%) and advice about STIs (50%). They felt sexual health services should be located in youth centres (41%) or health clinics (37%) and free condoms, general health advice, and the availability of a female doctor were considered the most important aspects of the service. Most would prefer a mixed gender service (60%).

Other projects include:

- developing the teenage pregnancy and sexual health action plan 2003-04. (25 youth provider agencies contributed).
- residential work with DISCUS youth outreach
- health days
- accreditation opportunities
- teenage pregnancy peer education drama work

KNOWSLEY - NORTH HUYTON

In Knowsley the partnership between NDC and North Huyton Sure Start as part of the Community Wellbeing Team has successfully implemented a number of projects. The CWT was launched via three public events in January and February which were attended by over 650 people.

Sexual health workers

Two full time workers are now recruited and in post. They are targeting single sex youth work, concentrating on a prevention strategy. The young women's project worker has been in post for fourteen months and the young men's sexual health worker for five months. There was a delay in the recruitment of the male worker as this was initially advertised as a part time post resulting in a lack of suitable applicants. Increasing it to a full time post overcame these problems.

Peer education project

A 20 week peer education course is ongoing for young people in the area. They receive an open college network qualification on completing the course. Currently six young men and six young women, all NDC residents are involved. They are also rewarded with additional sessions, such as nutrition sessions teaching them how to make healthy smoothies - they see these sessions as treats and don't realise they are learning at the same time. Once their training is complete the peer educators go out into the area to work with young people and also to recruit new trainees to the course. There are good links with Connexions and many of the young people go on to further training after completing the course. Funding is currently being sought to provide a peer education phone line.

Liverpool GUM

Positive links have been developed with all the local GUM services and an informal fast track scheme has been developed with Liverpool GUM particularly in providing appointments for young men. Initial reservations from the GUM clinics have been overcome allowing the NDC to advertise their contact details to improve referrals from the area.

Health House

Although the NDC mobile health unit is still providing a service on Wednesday afternoon throughout the estate it has been perceived as too visible for some of the prevention services. This project has therefore been mostly superseded by the "health house": The NDC housing team have bought up some of the property in the area as an investment because they know that the value is going to go up as the area is regenerated. The CWT have arranged with them to use one of the houses as a health house in which to run health sessions. This links the health projects with other NDC projects because the NDC Green Apprentices have done all the refurbishment in the house including re-plastering and decorating. The local young people

have responded well to the atmosphere in the house and asked for their own room just for their use. It was pointed out that the house has to be multifunctional and open to the whole community, so they have been allowed to put up their posters but the room remains open access and can be booked for sessions by the whole community. The young people accepted that because they were involved in the process so they could see how it was working.

THINK campaign

The THINK (Teenage Health In Knowsley) campaign is branded by a clearly identified barcode logo. The young people wanted sexual health to be integrated into other services. The logo is displayed to show that local services are young people friendly, for example in the Huyton Community Pharmacy. A free phone information line has also been developed as part of the same branding.

Teenage pregnancy and sexual health media group

This group brings together professionals with local young people who lead the group. The group has shaped the THINK campaign and development of the free information phone line. The group are now working on a weekend survival bag to be given out in the run up to the weekend. A costing exercise is currently underway involving the young people. Content suggestions include condoms, pregnancy test, information leaflets, toiletries, spot cream, taxi numbers, pen and paper, sanitary products, bottle water (incorporating anti-drugs message) and candles. Following this the media group will agree on the contents of the bags which will be distributed for a pilot period of time through the teenage contraception services.

Other projects include:

- Sexual health week - August 2004
- An active Dad's group
- Support to schools for personal health and social aspects of the curriculum
- Bump club

NOTTINGHAM - RADFORD AND HUYSON GREEN

The teenage pregnancy work in Nottingham is co-ordinated through Sure Start Plus. NDC funding provides funding for an additional Sure Start Plus Advisor to extend the work into the NDC area. Key projects include:

Peer education

In Nottingham the peer education course is a ten week, Open College Network qualification in mentoring skills for pregnant girls and young people who already have children. The course is currently attended by ten young people aged 16 to 25 the majority of whom are NDC residents. It was initially run for under 18 year olds as a Sure Start programme but because it is being funded for NDC residents the age has been increased to 25. This was because the residents expressed an interest in having this kind of course provided, and also to meet the NDC young people guideline age rules. Crèche and childminding facilities are provided for all the participants. The course is run in partnership with Connexions providing opportunities for further training which might be equal opportunities or child protection.

Focus on young fathers

Last February, a residential weekend at Centre Parcs, run by Sure Start Plus was attended by three NDC couples. It was the culmination of a Sure Start Plus project for young fathers. The course was attended by four couples with babies, four pregnant couples and four advisors from the Sure Start area (of which NDC is a part). Accommodation was provided in four chalets with one couple with child, one pregnant couple and one advisor housed in each. This provided the opportunity for a lot of informal peer mentoring over the weekend and the pregnant couples gained valuable experience in living with, and looking after, a baby.

Other projects include:

- developing effective referral systems between agencies
- establishing a young people's advisory forum (VOICES)
- developing information for teenage parents (e.g. housing information)
- road shows for midwives to improve support for teenage parents/pregnant teenagers
- work with young fathers including an agency forum and a video
- activities and trips for young parents and young fathers

DERBY - DERWENT

Clinic in a box

A "clinic in a box" project is being developed with the PCT. It is based on a model developed by East Staffordshire PCT. The scheme will be run by school nurses. The box contains everything that is needed to run a clinic including: information sheets, condoms, condom demonstrator, breast and testicular cancer awareness models, contraceptive teaching aids, pregnancy testing kit, urine pots, sphygmomanomter, stethoscope, stationary, emergency contraceptive, gloves, yellow bags, and bin liners. The resources can be easily transported in a lockable box so the nurses can take the box with them. This means that they don't need a static venue to provide the service. Alongside raising awareness on sexual health, contraception and relationships, sexually transmitted infection, safer sex, and a range of other health issues, the nurse is able to provide emergency contraception, condoms, and pregnancy testing. The project also acts as a sign posting service to other agencies e.g. family planning, GUM, and GPs. The services will run in the evening after school in locations which are easy for the young people to access. The NDC is funding the contents of the boxes. The project will be implemented on completion of a PCT feasibility study. A current problem which must be overcome, is the reconfiguring of services and staff time to allow continuation of provision in the school holidays when the school nurses don't work.

Derwent Spaceman

Previously known as "Get Your Kit On", the Derwent Spaceman project is run by Derby City Special Youth Team with NDC support. It is an extension of the Space advice centre in central Derby which has bought the service into the local Youth Centre. The project provides confidential support and advice to young men including relationship issues and sexual health. There are sessions in PSHE lessons in local schools, the pupil referral unit for excluded pupils, and the special needs education service. In the past year the service has made 230 new in-school contacts. There are also weekly drop in sessions for school leavers provided at the youth centre and 48 new contacts have been made. Future work for the project includes developing a service based at the local roller skating venue "Roller World" to provide a second centre for the Spaceman project, with the aim to engage more young men with the project.

Time 4 girls

This project was developed in response to interest created by the Spaceman project to provide something similar for young women in the area. They wanted a discrete group which provided the opportunity to discuss relationship issues and receive advice. The project is based at the Derwent Youth Centre and its primary aim is raising self esteem. Sex and relationship education work in schools is also provided. The group is currently not running as it is seeking a more central location (the Youth Centre is based on the very edge of the NDC area). The first group consisted of twelve girls who had previous contact with the youth centre.

Other projects include:

- school nurse service in children's residential homes
- support for teenage parents via link worker (absent on long term sick leave)
- health promoting schools - standard protocols for sexual health education

BIRMINGHAM - KINGS NORTON

Pregnancy prevention

The sexual health promotion team have provided training to help GPs develop young people friendly services and approaches. The three NDC practices have been involved and these cover around 90% of young people on the NDC estate. Young Peoples' Sexual Health Services in General Practice provided real life interactive sessions for clinical and non clinical members of the practice teams involved in providing sexual health services to young people in the NDC and surrounding areas. The half day course for practice nurses, practice managers, receptionists, school nurses and health visitors aims to provide answers to a range of real life questions including:

- How can we increase young peoples' confidence in the confidential nature of our services?
- Emergency contraception - do we provide quick and easy access?
- How can we reach the young people who most need our help?

By allowing their staff to participate in the session each practice receives an annual quota of free pregnancy testing kits.

Local pharmacy staff have received training in order to provide a free pregnancy testing service for young people. However the project has struggled with finding enough space within the pharmacy to provide the level of discretion required and as a result, the service is yet to be implemented.

Cupids clock

Cupids clock is a service which provides free daily text message alerts to remind young women to take their contraceptive pill. It is provided by South Birmingham PCT and is available to NDC residents. Women can join the service by text, online or at local libraries by submitting their phone number, age, postcode, and pill number. They receive a discrete message of their own choice for example "walk the dog" or "call Alex" to remind them to take their pill.

Other projects include:

- school nurse work in Kings Norton High School – sexual health focus
- health education theatre at Kings Norton High School
- discussions regarding future clinic in a box style project

Appendix 4: Partnerships with teenage pregnancy projects

NDC	Teenage pregnancy projects
Birmingham Aston	Sure Start model
Birmingham Kings Norton	Contraception delivery, information leaflets, pregnancy testing, Cupids clock - pill reminder text message service
Bradford Little Horton	Teenage pregnancy work ongoing
Brent South Kilburn	Reducing teenage pregnancy
Brighton East	Increasing access to family planning services, changing attitudes, peer educators, school/community health drop-in, extended family planning services
Bristol Barton Hill	Teenage pregnancy project
Coventry Wood End	Teenage sexual health programme, Sex and Relationship Education (SRE)
Derby Derwent	Derwent Space Man, Time 4 Girls, Clinic in a box
Hackney Shoreditch	Outreach teams - part of generic youth programme
Hammersmith North Fulham	Reduce rates of teenage pregnancy
Haringey Seven Sisters	Health education programme - responsible relationships, community participation appraisal, childcare for teenage mothers
Hartlepool West Central	Sure Start extension in NDC area
Hull Preston Road	Teenage pregnancy project
Islington Finsbury	Young peoples sexual health services
Lambeth Clapham Park	Teenage pregnancy and sexual health work beginning
Leicester Braunstone	Peer educators Sure Start, Raise self esteem and life choices for young women, Positive and negative aspects of parenthood
Lewisham New Cross Gate	Reducing teenage pregnancy
Liverpool Kensington	Teenage pregnancy and education
Liverpool Knowsley	Sexual health workers, Peer education, Health house, THINK campaign and media group
Norwich North Earlham	Collecting background data
Middlesborough West	Reduce teenage pregnancy
Manchester Beswick	Supported housing, Condom vending machines, Sexual health awareness survey
Nottingham Radford	Sure Start Plus Advisor, Peer education, Focus on young fathers, Centre Parcs residential weekend
Newham Westham and Plaistow	Physical and sports activities - teenage pregnancy prevention
Oldham Hathershaw	Young peoples sexual health and peer education
Plymouth Devonport	Children and families including pregnancy and early life, promoting positive sexual health
Rochdale Heywood	Sexual health including teenage conceptions
Salford Charlestown	Salford and Trafford sexual health strategy
Sheffield Burngreave	Sure start extension in NDC area
Southampton Thornhill	Family support - Health and Well being
Walsall Blakenhall	Teenage pregnancy, Community partnership
Wolverhampton All Saints	Teenage Pregnancy Initiative