

New Deal for Communities

The National Evaluation

Research Reports

Teenage pregnancy prevention initiatives in New Deal Communities

Research Report 7

The Neighbourhood Renewal Unit 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 Neighbourhood Renewal Unit.

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/home.asp>



Sheffield Hallam University

Teenage pregnancy prevention initiatives in New Deal Communities

Research Report 7

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EXECUTIVE SUMMARY

Appropriate interventions for prevention:

- A range of interventions involving education, information, and support, (along with contraception provision and advice) have the potential to reduce the number of teenage pregnancies.
- Projects also need to consider the wider issues of youth exclusion and the strong connections with youth crime, drug abuse etc.

Appropriate outcome measures:

- The success of NDC teenage pregnancy prevention programmes can clearly be measured by a reduction in teenage pregnancy in the area.
- Much more is at stake than simply a numerical reduction and projects must ensure that the reduction is in the total number of teenage conceptions, not just in the number of live births.
- The inclusion of young people in the community and improving their outlook for the future, these may also be appropriate outcome measures.
- As there is little baseline information other than the rates of teenage births, projects will need to consider what other outcome data they can realistically obtain.

Working with partner agencies:

- In many cases the teenage pregnancy reduction projects have strong associations with Sure Start Plus projects who already have established links with education, employment etc.
- Other successful partner agencies include youth outreach projects and the local PCT - the most likely agency to support mainstreaming initiatives.
- In areas without Sure Start Plus the teenage pregnancy prevention projects have had to work much harder to develop their own associations with appropriate partner agencies.

Building on pre-existing initiatives:

- In some areas city wide teenage pregnancy strategies have been developed and there are even examples of NDC's "putting off" their teenage pregnancy projects in order to wait for, and co-ordinate with the city action plan.
- Examples of good practice are already available from established NDC and Sure Start Plus programmes to prevent teenage pregnancy, however, they also include NDC areas with no previous programmes established and no support from Sure Start in the area.

Meeting national priorities:

- The issue of teenage pregnancy is often on the NDC agenda due to national priorities rather than local concern. This view has been reinforced by the promotion of high quality, detailed information and advice from the Teenage Pregnancy Unit. This initiative has encouraged NDCs to engage and work with their local Teenage Pregnancy Co-ordinators (and Sure Start).

Mixed messages

- NDC projects who are working to prevent teenage conception AND support teenage parents should be aware of the possibility of sending out mixed messages to young people and consider this when planning the timing of their initiatives.

Key findings / issues

- Many NDC's have included reducing teenage conception as one of their health outcomes. This may be due to the priority given nationally and the known health risk to both mother and baby associated with teenage pregnancy
- Teenage pregnancy tends not to be an issue that is raised by community consultation. This may be due to the in built culture of teenage parenting over several generations in many NDC areas, and reflect greater concern regarding the other indices of poverty and deprivation which exist within these communities.
- 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.
- Successful prevention projects include improved access to relevant services, address contraception provision and provide accurate and relevant information in a non-judgemental manner.
- In many cases local evaluation of teenage pregnancy prevention projects has been slow to get established. Although the partnerships understand the value of continued evaluation, many feel it is too early in the project for this to progress.
- Provision of mainstream funding to the voluntary sector for teenage pregnancy and youth outreach services may allow continued engagement with vulnerable groups who may be untrusting of statutory services.
- An important issue acting 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 especially in limiting partnership working. Other problems included a lack of community buildings in the NDC areas that were suitable for running projects.

INTRODUCTION

The relationship between early parenthood and socioeconomic deprivation is well documented, and has long been an issue of public health and political concern. The evidence base (although limited in the UK setting) is now being used to target interventions to prevent teenage conception. Along with improving support for teenage parents (the subject of a separate report), preventing teenage conception is a common feature of NDC programmes.

The Social Exclusion Unit report on Teenage pregnancy published in June 1999 proposes the themes and work programmes for the national strategy to reduce teenage conception rates and provide better support for teenage parents and their children. The two main goals for teenage pregnancy in the UK are:

- Reducing the rate of teenage conceptions with the specific aim of halving the rate of conceptions among under 18s by 2010
- Getting more teenagers into education, training or employment to reduce their risk of long term social exclusion

The action for achieving these goals is summarised in four categories:

- A national campaign involving Government, media, voluntary sector and others to improve understanding and change behaviour
- Joined up action with new mechanisms to co-ordinate action at both national and local levels and ensure that the strategy is on track
- Better prevention of the causes of teenage pregnancy, including better education in and out of school, access to contraception, and targeting of at-risk groups, with a new focus on reaching young men who are half of the solution, yet who have often been overlooked in past attempts to tackle this issue
- Better support for pregnant teenagers and teenage parents, with a new focus on returning to education with child care to help, working to a position where no under 18 lone parent is put in a lone tenancy and pilots around the country providing intensive support for parents and child

In socially deprived areas and specifically NDC areas teenage pregnancy rates are higher than the national average and may be as much as twice the national average. This is a major area of national concern. Every year approximately 90,000 teenagers in England become pregnant of whom nearly 8,000 are less than 16 years of age. The results from this are that teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to become a single parent themselves and suffer poverty as a result. The children of teenage mothers also have higher risks of poor health and of becoming a teenage mother themselves (Social Exclusion Unit, Teenage Pregnancy, 1999).

Other European countries appear to be more successful in controlling or managing this problem, and Britain's record is the worst in Western Europe for under 16 conceptions. In response to the problem, the Government have established a national campaign to target young people and their parents with the facts about teenage pregnancy, parenthood, and self-empowerment. This is combined with local level action and work on better prevention and better support for teenage parents (Social Exclusion Unit 1999). Sure Start Plus is a nationally funded programme specifically targeted at pregnant teenagers, other young people and their families in order to address the personal and social consequences of teenage

pregnancy and social exclusion among these groups (Department of Health, Sure Start Plus pilot projects, 2001a).

In many NDC neighbourhoods, community consultation did not highlight teenage pregnancy as a serious community concern. This may be due to the in built culture of teenage parenting over several generations in many NDC areas, and reflect greater concern regarding the other indices of poverty and deprivation which exist within these communities. However, reducing teenage conception is high on the health agenda of many NDC partnerships. This is due to the national government agenda, as well as known health risk to both mother and baby and strong associations with other NDC themes (youth crime, education). Greater support for teenage parents is also beginning to be tackled by some partnerships. Many NDC teenage pregnancy projects link with established or emerging city wide initiatives, or established local projects, but provide added value and increased support in the NDC area. Where the area lies with the remit of a government Sure Start Plus project these have been used as the structure for the teenage pregnancy project, making use of established links and partnership arrangements with NDC providing financial support in their neighbourhood.

Research approach

The research consisted of 4 main elements:

- A review of the current policy literature
- 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
- Case study visits

Teenage pregnancy prevention was identified as a key theme present in many NDC plans (see appendix). As it was not possible to make contact with all the partnerships it is important to note that other teenage pregnancy prevention initiatives may exist or may be currently developing. 26 NDCs provided baseline data for teenage pregnancy and conception rates in their delivery plans, but there was little information on teenage births.

The local NDC projects have taken a number of different approaches to address the issue of preventing teenage conception, some tackling the prevention by education and contraception distribution, others using youth outreach projects and peer support to engage young people. Subsequent to mapping all teenage pregnancy projects ongoing in NDC areas, we have selected, visited and studied in depth four NDC partnerships with teenage pregnancy prevention projects. Case studies were selected to include a variety of approaches and innovative ways of working. They were also selected to reflect projects in varying stages of development. Four neighbourhoods were visited to conduct in depth interviews with health theme leads and other relevant staff from both NDC and (where possible) key partner agencies. The case study neighbourhoods were:

East Manchester - Beswick and Openshaw
Derby – Derwent
Nottingham – Radford and Hyson Green
Knowsley – North Huyton

East Manchester

The Beacons for a Brighter Future Partnership provides strategic direction to the regeneration of East Manchester across the NDC area of Beswick and Openshaw and also neighbouring Clayton. The partnership is responsible for the management of the New Deal for Communities and Single Regeneration Budget initiatives across the area and aims to ensure complementarity between these programmes and the other regeneration initiatives occurring across East Manchester (Sure Start, Education and Sports Action Zones and New East Manchester Limited).

Generally when asked about priorities for the area, health issues don't come up as residents main concerns, these tend to be housing and crime problems. The issues around health which do arise are more focused, e.g. dissatisfaction with information about provision at, or location of, the new health centre. Local perception of the areas health problems tend to be around issues with NHS access, not wider issues. When asked about their concerns residents think of their own health not the health of community. Teenage pregnancy is not an issue unless it has specifically affected them or their family, and the views of those affected tend not to be represented on the residents committees.

But there are still large problems with nuisance behaviour, teenage drinking etc - these issues can be related to teenage pregnancy and especially to measures which are being taken which will address all these issues. e.g. Clearing derelict housing will have impact on drug and alcohol use by removing the location where teenagers tend to go, this may in turn impact on teenage pregnancy as the feeling locally is that it is related to problem behaviour in many cases.

The teenage pregnancy work in Manchester is now co-ordinated by a city wide teenage pregnancy co-ordinator and is guided by a multi agency partnership steering group which brings together representatives from the key service providers including Health Trusts, the Health Authority, the LA, youth services and related voluntary projects such as Brook. The Beacons social programme manager is also a member of this group to maintain links with the New Deal Programme so that work developed is joint and/or complementary to the local action plan.

The steering groups work programme is based on a small number of themes which complement the national strategy objectives:

- Better education about sex and relationships in schools
- Involving parents in prevention
- Effective advice and contraception for young people
- Prevention work for those most at risk
- Access to training and education
- Support for teenage parents
- Housing for teenage parents

Background

At the time of delivery plan writing, without exception the NDC areas had notably 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 inclusion of teenage pregnancy initiatives in most NDC neighbourhoods. Despite these elevated rates, in many cases the local community do not consider teenage pregnancy to be a key health concern in the area. Health concerns tend to focus mostly on access to services and teenage pregnancy is sometimes seen as the acceptable norm in areas where it has occurred repeatedly over several generations. In community consultations with local residents health generally came bottom of this list of priorities with the primary concerns being around housing or crime issues.

“Teenage pregnancy is very visible when it happens but the reductions are less visible and so long as there is one problem family/group of youths etc perception will still be that there are serious problems with youth and that nothing is being done about it. Dealing with teenage pregnancy is a difficult issue because of a lack of public mandate and no concern about reducing teenage pregnancy rates.”
(Manchester NDC Worker).

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 have therefore been 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 Plus 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 and many are already beginning to see a reduction in local teenage conception rates.

Teenage pregnancy is a result of many factors including lack of education, poor perceived outlook and ingrained local culture. 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 and Pakistani and Bangladeshi women are more likely to have been teenage parents than white women, but Indian women are well below the national average and rates in South Asian communities are generally falling (Teenage pregnancy and parenthood: Health Development Agency, 2003).. There is also much regional variation, but the elevated rates in deprived areas tend to outweigh this – variations due to socioeconomic factors are greater than regional variables.

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 health 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 lone parent family, and are generally at increased risk of living in poverty, poor housing and suffering bad nutrition (Teenage pregnancy and parenthood: Health Development Agency, 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 cardiovascular 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.

The Knowsley delivery plan sets out the reasons for high levels of teenage pregnancy in the NDC areas:

- Lack of sex education and health advice
- Lack of family support and parenting skills
- Lack of awareness of long term impact of parenthood
- Alcohol and drug misuse

It is clear that a reduction of teenage pregnancy in NDC areas should contribute to improvement of quality of life for the young people involved. In order to be effective the initiatives must also impact on a number of other NDC initiatives including raising educational standards, reducing crime and contributing to the reduction in social exclusion. It is for this reason that the most effective teenage pregnancy projects are occurring in well managed NDCs which have strong links between their theme groups and partner agencies.

Knowsley – North Huyton

North Huyton in the borough of Knowsley on Merseyside is bounded to the north and west by the M57 motorway, the A57 to the south, which is the main arterial route into Liverpool and to the east by residential areas within the city of Liverpool's jurisdiction. It incorporates all of Princess ward and parts of Longview and Knowsley Park wards with an estimated population of 11,310. The Index of Multiple Deprivation score for the area is 78.77, which places it in the most deprived 10% of wards in England. Just over half of the population lives on low incomes. Only 36% of young people stay on at school beyond compulsory education. Its standardised mortality and illness and disability ratios are (just under) 178 and 274, respectively (against national indices of 100).

The progress around teenage pregnancy prevention in the area has been delayed by the development of the local strategic plan to ensure that the NDC initiative co-ordinates with the area strategy. However, progress is now being made working closely with Sure Start, Connexions, and local community and youth workers.

Advice clinics are currently provided via the youth advice shops within a local youth centre. NDC additional resources will enable the service to be extended beyond traditional hours and will be supported via a mobile unit available at set venues throughout the estates. Additional provision will be available late evening (10-11pm) on Thursday and Friday and at weekends (early session Saturday or Sunday morning) using the mobile facility. Flexible hours have been adopted to facilitate time when young people are more likely to use services, or require support regarding emergency contraception. Young people's alcohol consumption at weekends is an issue for NDC and often higher risk sexual behaviour is prevalent. It is hoped by providing prevention and information fewer young women will become pregnant and fewer STD's will be contracted.

Young people from NDC have designed the young people's sexual health packs which contain condoms, information about condom use, STI's, emergency contraception, contact phone numbers for appropriate related services and a triangle of partners (information on how you partners sexual history can affect you). The project will trial a scheme where teenagers returning the outer package will be provided with another pack. This serves to increase the chance for repeated and continuing contact with their service, giving further opportunities to provide health advice and education on an informal basis. It also ensures that littering and community disapproval is minimised. The agency contact numbers will be on a separate credit card sized format, in the hope that this part of the pack will be retained.

The second level of support will be provided using a training approach. Every youth worker within North Huyton will be trained on positive sexual health messages to provide to young people. This will enable the message to reach young people who choose to remain anonymous as service recipients. Young people within the NDC Youth Forum will also be trained as peer educators and will transfer sexual health messages across the NDC area in informal and non-"professionalised" manner.

An exchange visit to Dublin from NDC young people (some of whom are Looked After Children) will take place to enable sharing ideas, vision of how to tackle perceived contentious issues with regard to faith will be discussed.

Objectives

The key aims of the NDC teenage pregnancy prevention projects are focused on percentage reductions in teenage conception rates:

- Derwent NDC (Derby) has set down the strategic objective to reduce teenage pregnancy by 25 percent in 2007 and to half in 2010. Improving health and the reduction of teenage conceptions is a health outcome in the Derwent community delivery plan 2002/3. This is linked directly to the first aim of the Derby and Derbyshire teenage pregnancy strategy (2000) which supports the governments' aim to reduce conception rates amongst under 18 years by 2010 to 55%
- In East Manchester NDC, the teenage pregnancy rate at the onset of the project at 19.4 per 1000, was higher than both the Manchester (14.5 per thousand) and national (8.8 per thousand) averages. The project aims to reduce pre 16 conceptions by 15% by year six and by 30% in year ten
- The Knowsley delivery plan states that one of the strategic objectives of the health and healthy living task group is to reduce the rate of teenage pregnancy to the borough average (baseline was 19% higher than the borough average)

Surprisingly, the Nottingham NDC don't have any baseline information on teenage pregnancy rates for the NDC area as this was not in the original delivery plan:

“The Sure Start Plus Project is working on the effects of pregnancy on social exclusion so it is looking not so much at pregnancy rates as at the effect of social exclusion, but we don't have any baseline for that either”.
(NDC worker, Nottingham).

The project objectives vary more and detail what measures will be implemented into order to achieve the percentage reductions set out above.

In Manchester the following themes constitute the practical aims of the project:

- Better education about sex and relationships in schools linking with the city wide strategy
- Involving parents with prevention
- Effective advice and contraception for young people
- Work with boys and young men
- Access to education and training
- Support for teenage mothers
- Housing for teenage parents

Strategic goal one of the Derwent NDC partnership (Derby) is to improve health and reduce inequalities in health. Teenage pregnancy work in Derwent NDC (Derwent Community Partnership) has undergone an “Evolution of working together” as reducing teenage conception is a priority at both local and city level due to high need. Derby City and Derbyshire have a well established teenage pregnancy strategy and NDC funding is being used to expand and intensify the services in the Derwent area.

In Knowsley the objectives of the teenage pregnancy project link to the objectives of the Knowsley Teenage Pregnancy Strategy Action plan to:

- Increase levels of self esteem, confidence and empowerment.
- Develop a sex education outreach programme to include mobile outreach support
- To ensure parents have confidence and tools to communicate with their children about sex and relationships, including within community settings
- To increase the availability of emergency contraception
- To continue involving young people in planning, delivery and review of services.
- To provide multi-agency outreach health services for young people.

In Nottingham the NDC do not seem to have any strategic objectives for the teenage pregnancy project and are simply providing added finance to intensify Sure Start Plus provision in the neighbourhood. The Sure Start worker will also be responsible for implementing the NDC agenda of reducing teenage conceptions although as yet, there are no clear aims to achieve this.

Nottingham

Radford and Hyson Green is a residential area close to the city centre. Much of the areas housing is in multiple occupation and includes a significant student population as well as a 28% BME community.

In this NDC like many others the teenage pregnancy agenda has been imposed by the NDC health theme who are aware of the social and financial limitations on teenage parents and their families. Although the residents did not highlight teenage pregnancy as an issue they will continue to be involved in negotiations through residents voice – a new 500 strong citizens panel.

The teenage pregnancy prevention project is being run jointly with Sure Start Plus. An additional Sure Start Plus worker is being financed to intensify services in the NDC area. Sure Start Plus will provide support, for example with managing case work but the NDC agenda including preventing teenage conception will be the clear focus for this position.

It is also hoped that a number of teenage pregnancy peer educators will be appointed and that they will represent both genders and the ethnic mix of the area.

The health theme in Nottingham NDC is now beginning to be established and this may see an increase of provision in the area of teenage pregnancy prevention.

PROCESS ISSUES

i. Resident consultation / involvement

Consultation

Teenage pregnancy was not one of the main concerns for NDC residents despite high rates of teenage conception in NDC neighbourhoods. In some cases, residents health concerns are focused around access to services, in other areas however wider social issues and factors such as housing, transport, environment, and drugs are seen to be affecting the health of neighbourhood. But even in these cases residents don't talk about teenage pregnancy as a community issue.

"They tend to just think of specific people they know and will only consider teenage pregnancy a problem if it has happened to someone close to them and they have seen the associated difficulties". (NDC worker, Derby).

Community consultations for the NDC delivery plans were often the first time the community had been consulted on issues surrounding teenage pregnancy. In Derby, during community consultations prior to completion of the NDC delivery plan only after teenage pregnancy issues had been mentioned by NDC did local people agree they should be addressed. This reflects a more "top down" approach than a serious community concern. However this is not unusual as in areas of high teenage pregnancy teenage parenting can often be seen as the norm, and communities are unaware of the poor health outcomes and implications for both mothers and babies. The fact that teenage pregnancy is not perceived by the community as a high priority is perhaps not surprising in light of the many other indices of poverty and deprivation present in the community.

"The teenage pregnancy issue isn't resident led it is top down,... and imposed by the government agenda". (NDC worker, Nottingham).

However there are exceptions to this and in a few NDC neighbourhoods the NDC workers have been successful in publicising the negative effects surrounding teenage pregnancy and getting it on the public agenda at a very early stage. One of Knowsleys' main strengths is the enthusiasm of the community and the extent to which they have been involved in the planning stages. The development stage has taken much longer than many other NDCs but has been thorough and should ensure strong direction and purpose for each of the projects including a well developed network of resident groups and community organisations. In the main consultation for the teenage pregnancy project over 60 young people were involved. The need for more work and for services available in the evenings and at weekends were highlighted.

"Teenage pregnancy is a big concern in the area, the lack of information available is an important issue..... it is on everyone's agenda (including the community) but no funding was being provided".
(NDC worker, Knowsley).

Involvement

Where some NDCs are weaker is in the continued involvement of more than a few residents in the NDC beyond initial consultation. There are concerns about burn out of community representatives and whether there will be any one willing to replace them if this occurs. In Nottingham the Community Development Project is cross cutting through all the NDC themes and aims to improve the level of engaging the community. Resident voice is a new citizen's panel with over 500 member (still growing) which has been developed by the newly appointed community development worker. The panel provides focus groups for specific issues;

“..... for example, if you needed to know the elderly Asian male populations view on teenage pregnancy the panel will provide a focus group. Or if the specific population is not available the community development worker will go out into the community to try to engage them”.
(NDC worker, Nottingham).

At the time of writing the NDC delivery plans, teenage pregnancy was particularly topical in many cities as the teenage pregnancy strategies were being developed at the same time. Despite a lack of initial community concern it is an appropriate priority for these neighbourhoods due to the NDCs' high ward conception rates.

Derby, Derwent

Derwent has a population of 9,355 in 3,882 households mainly in semi-detached houses built between the wars. Black and minority ethnic communities account for 2.9% of the population and may be recently arrived asylum seekers and refugees – a cause of tension within the community. The low percentage of black and ethnic minority households reflects the problems of racial harassment in the area. Despite the area's close proximity to Derby city centre, accessibility is an issue as the area lies next to the busy ring road creating a physical and psychological barrier. There are very few employers located within the NDC area, although several major employers are located nearby. The area has experienced few previous renewal schemes, although a small SRB scheme has resulted in the establishment of key voluntary sector organisations. The NDC area forms part of the city's Education Action Zone.

'Get your kit on'

There is already nationally recognised good practice within the Derwent area (DoH 2002). Derby City Council, Youth Service and Derwent Community Team have been jointly working with boys and young men on the get your kit on project. This project aims to reduce teenage pregnancy by giving young men more information, support on sexual health issues and access to contraception and services. The project began in Derby City but was intensified in Derwent by NDC to include community outreach sessions within the NDC neighbourhood. Local provision of services was essential as resident young men tended not to access services available in wider Derby. The project has received national acclaim and is featured in the national NDC teenage pregnancy report and the NRU's good practice website renewal.net

Current provision now includes:

- Youth Centre Sessions
- Male only drop in sessions
- After school sessions
- Football training with professional coaches
- Sessions for social inclusion programmes in schools – currently 10 of Derby's 13 senior schools.

The 'Get your kit on' sessions are open to all young men in the area and there are attempts to engage the most difficult to reach.

A community link worker has also been appointed to work with the city wide co-ordinator and foster links with relevant agencies. She is also a key link to the community and engaging teenagers in the area.

ii. Partnership working

Partnership working is essential to teenage pregnancy projects as the establishment 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:

"we are not the experts, and we need the insights of those working in the field," (NDC worker, Manchester).

There are also variations between NDCs in the effectiveness of partnership working between the NDC themes.

An East Manchester Teenage Pregnancy Strategy Group (EMTPSG), has met since March 2000 including representatives from many agencies across different sectors to try to involve a representative from every group which has any association with teenagers and/or sexual health issues. Members of the strategy group include youth agencies, teachers, school nurses, Sure Start, education welfare and residents.

"The steering group worked well, no one agency felt responsible so people thought laterally about the problem and how to tackle it - they were less afraid to take risks because of joint responsibility.....a lot can be achieved simply by bringing the agencies together so they can communicate better".
(NDC worker, Manchester).

Sure Start Plus

In areas where NDC and Sure Start Plus overlap partnership working is easier to establish as the NDC provide additional support to the Sure Start Plus Project and benefit from the strong links already established with partner agencies. NDC can then build on these established partnerships to achieve its own agenda including reducing teenage conception. In other areas it is down to the NDC team to develop partnerships often from a very limited starting point.

The Knowsley teenage pregnancy project is supporting ongoing work in partnership with Sure Start and the Health Authority. There is a large strategy group which links to the recently established Knowsley borough wide teenage pregnancy strategy. Representatives on the board include education services, youth services, Sure start, Connexions, Social Services, youth offending team, PCT, and the Knowsley Housing Trust.

In Nottingham, Sure Start Plus provides an excellent opportunity to continue the joined up working with New Deal, Sure Start programmes, Connexions (youth outreach programme), health services and other local departments. Their teenage pregnancy project consist mainly of NDC providing additional funds to Sure Start Plus. This project was deliberately handed over to Sure Start Plus as it was felt the mainstreaming possibilities were much greater than would be the case for a small independent NDC project.

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.

One of the main partners in the East Manchester strategy is DISCUS – a youth out reach project providing support through community based mentoring schemes; projects during the day, after school at weekends and in holidays; accreditation through the Duke of Edinburgh Award Scheme and support to families around issues causing concern. DISCUS works in an all inclusive way to identify young people and families most in need of support. The DISCUS staff felt their relationship with NDC was very good and the partnership appears to work very well. The NDC are always keen to enable projects to go ahead, to listen to issues and advise where appropriate.

“Other partner agencies try to be too directing, want to have too much of a say, NDC don't get in the way, “ (DISCUS worker, Manchester).

DISCUS wouldn't have been able to continue projects, or develop and branch out without NDC assistance. The assistance is also more than just financial as they are helped to find other partnerships and access assistance from other agencies.

"We are all pieces of the same jigsaw" (DISCUS worker, Manchester).

Starting from scratch

When Sure Start Plus is not available in the NDC area, and the voluntary sector provision is limited, the NDC have to start from nothing and try to build successful partnerships. Previously in Derby, the local authority health lead was responsible for teenage pregnancy issues and everything was done on a very strategic level by an executive board including the deputy director of public health and the assistant director of education:

‘Before NDC there were no community links at all...even health workers struggled to get in on the agenda’ (Derby Youth Service Worker).

This movement first to a multi-agency forum and community involvement only began with NDC. There is now a lot of commitment within the community to support teenage pregnancy work. Community perspective is frequently monitored and teenagers in the area specifically want services they feel comfortable to access, are suitable for their needs, are provided within the community, open at times to suit them, and with confidential, trustworthy staff in a nice environment. They also want continuing services – not just there for six months, and to be provided with specific information e.g. condom use, disease, relationships, and young parents want better support.

In the Derby NDC, education, the police, local government and health are now all represented on the regeneration team. This is a great asset to breaking down barriers and encouraging effective partnership working and communication. The NDC theme teams each have six-weekly meetings and include specialised sub-groups of which teenage pregnancy is one. There are also a number of cross cutting themes e.g. life long learning which work with the health team. This includes the “Best Beginnings” programme which aims to support teenage parents and fulfil the role of the governments’ Sure Start programme (which is not present in the area). The joint theme groups reflect a number of issues including childcare and drugs and alcohol misuse.

iii. Funding

Table of planned expenditure

NDC	NDC funding	Match funding source	Matched funding	Total funding	Project time scale
Manchester	£300,000	HAZ Sure Start Plus Local fund DfEE Mainstream	£300,000 £83,000 £630,000	£1,313,000 +	3 years
Derby	£614,000	PCT County Council Dental Plan	£1,227,000	£1,814,000	3 years
Nottingham	£61,160	Connexions Sure Start	£39,238 £21,000	£121,389	3 years to 2005
Knowsley	£15,990 £32,940	Public money	£10,000 £10,300	£69,230	2002-4

In areas where initiatives cover prevention of teenage pregnancy and support for teenage parents the above figures represent the total budget for the project, not just funding for prevention.

iv. Assimilation and dissemination of good practice and mainstreaming

Dissemination of good practice in the NDC communities faces some negativity due to the fact that the teenage pregnancy projects were not community initiated and there is a feeling that the local youth are being “rewarded” for bad behaviour. However, for example in Manchester community perception is beginning to change, there are a number of local resident workers involved in the youth projects so the successes of the teenage pregnancy action plan are beginning to feed back into the community. Initially youth work had a hostile reception from residents:

“...they didn't want funds to be targeted to problem groups and felt the projects should focus on things from which the whole community could benefit. There was a feeling that we were rewarding bad behaviour, especially if we took them on trips or give them opportunities others don't have”. (DISCUS Worker, Manchester).

The negative feeling have been reduced mainly because some of the things the youth projects are doing are visible to the wider community:

"they can see the youth centres are keeping kids off the streets, that they have somewhere safe to go with advice and guidance provided.
(DISCUS Worker, Manchester).

Mainstreaming issues

The DISCUS youth outreach project in Manchester is an example of a partnership agency whose work overlaps with many NDC themes - youth, crime, education. and the problem is finding the time to keep all the partner agencies happy. They are now beginning a lot of work on disaffection issues. and feel they have to be careful not to allow it to fragment, they are concerned that mainstream agencies may swallow up all resources for the disaffection work despite being the sort of thing normally done by charities:

"Social services have a family intervention team so why would they need voluntary sector provision when the provision is there already?"
(DISCUS worker, Manchester)

But very different families access voluntary services and DISCUS highlight the fact that they often include those who don't "get on with" or are afraid of social services:

"we don't have problem with social services, we get on really well but have hugely different perspectives, a different ethos"
(DISCUS Worker, Manchester)

There are now government objectives to make mainstream services more accessible to those who don't engage but DISCUS have reservations about the mainstream agencies taking over the projects altogether. The concern lies in issues of how successfully the work would transfer to a different organisation. They know they cannot rely on continued NDC funding in the future. The NDC provides money to start projects and helps in determining what was successful, but they now need to look at sustaining those areas of the project when NDC have gone. Thanks to NDC help in early stages they have now established a good reputation and a strong product which can be replicated in other areas to help give stability:

"The ideal for the future would be direct mainstream funding to support the voluntary sector" (DISCUS Worker, Manchester).

In Derby the additional cross-cutting theme of community empowerment and capacity building is seen as the key to the successful regeneration of the Derwent area, as it underpins progress in all other theme areas. The empowerment project has increased the use of local labour by employing five local resident regeneration apprentices. Their aim is to assist in the development and delivery of projects, improve community links and bridge the gap between NDC and the community to facilitate the participation of community members in theme groups. It is hoped that these positions will contribute to successfully involving a greater number of local people. Progress to date has included engaging refugee and asylum seeker families and people with disabilities.

The Knowsley Partnership and stakeholders generally agreed that there is an improving commitment to mainstreaming in agencies operating in the NDC area. However, agency respondents were more uncertain, agreeing that it was too early to tell and that movements towards greater mainstreaming had been slow to date.

In Nottingham the close working of NDC and Sure Start Plus is providing a firm base on which to base prevention initiatives in the NDC area. There is also work ongoing to develop a proposal with Connexions to fund an advisor specifically for the needs of young people in the area. Again this post is to be managed by Sure Start Plus.

v. Monitoring and evaluation

Many NDC partnerships feel that it is very early in the process to measure success of projects. This is accentuated by the fact that the teenage pregnancy prevention projects are trying to influence a whole inbuilt culture within these neighbourhoods. These are not quick win projects and both impact on and are influenced by many other initiatives in the area. In order to evaluate the success of teenage pregnancy prevention issues it is not sufficient to simply look at a reduction in teenage pregnancy rates in the NDC area, it is also important to evaluate community perception around teenage pregnancy concerns and to look for reduction in teenage nuisance behaviour (keeping kids off the street, reducing youth crime etc), which are related to the teenage pregnancy projects work. Measures which are being

taken which will address all the large problems with nuisance behaviour, teenage drinking, problem families etc. will also relate to teenage pregnancy:

“Clearing derelict housing will have impact on drug and alcohol use and teenage pregnancy by removing the locations where teenagers tend to go”. (NDC Worker, Manchester).

There is a realisation emerging in some of the NDC projects that the limited levels of ongoing evaluation currently in place may result in loss of important learning to inform future initiatives;

"we may be in danger of losing formal learning(we) need to make sure we learn from projects and make that information available for future reference" (NDC Worker, Manchester).

It is very important to look at continuity after NDC. There are methods of formal monitoring and evaluation beginning to be established but there are also concerns that the NDC output targets are not clearly defined:

"The main problem is finding the time and resources to do the monitoring and appraisal thoroughly" (NDC Worker, Manchester).

As local evaluation initiatives develop it will 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 will need to ensure that they develop ways of learning from and documenting the successes and limitations of these projects.

The Benefits or Outcomes and effects

Many of these projects are in relatively early stages and the benefits and outcomes will become clearer as they develop. However, some key messages are already emerging from the more established projects.

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. Derby is unusual in aiming most of its teenage pregnancy work to date directly at young men. The 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 programme has been rated as effective and enjoyable by the young men attending.

In 2001, the city teenage pregnancy rates dropped 2%, (3% nationally) it is expected that the local data soon to be available will show a greater reduction. The Derby rate has dropped 16% from 1998 and already exceeded the 2004 target. To date the objectives of providing better information, advice and contraceptive services, and better sex and relationship education have been well met by the 'Get Your Kit On' project aimed at young men in the area. It is hoped that the appointment of a local resident teenage pregnancy link worker will be the first step towards increasing service provision for young women in the area. As this

new role develops, links with other agencies will be improved, and gaps in service will be identified and targeted in future provision as well as looking at improved provision for young mums such as community mentoring and peer education programmes,

The objectives are being delivered by:

- Strengthening multi-agency working around teenage pregnancy in an area of high conception and multiple deprivation
- Setting up a local multi-agency steering group
- Sharing good practice of multi-agency working across the city
- Developing expertise and skills in professionals working with young people around sexual health and teenage pregnancy
- Developing services to the most vulnerable young people via more intensive support and advice and equity of access for all groups in the city

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 East Manchester teenage pregnancy action plan effectively tackles the government priorities of reduced teenage conceptions and better support for teenage parents. A large number of initiatives in the area have already been shown to be successful and have received national acclaim, many going on to become Manchester policy city wide. Work is ongoing and will build effectively on these early achievements. The Beacons for a Brighter Future project is well managed and effectively co-ordinated. Beacons funding has contributed to the progress which has been made in the following areas:

- School nurses project - extra school nurse hours have been funded in key schools. Drop in centres have been developed to provide additional support for teenage parents.
- A teacher has been seconded to give intensive PSHE support in primary and secondary schools, this initiative has now been mainstreamed citywide.
- Interactive whiteboard - this is a pilot initiative to link sex and relationship education to wider PSE by providing schools with packs on sex and pregnancy and is currently being evaluated. At the primary school level, the "Growing Together" project has provided primary curriculum materials for discussion with parental involvement, the pack covers a wide area of issues including hygiene and puberty as well as sex and relationships. Again this pilot project is currently being evaluated.
- Curriculum 16 - provides training for those staff working with vulnerable young people in pupil referral and learning support units.
- Parent Talk - this is a parent peer education programme supporting parents in talking to their children about sex and relationships delivered by the Brook advisory service.
- The Crossley House centre has been the home of a number of finite projects to encourage sexual health work in youth groups by providing systematic youth worker training, materials etc.

In Nottingham, NDC funding is providing an extra Sure Start Plus worker to intensify interventions in the NDC area. The worker will be responsible for more than case work with pregnant teenagers and will also develop work towards the NDC pregnancy prevention aim. Despite this there do not appear to be any clear objectives to this post:

“it remains to see how this post will pan out” (NDC worker, Nottingham).

The NDC are aware that their agenda needs to be clearly defined, but have to ensure this happens. A number of peer educators may also be created to assist with this work.

Appropriate services

Where young people have been consulted about a service before it is established it is clearly far more likely to be appropriate to their needs and therefore to be used and valued by them. Knowsley have had strong attendance at their task group meetings and are diversifying the times of clinic services to be more appropriate to young people. These services will be available at first on a mobile bus service providing evening clinics and specifically trained youth advice work. A pack is being developed which will contain a condom and information including how to use the condom, sexually transmitted diseases, triangle of sexual partners (how your partners sexual history affects you), emergency contraception advice and a “credit card” sized insert with important contact numbers including the youth advice service. Young people are being involved in the design of the pack and it is hoped that littering and resident disapproval will be minimised by a scheme where young people can obtain a new pack by returning the packaging from the first. This will also ensure continued contact with the youth advice workers and provide opportunities to provide health advice and education on an informal basis.

Barriers

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.

“Teenage pregnancy is very visible when it happens but the reductions are less visible and so long as there is one problem family/group of youths, perception will still be that there are serious problems with youth and that nothing is being done about it”. (NDC worker, Manchester).

Dealing with teenage pregnancy is a difficult issue because of a lack of public mandate for reducing teenage pregnancy rates.

"This is because it is a cultural thing in this area - what has been done in many families for generations.....even when rates are reduced the area will always have a need of this kind because of in built culture of teenage pregnancy" (NDC worker, Manchester).

The NDC areas in both Manchester and Knowsley have large Catholic populations and as such, work with pupils and parents around contraception issues has to be very carefully handled:

"...work in schools therefore has to be very sensitive, it can only work because we have the co-operation of school nurses. (NDC worker, Manchester).

Local delays

Delays can result from a number of factors such as availability of external partner agencies, or appointment and retention of staff. For example, in Knowsley, there is a general agreement that progress on health had been less than intended – with the need to wait for the establishment of the Knowsley Primary Care Trust being largely responsible for this. There has also been a delay waiting for city wide teenage pregnancy strategy to be developed so that the NDC initiative can be matched to it:

In Nottingham it appears as though the main barrier to progress is the lack of communication within the NDC, as is felt by some members of staff

.....senior management meeting need to be improved so they are not so closed door (NDC worker, Nottingham).

There is also a feeling that crosscutting themes such as population groups (young people, elderly, Asian etc) are not being considered which may lead to more joint working between the themes.

In Derby, problems which have limited progress include restructuring around the new teenage pregnancy co-ordinator post and changes in the local authority and health service structures which have resulted in time delays and limited the progress of the project. There have also been staffing gaps and the teenage pregnancy co-ordinators position was left unfilled while on secondment for 6 months. It is felt that this was due to problems with co-ordination within the NDC and lack of communication with the PCT. The staffing problem meant that at the time of the outline bid the teenage pregnancy co-ordinators position wasn't full time and was responsible to a number of different organisations. Now it has moved to full time and is the responsibility of just one authority. The result of this is that there is a lot more time available.

Dissemination

In Derby, dissemination of information to the community is assisted by the community link worker. As in many other NDCs the community is kept up to date with progress via the Derwent Together newspaper, which is circulated to each household every six weeks. However there is concern that some groups within the community are not being reached. The area is known to have a low literacy rate, so even where information, such as the Derwent Together publication is received it is not necessarily read or properly understood. The NDC's profile in the area is quite low and some projects have been incorrectly attributed to other organisations (e.g. the local authority), which adds to the problem.

Success in itself can also pose problems as has been identified in Manchester:

"There are now an endless stream of academics wanting to interview us, especially regarding teenage pregnancy because has been so successful" (NDC Worker, Manchester).

Short term funding

An important issue acting 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 especially in limiting partnership working. A key issue for the health themes was the untimely initiation of many projects to coincide with the massive NHS structural re-organisation. In most cases progress in the health theme,

most notably around partnership working and appointment of seconded staff, has been severely delayed by the slow establishment of local Primary Care Trusts. Other problems included a lack of community buildings in the NDC areas that were suitable as accommodation for the projects.

Buildings

There have also been some limitation in the availability of suitable community venues in which to house the health projects. Many projects are now established in NDCs to build suitable facilities or renovate and adapt existing buildings.

Conclusions

Reducing the rate of teenage pregnancy is a major government aim and also one of the most common health goals across the NDCs. Many NDC teenage pregnancy projects link with established or emerging city wide initiatives, but provide added value and increased support in the NDC area. The NDC partnerships are at different stages of development and are adapting many different strategies to deal with the issues of preventing teenage pregnancy. In many cases the projects are driven by the NDC health themes although they are beginning to be supported by the community. Although much still remains to be achieved the projects are genuinely contributing to a wider strategy to improving the chances of young people in these deprived neighbourhoods.

Key messages to partnerships

A key to successful projects, what ever the topic, is local NDC staff with strong knowledge of the local area and the specific needs of the local community

Be aware of the possibility of presenting mixed messages if prevention of teenage pregnancy and support for teenage parents are both being tackled.

Although interventions targeting specific groups can be effective, ensure the needs of other groups are not overlooked.

Teenage pregnancy is not an isolated issue - Ensure cross cutting work in association with other NDC themes where ever possible

There seems to be a lack of understand of the difference between quantitative monitoring and qualitative evaluation, and the need for both.

Mainstream funding of the voluntary sector may ensure that those who are difficult to engage are still reached – e.g. those who are cautious of statutory services.

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These documents are available from www.renewal.net or from the Teenage Pregnancy Unit (www.teenagepregnancyunit.gov.uk or 020 7972 5073)

APPENDIX 1. PARTNERSHIPS WITH TEENAGE PREGNANCY PREVENTION PROJECTS

NDCs	Teenage pregnancy prevention
Kings Norton Bham	Contraception delivery Info leaflets, pregnancy testing
Bradford	Teenage pregnancy work ongoing
Leicester Braunstone	Peer educators Sure Start. Raise self esteem life choices for young women. Positive and negative aspects of parenthood.
Brent, South Kilburn	Reduce teenage pregnancy
Brighton East	Increasing access to family planning services. Changing attitudes, peer educators
Bristol	Teenage pregnancy project
Coventry	Teenage sexual health programme
Derby	Get your kit on -safe sex advice and support
Hammersmith	Reduce rates of teenage pregnancy
Haringey Seven Sisters	Health education programme - responsible relationships.
Hartlepool	Sure start extension in NDC area
Hull	Teenage pregnancy project
Islington	Young peoples sexual health services.
Clapham Park Lambeth	Teenage pregnancy and sexual health work beginning
Lewisham	Reducing teenage pregnancy
Liverpool Kensington	Teenage pregnancy and education
Norwich	Collecting background data
Middlesbrough	Reduce teenage pregnancy
Manchester	Teenage pregnancy action plan
Nottingham	Teenage pregnancy officer: SS Plus Advisor in NDC Area
Newham West Ham Plaistow	Physical/sport activities – teenage pregnancy prevention
Oldham	Young peoples sexual health and peer education
Plymouth	Children and Families including Pregnancy and Early Life. Promoting positive sexual Health
Heywood Rochdale	Sexual health including teenage conceptions
Salford	Salford and Trafford sexual health strategy
Sheffield	Sure start extension in NDC area
Southampton	Family support Health and Well being
Walsall	Teenage pregnancy. Community partnership