

Kent Teenage Pregnancy Partnership>>>>>>>

>>>>>>>Improving outcomes for young people

Kent Teenage Pregnancy Partnership Annual Report

2006/7

>>>Young people



>>> Parents



>>>Mums



>>>Dads



Children, Families & Education Directorate



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Executive Summary

- **In 2006 the Kent Teenage Pregnancy Strategy underwent scrutiny by Kent County Council Select Committee. They endorsed and supported all the efforts of the Kent Teenage Pregnancy Partnership and urged that all key agencies be wholly committed and signed up to the Strategy**

- **There is clear evidence to identify which groups are more likely to get pregnant, where they live and what works to reduce teenage conceptions**

- **Kent is making progress, latest data demonstrates we have seen a decrease in county rate but we are now in the **Amber/Red** category and the increased momentum seen in the last year must be maintained**

- **Clearly there is excellent practice in place across the county but delivery of teenage pregnancy initiatives at local level is disparate**

- **There needs to be an absolute shift from developing more initiatives to implementing what is available**

- **It is wholly essential that key organisations accept their full role in the strategy**

- **For the strategy to be successful the work of organisations working to increase young people's vision is vital**

- **Key organizations must recognise there is no extra workforce to implement this strategy and look to ways of incorporating this into core work**

- **All partners need to keep the profile of the strategy high within their organisation and recognise their duty to cascade information to young people, parents and professionals**

Introduction

Each year the Kent Teenage Pregnancy Partnership (KTPP) produces an annual report to demonstrate the progress of the teenage pregnancy strategy at county level and to draw together newly published national guidance.

The National PSA targets relating to teenage pregnancy are to

- Halve the rate of conceptions amongst under 18 year olds by 2010
- Increase to 60% the participation of teenage mothers in education, training and employment and reduce their risk of long-term social exclusion by 2010.

There is an additional target of the strategy that is not a PSA target to

- Set a firmly established downward trend in the under 16 conception rates by 2010

As a 4* council Kent is not obligated to produce a report but chooses to do so, demonstrating the commitment and determination in the county to achieving the targets of the strategy. The council also ring fences the full Teenage Pregnancy Grant for implementation of the Kent strategy.

County Strategy

The Kent Strategy is monitored by the strategic Kent Teenage Pregnancy Partnership Board. This multi agency board is configured from organisations working with those vulnerable to teenage pregnancy. A core team, comprising of a coordinator and project managers for young parents and media, drive the strategy forward, identifying gaps in services with a view to commissioning, planning and shaping services. Within the coordinators role is monitoring and assessment of the strategy progress to ensure implementation strategically across the county.

The strategy is divided in to 4 key strands

- Sex and Relationship Education
- Contraception Services and Access
- Young Parents and improving outcomes
- Media campaign

Each strand has a strategic steering group comprised of professionals working in the specific field, that drive and develop that part of the strategy.

Local Strategy Implementation

There are 11 Local Implementation Groups (LIGs) across the county, these were until very recently geographically aligned with old Primary Care Trust (PCT) areas, but are now aligned with Cluster areas. LIGs are sub groups of the county KTPP board and will also become subgroups of the Clusters Boards. This should increase engagement of education at local level and will lead to a natural progression to becoming sub groups of the Local Childrens Trusts when they are in place. The role of the LIGs is to define local need, agree actions and implement. Their role is essential as they bring local intelligence to the strategy, for example the needs of Thanet are very different to the needs of Gravesend. Implementation Groups are

mostly well linked to district Children's Consortia, Crime and Disorder Partnerships and other local groups.

Performance monitoring arrangements

The Kent strategy has an implementation plan which is performance indicated and covers the period 2006-9. Monitoring techniques and evaluation are embedded into all work. The strategy plan is formulated under the seven key principles profiled in the Teenage Pregnancy Next Steps guidance.

Board accountability

The KTPP board is a sub group of the Childrens Trust Board and is represented at this level by Bill Anderson, Director of Childrens Social Services and Chair of the Kent Teenage Pregnancy Partnership Board.

What works to reduce teenage pregnancy?

In 2006 there were two key documents published by the Department of Education and Skills (DfES) relating to the Teenage Pregnancy Strategy. *Teenage Pregnancy Next Steps* provided guidance on the findings of the national strategy since inception, detailing the 'at risk' groups for teenage conception and providing direction to initiatives and programmes that have been found to be successful in achieving the strategy aims.

Known criteria for success are

- Strong delivery of SRE/PSHE by schools
- Active engagement of all key mainstream partners
- A strong senior champion
- Discrete, credible, highly visible, young people friendly sexual health/contraceptive advice services
- Targeted work with at risk groups of young people, especially Looked after children
- Workforce training on sex and relationship issues within mainstream partner agencies
- A well resourced youth service with a clear remit to tackle big social issues, such as young peoples sexual health

The second document was *Teenage Pregnancy: Accelerating the Strategy towards 2010*, this reiterated some of the Next Steps guidance and detailed the importance accelerating progress by broadening the strategy and deepening the focus on target groups and areas.

The strategy in Kent is well established and is supported at the highest strategic levels and these documents provided confirmation that the Kent strategy was well constructed and following the best implementation pathways. They also provided clear evidence to use a lever when engaging others in the strategy, the roles of key organizations are clearly defined in the documents.

It is expected that a specific document relating to supporting teenage parents will be released shortly.

Teenage Pregnancy: working towards 2010. Good practice and self assessment toolkit was the DfES latest publication in 2007. This tool enables all counties to self assess their own teenage pregnancy strategies. The basis of the self-assessment is built upon findings of the Deep Dive project when researchers within the national Teenage Pregnancy Unit explored several strategies across counties in England to discover what was common to those with decreasing rates. The tool kit was developed from these findings.

In Kent the self-assessment was undertaken with Chairs of LIGS, Chairs of the Strand Steering Groups and the Youth and Community head of service. The findings have been incorporated into this report and are included in the appendices.

Over the last twelve months it has become commonplace to see mention made to the importance of reducing teenage pregnancy in national documents and although it is not the purpose of this report to detail them some of the important ones are referred to through the text.

Statistical Information

National, South East and Kent progress

Annual figures are released by the Office of National Statistics (ONS) in February of each year detailing the progress made both at national and county level. The figures are always 14 months behind as the strategy measure conceptions and not births, therefore the information is sought retrospectively, hence the delay. Local figures are collected from connexions, health, termination providers, education and social services and these are used to monitor trends and provide information for needs assessments. Data is also provided to KCC, PCTs and other organizations from KTPP to enhance local needs assessments. Despite two attempts it has not proved possible to collect accurate data at local level that is comparable with national data, possibly because Kent is so large and people move across boundaries to deliver or have terminations, this is especially relevant for districts near to London and the west of the county.

National and South East

Nationally England and Wales continue to see a decrease in the under 18 conception rate, in 2004 the rate was 41.7 and in 2005 it was 41.3 per 1000 females 15-17years, a total decrease of 11.8%. Conceptions are now at their lowest since the mid 1980's.

In the South East the rate increased slightly, in 2004 it was 33.5 and in 2005 it was 34.2 per 1000 females 15-17years. Of the 17 counties in the South East only 7 identified reductions in rate for 2005 and the remaining 10 increased. This clearly demonstrates the complexities of reducing teenage conceptions.

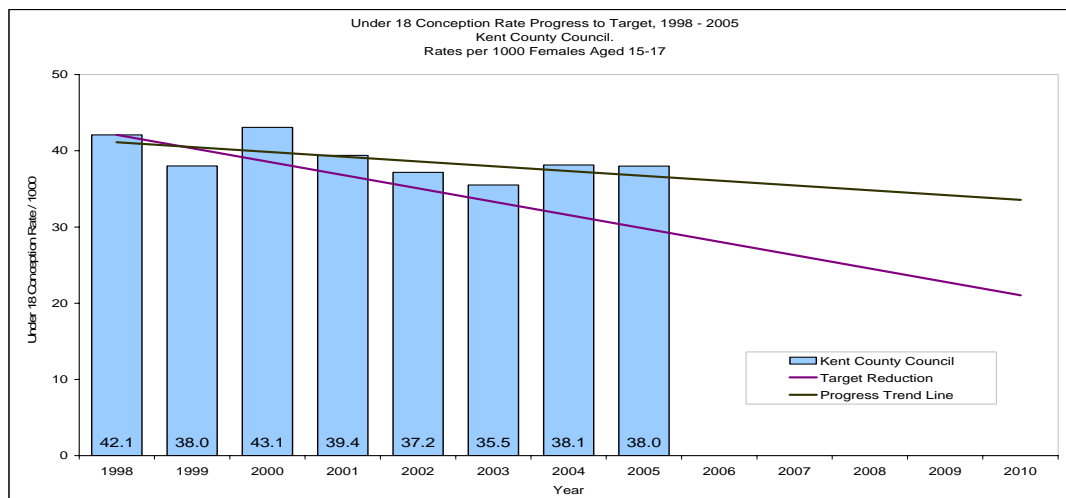
Kent

In 2005 the Kent rate decreased, albeit minimally, from 38.1 to 38 per 1000 females 15-17years. This was not the decrease hoped for, it means Kent has had a reduction overall of 9.7% since inception of the strategy. Nationally the strategy is traffic lighted and this has moved Kent into the red/amber category. To be on target to meet the 2010 destination Kent needed to have had a 15% reduction by 2004, this has clearly been missed. However, there is wide variation across the county in strategy progress with some areas achieving excellent reductions and providing information that can be learnt from.

The following trajectory demonstrates the progress trend line and the target reduction against annual progress. It demonstrates that reaching the 2010 target will be challenging and will need total commitment and sign up from all organizations.

Trajectory

Under 18 Conception Rate Progress to Target 1998 – 2005. Kent County



Annual progress Kent County plus comparators

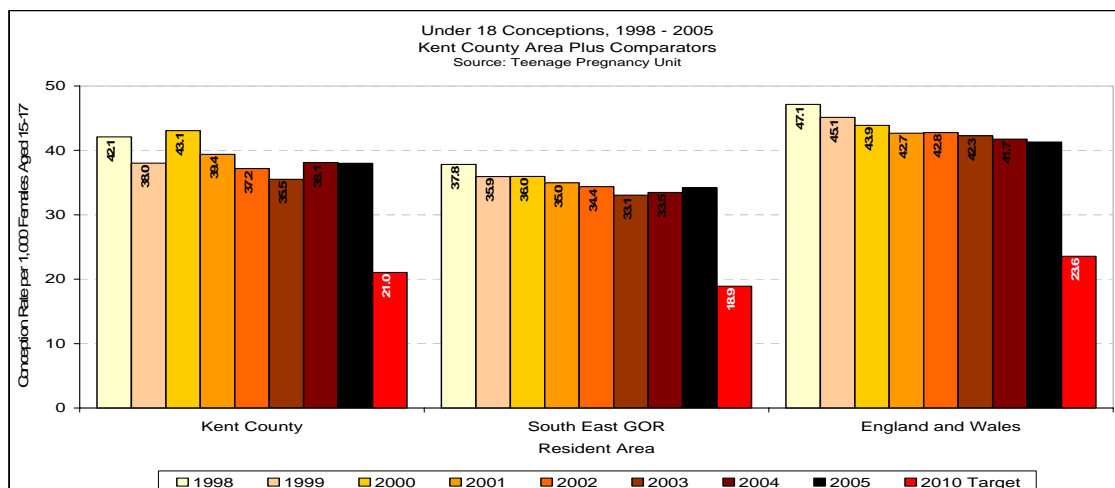
The below tables demonstrates annual progress since inception of the strategy. It demonstrates Kent was doing fairly well until 2004, it is to be expected that the beginning of the strategy would produce some 'quick wins', yet as we try to impact on the wider determinates the complexity of achieving reductions increases. However, this aspect should be considered alongside the fact that the longer the strategy is in place the more services etc should be in place.

Whilst the rate of conceptions has reduced it is notably that the numbers have increased since the strategy began, this is due to a population increase in the relevant age group and is why the figures are always expressed as rates rather than numbers.

Under 18 Conceptions, 1998 – 2005 Kent County plus Comparators

Source: Teenage Pregnancy Unit

Area	1998		1999		2000		2001		2002		2003		2004		2005		1998-2005 % change in rate
	Number	Rate / 1000	Number	Rate / 1000	Number	Rate / 1000	Number	Rate / 1000	Number	Rate / 1000	Number	Rate / 1000	Number	Rate / 1000	Number	Rate / 1000	
Kent County	1015	42.1	920	38.0	1055	43.1	986	39.4	943	37.2	919	35.5	1018	38.1	1046	38.0	-9.7
South East GOR	5384	37.8	5058	35.9	5085	36.0	5022	35.0	5030	34.4	4932	33.1	5088	33.5	5316	34.2	-9.6
England and Wales	44119	47.1	42028	45.1	41348	43.9	40990	42.7	41951	42.8	42162	42.3	42198	41.7	42187	41.3	-12.4

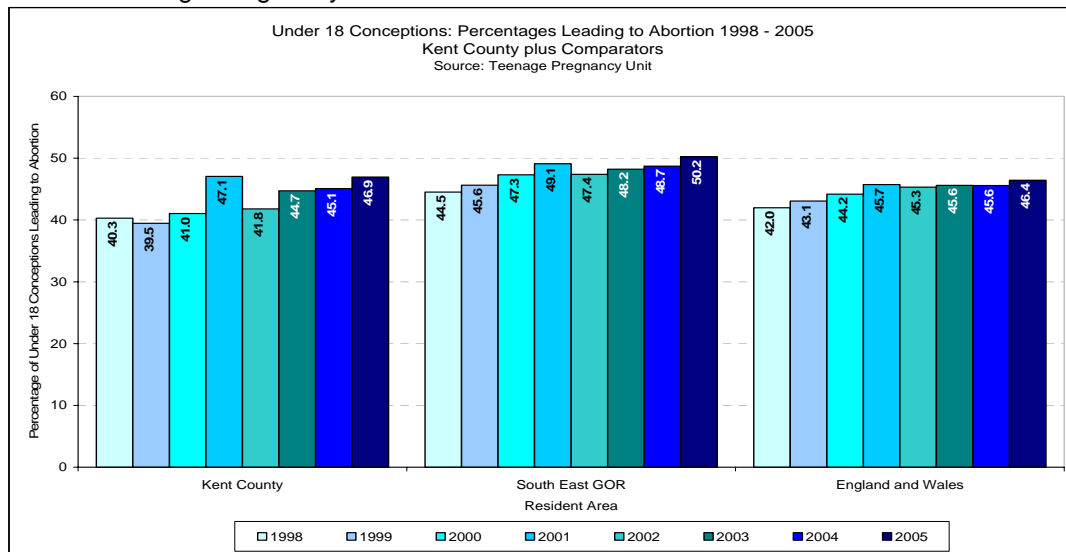


Terminations

The below table depicts termination rates since strategy inception. The national rate has increased to 46.9 per 1000 females 15-17years, the Kent rate has also increased but is still behind the national rate at 46.4. Rate increases are expected with the implementation of family planning programmes, as females realise they have increased options when pregnant and this is an acceptable method of recognising a programme is starting to impact. Future years should bring about reduction in terminations with better use of the wider availability to contraception. Terminations have increased in most Kent districts.

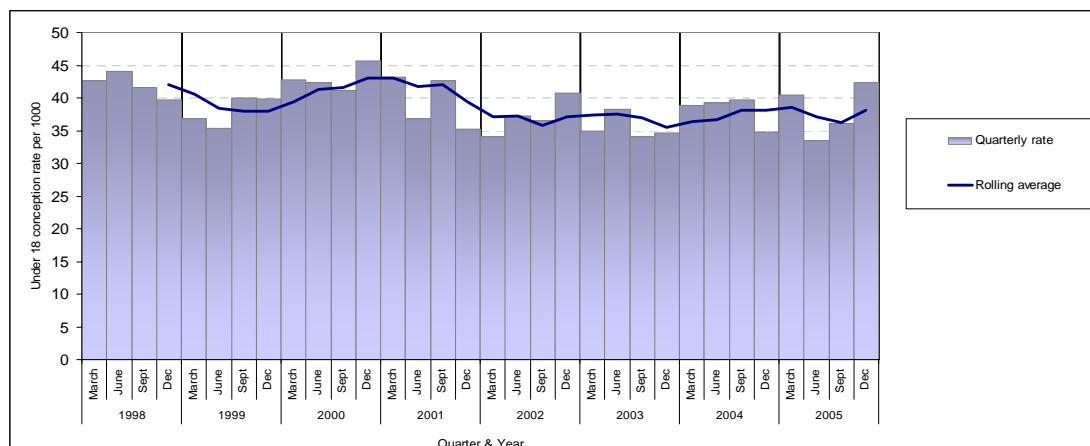
Under 18 terminations, 1998 – 2005 Kent County plus Comparators

Source: Teenage Pregnancy Unit



Quarterly progress

Recently the Kent figures have been provided in quarters, this enables us to look for trends or peaks at certain times of the year. This demonstrates that Kent has no regular pattern and neither Christmas nor summer can be identified as risk periods. It is clear from the chart below that the majority of the increase in conceptions in 2005 were in the Oct-Dec quarter, and when we look at district rates we can see that they are in mainly two districts.



Under 16 conceptions, National, South East and County

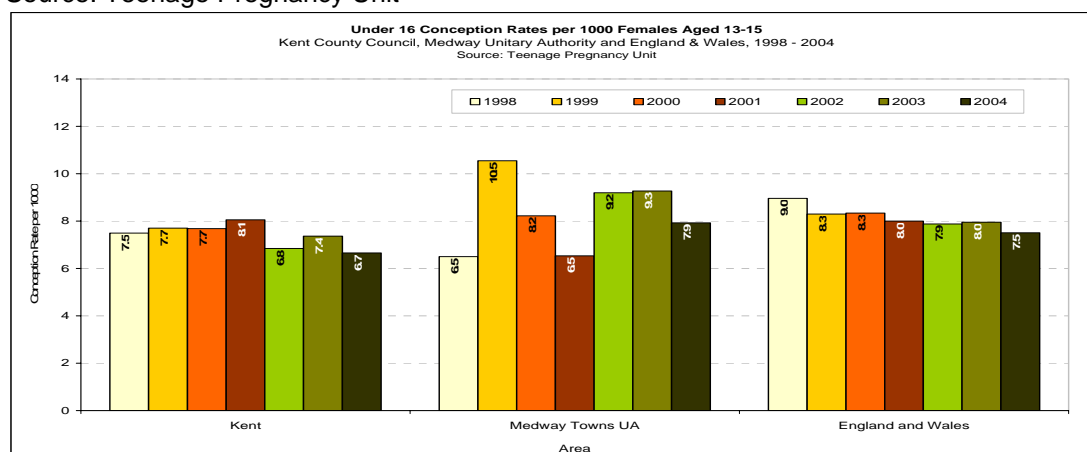
Approximately 20% of teenage pregnancies occur in females under 16 years. Nationally, in 2005, the under 16 rate had declined by 12.1% (since 1998) but this includes a rise of 3.5% between 2004 and 2005.

At county level there is no new data yet for 2005 and so below comparable information remains the same as last years report. New county data is expected in June 2007. In 2004 in Kent the rate was 6.7 per 1000 13-15 year olds and at that point Kent sat behind the 2004 national rate of 7.5.

Under 16 Conceptions, 1998 – 2004

Kent County plus Comparators

Source: Teenage Pregnancy Unit



Under 18's progress- district

There are great variations to progress at district level between 2004 and 2005. The best reductions overall have been achieved in Dover, this area was annually decreasing well until 2004 when there was an increase of 40 pregnancies, this has now reduced by 35 and the rate (per 1000 females 15-17yrs) has decreased from 50 to 32. Other good annual reductions have been seen in Maidstone from 40 to 35 and Gravesham from 44 to 40. Eight of the 12 districts demonstrated reductions.

Rate increases occurred in 4 districts, marginally in Sevenoaks and Shepway but much greater in Thanet with a rate increase from 50 to 63, and Swale increased from 41 to 53 (an increase of approximately 40 pregnancies in each area). Both of the latter areas, despite significant pockets of deprivation, had been on the downward trend until this data. Explanations for this major change have been sought, and the following factors may have contributed.

In Swale Sexual Health Outreach work was reduced by half in the summer of 2005, and outreach staff were playing a major role in the provision of school Sex and Relationship Education (SRE). During the latter part of 2005 and into 2006 the financial recovery process was beginning. This appeared to impact on staff moral and service delivery.

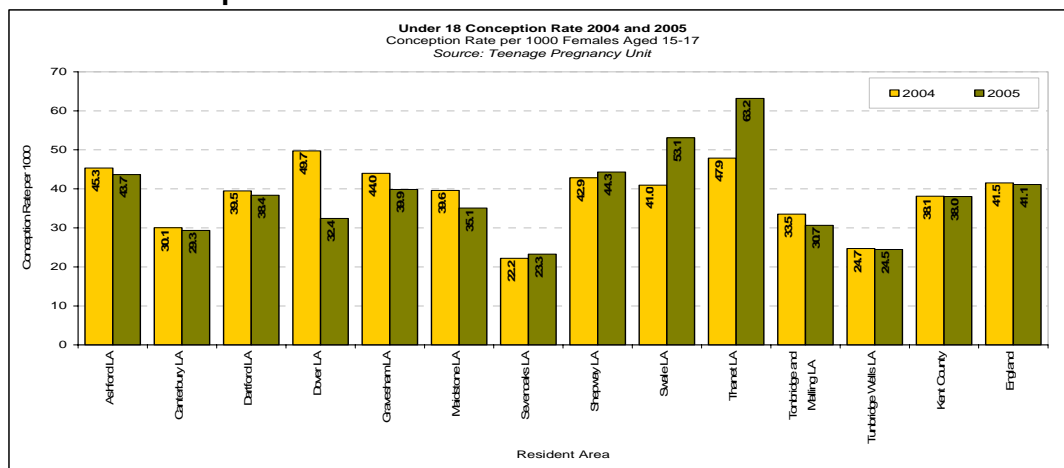
In Thanet there was a change in social activities for young people, an amusement park closed and a very popular drop in centre had a change of staff, losing a dynamic manager and young people stopped going, this hosted a well used contraceptive service which was stopped due to the reduction in demand. There do not seem to have been any other changes in either area. What has been noted by those working with the young and pregnant is that young females tend to get pregnant in friendship

groups, maybe because social norms change, and then friends follow suit. It does seem then to become something of a status symbol for those girls, who often enjoy the attention that their pregnancy brings. This idea would explain why when an area has a significant rate increase it seems to be very significant.

There is data available from the reintegration officer for school age maternities and this is available almost immediately but as the majority of those conceiving will be 16 and 17 years and will have left school these numbers are approximately a third of the overall figures for districts. The reintegration data does not correlate with the district rate increases that occurred in Swale and Thanet.

The below table demonstrates annual changes between 2004 and 2005.

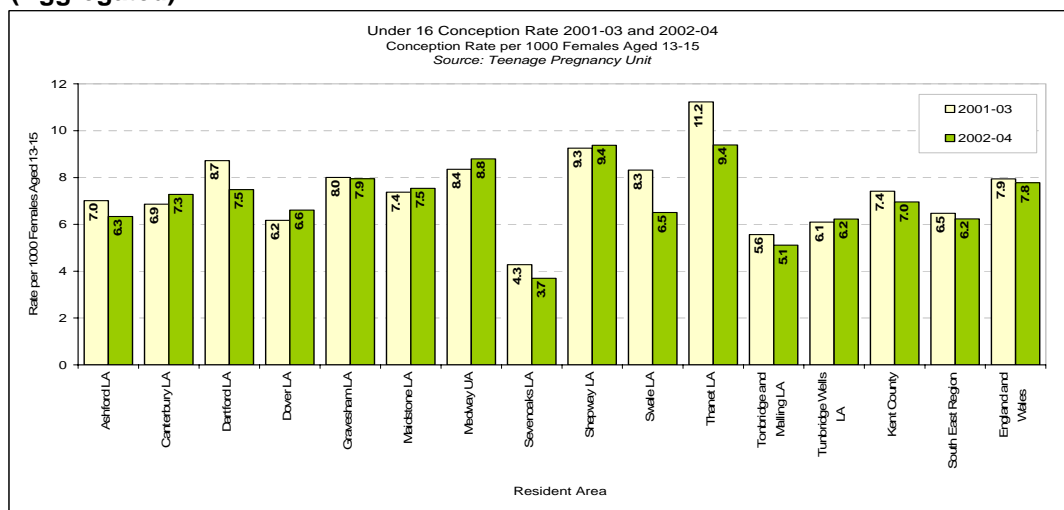
Under 18 conception rates 2004 and 2005 Kent districts



Under 16 progress- district

It is usual to consider small numbers in an aggregated form as this eliminates minor fluctuations. Although the most recently published data, this relates to 2004 and so is fairly retrospect. The districts with the highest under 16 conceptions continue to be Thanet and Shepway. The more affluent South West has much lower rates of under 16 conception, but it should be remembered that under 18 conceptions are also much lower.

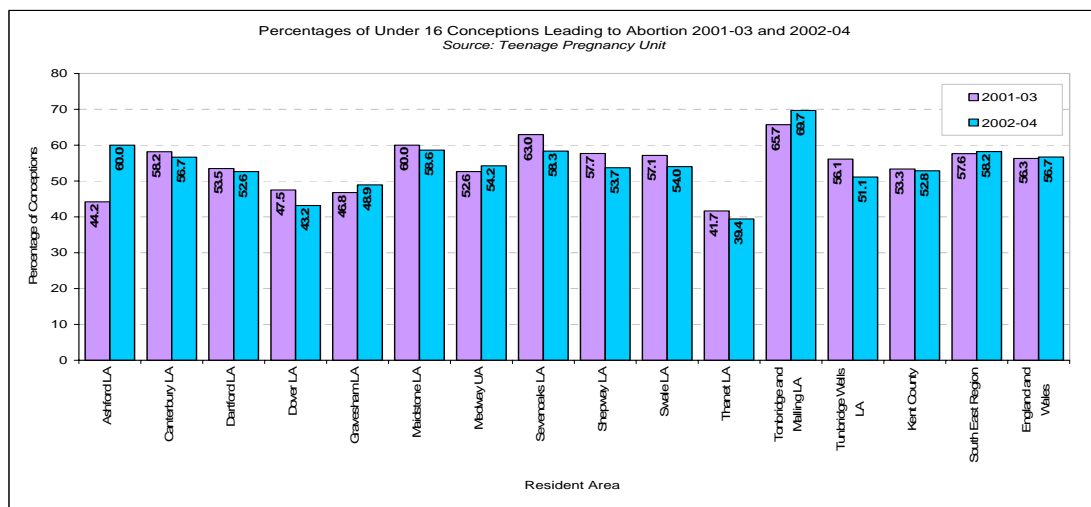
District conception data 13-15 year olds 2001-2003 and 2002-2004 (Aggregated)



Terminations

The below table depicts the percent of conceptions that are terminated by area. Of those young people choosing to terminate a pregnancy the range across districts is broad, from just 40% in Thanet to a significant 70% in Tonbridge and Malling. A majority of 9 areas demonstrated a decrease in terminations, this may indicate progress to less unintended pregnancies in this age group. Without exception the more affluent districts have higher percents of termination and Thanet stands out with having the highest conception rate and yet the lowest termination rate, this supports evidence that that lack of aspiration and foreseen opportunities is a major factor in a young persons decision to become pregnant and then whether to proceed with the pregnancy or not.

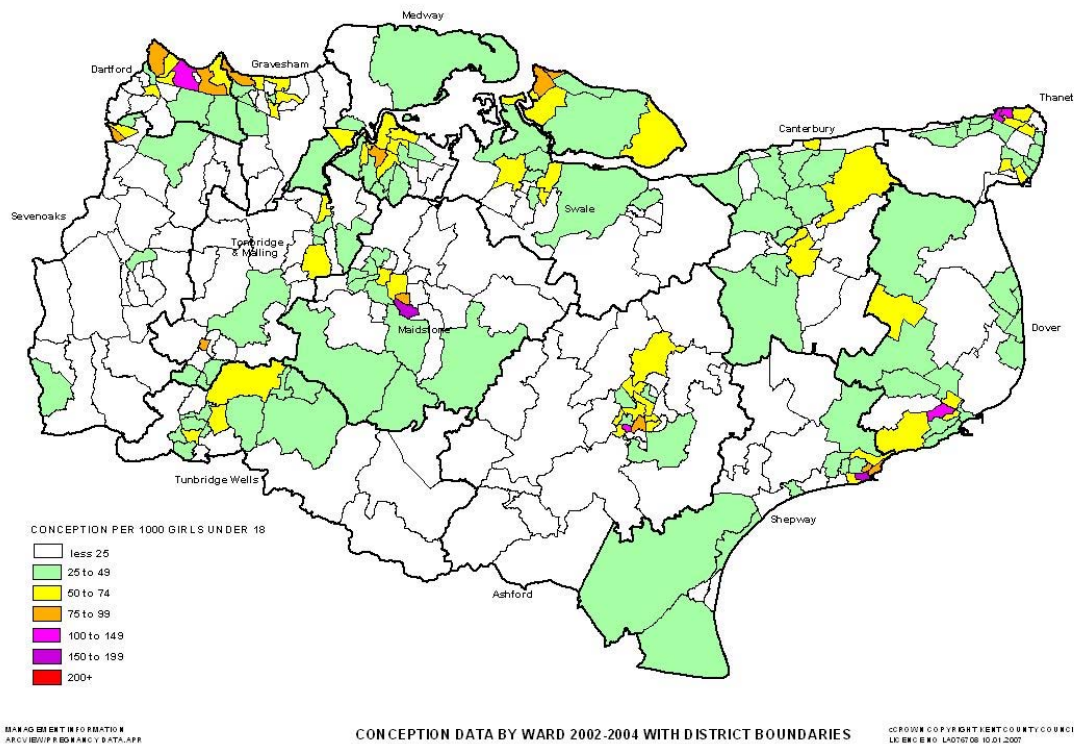
Percentages of Under 16 Conceptions Leading to Abortion, 2001-2003 and 2002-2004 (aggregated)



Under 18's conceptions, Ward rates 2002 -2004 (aggregated)

Once again this data is aggregated as numbers are small. The below ward map demonstrates the areas of high teenage conceptions at the lowest level available. Supporting data regarding the wider determinants demonstrates the correlation with areas of deprivation and many of the other risk factors for teenage pregnancy, such as placement of looked after children, young offending, crime and disorder issues and cycles of young parenthood. The concentration of issues in areas has encouraged joint working by partners as placement of projects and workers has an economy of scale advantage and these areas are well served by the developing Childrens centres across Kent, the focus of work with young parents. The teenage pregnancy strategy targets the districts with the highest rates but also targets work in specific wards with high numbers.

Conception data by ward 2002-2004 with district boundaries



The highest pockets of conceptions at ward level are in Maidstone and Shepway. Encouragingly Maidstone has seen a decrease in this ward as it was the previous year in the red category, despite this high pocket Maidstone district itself lies 7th in the county league table. When targeting work ward data the rate must be considered alongside the number because if the number the conceptions is small and the local population small the rate will look larger. For example 50 conceptions of 100 females is 50% but so is 5 of 10. The ward data is used for targeting and is extremely useful for LIGs to plan action.

Thanks to Kerry Oakton, Kent data informatics team for graphs and tables

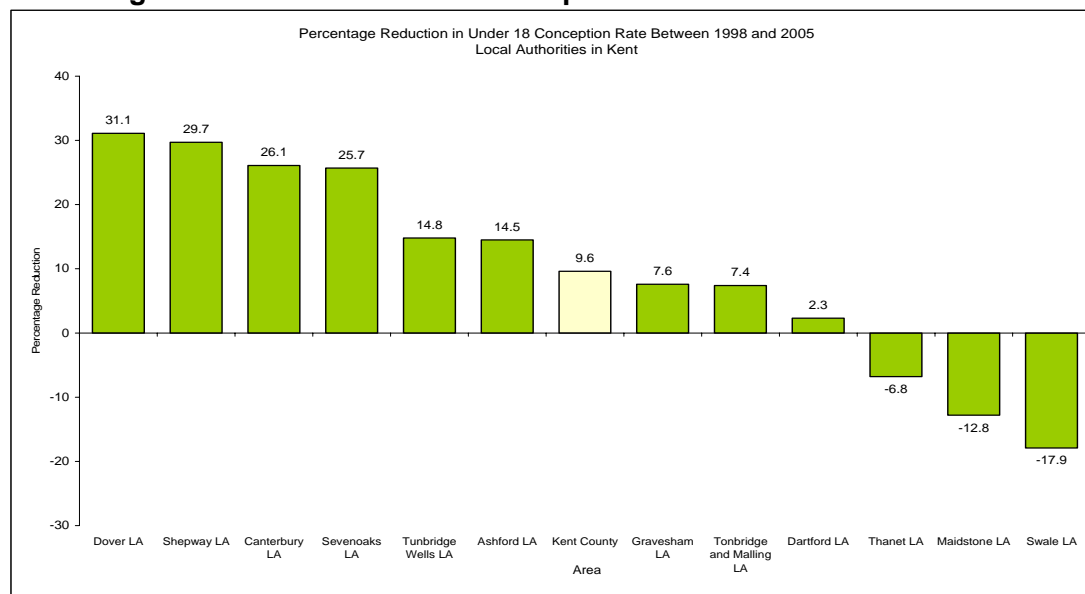
Progress since inception of the strategy

When progress is considered over the longer term it demonstrates the extent to which areas have been able to implement the strategy. There are several factors that have impacted on the strategy at district level.

- The year the strategy was implemented in reality, initially there was an east and west strategy with the west joining the east in late 2002. Action was well underway in the east by then and had yet to begin in the west
- The position of the district with regard to conceptions the year the strategy began, the prevalence of a natural peak in the year the strategy began is beneficial to rate reductions
- Positioning of other initiatives such as Surestarts and Healthy Learning Centres, many of these had extra staff that were keen to incorporate areas of the strategy
- The financial position of PCTs and recovery plans that have been in place have had a detrimental effect on service development
- The organization of the PCT, where there are individual heads of service with commissioning responsibility for one specific service the strategy has been developed e.g. in school nursing the east has a head of service with the result that services have developed rapidly and equally
- The PCTs ability to drive forward workforce training, the east has a well established training unit that has facilitated the training of both health and non health personnel and although KPHP funding has allowed cover Kent wide the provision of other east Kent PCT funded training has enhanced the knowledge of the wider workforce
- The positioning of services in the community, in the east Genito-Urinary Medicine is placed in the community rather than the west of the county where the service remains within the hospitals. By sitting in the community it has enhanced access to Emergency Hormonal Contraception (morning after pill) and condoms
- Degrees of deprivation of the district and the decisions made by other organizations to target area with initiatives in these, e.g. Homestart, floating support workers
- The prevalence of wider determinants in the district such as placement of looked after children (twice as likely to become teenage parents), young offenders, substance misuse, areas where teenage parenthood is the norm
- Prevalence of opportunities for further education, vocational training and employment
- Research has indicated that teenage conception in seaside towns may be influenced by transient populations and the 'holiday factor' with significantly higher levels of risk taking

The detail of progress is depicted below, showing that best reductions have been achieved in Dover (31%), Shepway (30%), Canterbury (26%) and Sevenoaks (26%). Shepway and Canterbury have been on a downward trend for some time. Dover had an unusual increase of 40 conceptions in 2004 and then a reduction of 35 in 2005, and it should be noted that Sevenoaks rates have changed very little since 2002. Maidstone, although still at a 13% increase has improved on its rate of last year when it showed a 27% increase. Surprising increases have occurred in Swale and Thanet, which were going down fairly well.

Percentage reduction in under 18 conception rate between 1998 and 2005



District trajectories

The below table demonstrates the excellent progress that has been made in some districts and it identifies what reduction is needed to achieve a 50% decrease that all areas are aiming for (PSA target). Where areas have over 50% left to achieve it is because their rate is now higher than the baseline rate in 1998.

Under 18 Rates 2005 district rate compared to 2010 Target

Area	2005	2010 Target	Further % Reduction Required
	Rate / 1000	Rate / 1000	
Ashford LA	43.7	25.6	-41.5
Canterbury LA	29.3	19.8	-32.3
Dartford LA	38.4	19.6	-48.8
Dover LA	32.4	23.6	-27.4
Gravesham LA	39.9	21.6	-45.9
Maidstone LA	35.1	15.6	-55.7
Sevenoaks LA	23.3	15.7	-32.7
Shepway LA	44.3	31.5	-28.9
Swale LA	53.1	22.5	-57.6
Thanet LA	63.2	29.6	-53.2
Tonbridge and Malling LA	30.7	16.6	-46.0
Tunbridge Wells LA	24.5	14.4	-41.3
Kent County	38.0	21.0	-44.7
Medway Towns UA	44.6	23.1	-48.2
England	41.1	23.3	-43.3

District progress and development of the Kent strategy

When the long-term progress of rates is considered at district level the variation in progress is broad. All areas, excepting Sevenoaks, Shepway and Tonbridge and Malling had an increase in 2000, the millennium year, which took them higher than the start point of the strategy in 1998. The below districts had the highest rates of teenage pregnancy when the strategy began and have been the focus of targeted work and resources. Detailed are some of the factors that have helped and hindered progress

- **Thanet-** steady decrease until 2000, decrease 2001, then decreased and plateaued until marked increase 2005. Natural peak at start of strategy. The area has established outreach services targeting those disengaging from school, also good for young people (4YP) service provision, good EHC availability, and a wide provision of school nursing services including self-esteem work, Sure start and Young Parent Homestart worker, Council PSA target in the early 2000's, placement of high numbers of looked after children, some young parent support work
- **Dartford-** High rates until 2002 and reductions since. **Gravesend-** Going down until 2003, increased in 2004 and decrease 2005
These areas had a late start to the strategy, outreach work was in place from 2003 but impeded by managerial tasks, initially limited provision of school nursing, no EHC provision in schools, limited school drop in services, or SRE provision, limited 4YP services, possible influence of proximity to London economy. Services developing since 2004
- **Shepway-** Steady decline until peaked above base rate in 2001, then steady reductions with slight increase in 2005. Natural peak at start of strategy, prompt start to the strategy, was a local PSA target early 2000's, wide remit to school nursing, Young Parent Homestart Worker, Surestart, established outreach work including those disengaging from school, wide provision of school nursing including self esteem work, excellent 4YP services including clinic in a school from 2003, good young parent support work
- **Swale-** Steady decline until 2003, slight increase 2004 and marked increase 2005. Late start to strategy, limited school nurse time, no EHC provision by school nurses and limited in pharmacies, limited 4YP services, severe financial recovery plans, restricted outreach worker availability. Placement of high numbers of looked after children and fostering of pregnant looked after children, school clinic opened 2006

Reductions in the above districts will have the biggest impact on the Kent target. They all have teenage pregnancy outreach workers and specialist connexions workers. When any new development is rolled out these areas are the first to benefit. Alongside targeting there is also provision of universal services. Below is detailed the progress of the remaining districts.

- **Ashford-** Was going down steadily until rises in 2004, slight decrease in 2005, outreach work established, good provision of 4YP services and broad provision of school nursing service, young parent support previously fragmented
- **Canterbury-** Has had steady decrease with small fluctuations since 2000. Natural peak at start of strategy, good provision of 4YP services and broad provision of school nursing service, good young parent support network
- **Dover-** Steady downward trend with one fluctuation in 2004, down again in 2005. Natural peak at start of strategy. This area has established 4YP

services, wide provision of school nursing, Outreach work started 2006, good young parent support work

- **Maidstone**- 2000 rate maintained until decrease 2003, followed by increase in 2004 yet decrease again 2005, limited 4YP services, limited school nursing input regarding SRE, drop ins, EHC provision, no specific health visitor/midwife input, no outreach work yet but planned
- **Sevenoaks**- Initially down until 2002 increase, since then no progress made. Natural peak at start of strategy, limited 4YP services, limited school nursing input regarding EHC provision, no specific health visitor/midwife input
- **Tonbridge and Malling**- Initial progress until 2001, with plateau until increase 2004, slight decrease in 2004 limited 4YP services, limited school nursing input regarding EHC provision, no specific health visitor/midwife input
- **Tunbridge Wells**- Steady increase until 2002, then slight annual decrease limited 4YP services, limited school nursing input regarding EHC provision, no specific health visitor/midwife input

Districts do appear to have unexpected increases for a single year that they recover from, so it is more useful to look at the data over a longer period to identify a trend. All districts have had an increase at some point over the 7 years but on the whole they are on a downward trend. Although conceptions need to be expressed in rates to take account of population changes to make them contextual, it is also essential to take into account the *number* of pregnancies. With this in mind, if the number of conceptions is small to start with the rate change will look larger.

In 2006 the strategy underwent scrutiny by Kent County Council Select Committee. They considered evidence from national experts, KTPP, sexual health and education deliverers and made several positive recommendations that will support delivery of the strategy. The committee endorsed and supported all the efforts of the Kent Teenage Pregnancy Partnership and urged that all key agencies be wholly committed and signed up to the Strategy. Recommendations have implications for health and education particularly, and it will be important that the Coordinator works with Education and Public Health in both PCT's work to ensure this is embedded into the core business.

The following pages detail the present situation in Kent in Kent with regard to service delivery. It is considered under headings key to reducing teenage pregnancy.

Senior local sponsorship and engagement of all key partners

Reducing teenage pregnancy is a target in the Kent Agreement, the Kent Children and Young Peoples plan and PCT plans, demonstrating that the profile is maintained at the highest levels and is well embedded in core county targets. Members of Kent County Council (KCC) are supportive and have endorsed and supported the efforts of Kent Teenage Pregnancy Partnership (KTPP) and urge that all key agencies be signed up to the strategy. KTPP sits within Kent's Childrens Social Services directorate, within the Childrens Trust.

The development of the Childrens Trust has presented opportunities to increase engagement of key partners of education, health, youth and community and social services. There is clear joint working through all levels in Kent, from the multi agency board and the Local Implementation Groups to operational work between organizations. Involvement of young people is very important to the Partnership and two young people representing Kent Youth Council sit on the Partnership Board. There is committed sign up from Surestarts, youth offending, Connexions, looked after childrens teams, housing and the drug and alcohol service. It is clear the Kent strategy has been enhanced by the work of Childrens Centres with greater rate reductions where these services are well established and the Kent Early Years Board is presently looking at how best to build on this as the development of Childrens Centres roles out across Kent.

At local level the Implementation Groups are multi-agency and meet quarterly. LIG groups are tasked with planning and developing local initiatives. The LIG chair is facilitator of information from local to strategic level and visa versa. This has been a challenging year for chairs with the reconfiguration of the PCTs and they should be commended for their persistence in taking this agenda forward at local level. As the strategy develops, more chairs are being appointed from organizations other than PCTs, initially because areas were unable to nominate a strategic representative but the outcome has been positive. Chairs from local council, youth and community and education have helped drive the work of the strategy into the agendas of organisations other than health and brought new perspectives to the local work. Support from Local Strategic Partnerships and District Councils has been variable, some are absolutely signed up to the agenda and have targets in local plans, however others have yet to engage. The LIGs have been geographically realigned to correlate with cluster boards, and with Local Childrens Trusts being developed within cluster areas it should take the strategy to the centre of local work.

There is funding allocated to LIGs to spend on local initiatives, this has driven forward some excellent initiatives

Local Implementation groups

Canterbury is a fairly affluent city with pockets of deprivation. The LIG commissioned a Needs assessment in 2005 focusing on high rate areas. This identified that many young people in the area were not engaged with services and were not using mainstream services. Recommendations were that Canterbury should have an outreach service to work directly with young people, to improve signposting to support and services, and to increase profile and acceptance of Young Persons Services. This worker would also need to encourage communication between organizations and build staff capacity for dealing with sexual health queries and signposting. Using LIG monies a worker has now been employed for a year to working several hours a week.

Communication

There is a strong communication network within the strategy and a full time project manager takes this work forward. Regular communication with board members and partners is essential, including the dissemination of *KTPP Network News*, a magazine produced four times a year and cascaded out to partner organisations across Kent. There is proactive liaison with county press with several radio and newspaper articles in 2006.

Communication information about the strategy and initiatives in a county the size of Kent presents a challenge. Evidence suggests information is not always cascaded down within organisations and this could be improved, this is a specific drive for 2007. It is essential to include new initiatives such as developing Childrens centres, which will be at the centre of work with young parents and will become access points for a range of young peoples support.

The Kent media campaign is aligned with national campaigns including promotion of *RUthinking* and *Condom essential wear* material. Nationwide health events are 'piggybacked' where possible ensuring the maximum is made from media opportunities. The Kent strategy has been enhanced by research findings from Kent's young people, providing information about gaps in local knowledge which have helped set priorities. The campaign is essential to get important messages out to young people, such as respecting yourself, resisting peer pressure, delaying first sex and insisting on condom use.

This year's accomplishments include the development of a Youth Review Panel that will comment and provide feedback on various initiatives and media materials. Young people on this panel are from youth councils, youth forums and other groups the outreach workers liaise with in colleges, alternative curriculums and drop in centres. There are plans this year to promote a 'normative' approach, for example that most young people do not have sex, and this is under discussion with the youth review panel.

Kent is keen to move towards innovative modes of information delivery. The *foryoungpeople* website has been revamped, over 798,540 hits were recorded in 2006, with the most popular page accessed the clinic directory. Building on the success and popularity of the young peoples site a Public and professionals website is under development, this will contain information about the KTPP, latest data, training, information about support and advice for parents, professional contacts, best practice examples and feedback mechanisms. There will be a log in access point for professionals to sign up for courses and access confidential information.

Several years ago KTPP, along with young people, designed a logo, 4YP to promote young peoples services and this is badged on all campaign materials. Those services that sign up to 4YP promise to provide young people with a friendly welcome, help, advice, services or signposting to support. A survey of logo recognition (early 2006) identified that 49% of young people knew what it stood for, demonstrating there is some work to do. In response to this the youth review panel have initiatives planned, one of which is the production young peoples magazine. This will be designed and written by them with reference to the things they think young people want to know.

Getting out into the public domain is vital and there are numerous events that the project manager attends promoting confidential services and support to young people.

Engaging young people

A day was spent at the Kent Respect Academy conference raising the profile of the range of 'foryoungpeople' support and services. Hundreds of teenagers from across Kent visited the stand and collected promotional items from both the local and national RUthinking campaign. A supply of the 'Want respect' CDs were popular and soon snapped up. Many young people recognised the 'foryoungpeople' logo and were keen to hear about new and upcoming promotional ideas. Some young people expressed an interest in joining the Youth Review Panel, a virtual network of young people who provide feedback on campaign ideas and materials ensuring that the views and opinions of young people are included in our media work. The stand gave opportunity to other professionals to learn about the Kent Teenage Pregnancy Strategy and its aims and how they can be part of this

There are also events whereby young people and outreach workers go out together onto the streets promoting available support and services. An excellent piece of partnership working was carried out in Maidstone between young people, teenage pregnancy outreach workers and the drug and alcohol team.

Young People and Outreach

As an outreach sexual health nurse I was asked to take part in the "Frank" campaign. This campaign concentrated on accessing young people in a community setting to raise awareness around drug and alcohol issues. It is recognised that as drug and alcohol and sexual health are inextricably linked, my role in this was to be around to deal with any queries that may be raised around sexual health. It also presented an ideal opportunity to meet young people in their own surroundings and on their terms to deliver sexual health messages. This included the location of local young peoples sexual health clinics, chlamydia testing advice, emergency contraception advice, information on condom access, as well as lots more. This was achieved by joining up with young people from a local youth group and armed with loads of "freebies" and information, we hit the High Street. The timing of our visit coincided with the end of school to ensure we contacted the maximum amount of young people possible. The young people responded well and the event represented true outreach work for us.

Discrete, credible, highly visible, young people friendly, sexual health contraceptive advice services

It is essential that young people have access to confidential, age appropriate, sexual health services where they can seek advice and support. For some years there have been specific 'foryoungpeople' or 'Choices' clinics in Kent, working to a criteria that demands they offer free, accessible, confidential and friendly services to young people. Where these services have been well established for some time there have been considerable reductions in teenage conceptions. Community services are the preference above general practice for younger people accessing services. Service provision has been generally targeted toward high rate areas but there is an aim to achieve easy universal access.

Contraceptive services are well developed in the east of Kent and the west has made some progress. In South West Kent (SWK), Maidstone Weald (MW) and Dartford, Swanley and Gravesham (DGS) there are less dedicated services and building capacity to address this has been a focus of the past year. Joint commissioning between Childrens Consortia, Borough Councils and KTPP has allowed the development of 2 new outreach posts which will be able to develop services in non clinical settings. Kent works closely with the termination provider, following a procedure clients are encouraged to start using contraception and are signposted to their local 4YP services.

Young peoples services in General Practice (GP) are important, older teenagers in particular will use their services. The Partnership has a service specification based on the '**You're Welcome quality criteria: making health services young people friendly**' quality criteria that GP surgeries have been encouraged to sign up to (34 at present). Over the coming year it is expected that this scheme will be absorbed into either Local enhanced services or the condom distribution scheme. The PCT configuration and practice based commissioning provide opportunity to improve partnership working and there are plans to roll out training to general practice on a range of issues although at present this is constricted by capacity issues. The importance of GPs and the role of primary care in has been highlighted in recently published NICE guidance **Prevention of Sexually Transmitted infections and under 18 conceptions**.

Some young people find it difficult to access services for advice and KTPP hosts a popular question and answer facility on the *foryoungpeople* website which is accessed by both males and females. The website also has a clinic directory listing all contraceptive, sexual health, pharmacy and GP settings that offer 4YP services.

Access to support and services

Shepway has had a commendable reduction of 30% since the strategy began. Some of this will be due to the excellent access to 4YP services. Sexual health services have rapidly developed and young peoples clinics are offered 6 days a week, with Emergency Hormonal Contraception (EHC) available in pharmacies and the local Walk In Centre every day of the week. The Genito Urinary (Sexual Health) clinics enhance access to condoms and EHC and are located in the Health Centre which is near the town. There has been a full contraceptive clinic in a Secondary School and the local College since 2003. The area has a full time sexual health/teenage pregnancy outreach worker (ORW) who can supply contraception outside clinical areas. The ORW and works with a wide range of organisations and delivers relationship and sex education programmes and also does a lot of 1-1 work with disengaged and excluded groups of young people. The outreach workers are reactive and will work at short notice with any young person referred to them, this works well when a worker observes overt risk taking behaviour and engages the outreach worker to carry out some sessions with the individual or group.

All 4YP services need to be evaluated and core services undergo audit by PCTs but to enhance this and to evaluate other 4YP services a Mystery Shopper programme has been developed. Following a successful piloted in Ashford it is hoped to take this forward in other areas, subject to PCT permission. The participant 'shoppers' were able to share their findings at a Kent Sexual Health and Young People Best Practice conference in March 2007. The purpose of this successful event was to highlight good work across the county and to encourage the development of new practice. The conference also launched a new C Card condom distribution scheme, which allows for more access points. The scheme launched in March and is presently being rolled

out with an estimated 6 months transition time from the old scheme to implementation of the new one.

Widespread provision of EHC is essential to the strategy, with a drive to engage health visitors, midwives, minor injuries units and school nurses. Provision is less developed in the west of the county and although training has been provided several areas continue to wait for agreement by managers to start practicing. Kent has a well-developed pharmacy scheme, almost 300 pharmacists can now supply EHC free to under 20's, and in 2006 over 5000 supplies were made. The scheme is most popular in areas that are either affluent or have further education opportunities endorsing the theory regarding the importance of aspiration in averting a conception. KTPP has developed, and now promotes, an on line training for pharmacists to update their training (which is mandatory 2 yearly).

Teenage pregnancy outreach workers have a major role in early intervention and alternative service provision for young people, especially those disengaged from mainstream organizations and services. Funding is now in place for outreach workers across Kent, although most are part time. Outreach workers are crucial in providing direct 1-1 work with young people displaying risk-taking behaviour and providing access to services and information, delivery in non clinical settings appeals particularly to young men. They are also key to the development of Peer Support programmes, rolling out at present across Kent.

There has been some joint work with partners in core Genito-Urinary Services, particularly with the Chlamydia screening programmes but there is room to develop links with sexual health leads in both PCTs in the forthcoming year to build a collective picture of rates of teenage pregnancy and STI's.

In 2003 KTPP commissioned research to evaluate how young people viewed Kent sexual health services, this was done twice over a two year period providing comparative data and the results are being fed into PCT Sexual Health Action plans. One recommendation of the research was the development of clinic services in schools, this is supported in the DfES guidance ***Extended schools: Improving Access to sexual health services***. There are at present 2 school-based clinics in Shepway and Swale, and 2 more in development. The majority of Further Education colleges have clinic services. Most Kent schools have drop in sessions facilitated by school nurses and work is underway to map school provision to encourage services where there are gaps. Clinical services have also developed settings such as youth clubs and connexions points and more will be developed as capacity and funding allow.

Sittingbourne Community College Health Clinic

One of the outreach nurses identified an area in Swale, using ward data, which was a hot spot for teenage pregnancies. The nurse approached various agencies for accommodation for a sexual health drop in and was able to secure a room in a local secondary school once a week. The school catchment area included the area identified by the outreach nurse. After student, parent and governor consultation, and with support from the Local Education Officer and KCC, a Sexual Health Drop in started in October 2006. From this initial idea there is now a Multi Agency Support Centre for Young People and Families. This includes Swale Mediation, school nursing, Relateen and the Early Intervention Psychosis team. The outreach nurse sees on average 20 students at each weekly lunchtime session, with approximately 8-11 boys attending. The nurse provides information on sexual health, pregnancy testing, emergency contraception, condom provision, Chlamydia testing, termination advice and signposting to local mainstream services. Some young people who attend lack the confidence to access mainstream services. From October 2006-March 2007 the outreach nurse has seen 109 young people with

Some ethnic minority groups are at risk of poor sexual health and teenage conception. Kent has a limited ethnic diversity with ethnic populations higher in the West of the county. Specific education programmes and pilots of services sensitive to the needs of individual cultures have been trialled, but success has been limited. Local Needs Assessments in 2007 will help define the situation. All clinical services in Kent have access to interpreters. Kent does have a significant number of Asylum seeking young males and both Folkestone and Ashford provide specific services. Kent Sexual Health Outreach Workers are delivering some excellent work in this field and in 2006 were profiled for best practice in the national document ***Meeting the Sexual Health Needs of Unaccompanied Asylum Seeking Minors***. The young men have usually not had sex and relationship education and have come from countries where sexuality is less overt with very different cultures. It is important to sensitise them to the culture of England, provide contextual SRE and provide condom access. It is not unusual for the fathers of Kent teenage mothers to be asylum seekers.

Strong delivery of SRE/PSHE by schools

This area has been the biggest challenge both nationally and in Kent. The strategy needs to be well linked strategically into other programmes such as the county 14-19 agenda and Healthy Schools. This strand has made progress but development is limited and there is a long way to go before schools are truly engaged in the strategy.

In Kent we now have the complete findings of 3 years research, conducted by the University of Kent, the research findings are a result of surveying over 4000 young people 14-16 in Kent and focus groups. The majority of pupils said they would like SRE to be improved, to be taught regularly, by training enthusiastic teachers and to have much more information and discussion on emotions, negotiating skills and relationships. The findings will be shared Head teachers at their autumn briefing.

The school curriculum is demanding and allocating time to SRE/PSHE can be difficult. Teachers need to have training and to invest in resources so classes are engaging and interesting. As PSHE is not a compulsory subject, it may not be given the priority it requires and although SRE is taught it may well be within the science curriculum and bear little resemblance to the feelings and emotions involved with sexual relationships. There is clear national guidance in ***Time for Change? Personal, social and health education (Ofsted2007)*** and ***Positive Guidance on Aspects of personal, Social and Health Education (National Childrens Bureau)*** and this has been cascaded out to schools.

To address this KTPP has worked closely with the Kent Advisory Service and the Healthy Schools programme and this year joint funding is being devolved to cluster boards to enable them to decide the most effective and helpful way to develop SRE policies and implement SRE programmes. The new school framework has directed that school nurses will now be targeting and working more closely with the most vulnerable young people, and will not be working with students universally, including the delivery of SRE. Therefore it is essential that schools prepare themselves to provide this information. Cluster boards have been given opportunity to apply for funding, that KCC have agreed to match, to buy in extra school nurse time. This will be essential if schools want Health to input in SRE programmes. There is proactive communication between KTPP and schools, governors and cluster boards.

KTPP has also supported development and roll out of SRE training and resource manual. It was developed by students and professionals and is called HYP HOP (Healthy Young People and the HOP stands for its relation to music and drama). It covers all the aspects young people have said are important and has been delivered to 262 people across Kent, including teachers, nurses, community youth workers, school youth tutors, connexions staff and community wardens. All Alternative Curriculum units have had training.

“The HYP HOP workshops are a more fun way of learning. I’ve learnt about all sorts of things that I would normally have felt too embarrassed to ask. It isn’t just reading or talking, I’ve learnt about love and relationships, how to put a condom on and that condoms make sex safer – not safe”

Sex and relationship education

The Maidstone Federation organised HYP Hop training for 10 of its staff on an inset day. This SRE programme has been produced to support professionals working within education, health, youth and community, statutory and voluntary agencies to facilitate exciting sex and relationships education programmes to young people key stages 3 and 4. The resource manual contains a number of workshops reflecting the fact that sexual health cannot be considered in isolation and other influences such as relationships, self-esteem, media and peer pressure cannot be ignored. The accompanying DVD ‘The Letter’ is a drama scripted and performed by a group of young people depicting the impact of unplanned teenage pregnancy and the diagnosis of a sexually transmitted infection. The programme is accredited by Asdan so young people receive an award for completing the training.

“ the best sex and relationships training and resource for a long time. I hope that HYP HOP takes off in a big way within the curriculum”

KTPP also promotes a national accredited course in PSHE for teachers and community nurses. Across the county this programme has been fairly successful, however teachers tend to opt for the drugs module rather than the SRE module. Schools have stated that it is hard to recruit to the course because PSHE is not a route for career progression and the government have been trying to address this and have recently developed a PSHE Subject Association. Eleven community nurses have completed the course to date across and all schools with significant deprivation levels have access to a nurse with the training, recruiting to the course is again difficult and demands positive engagement by managers and encouragement to do the course.

This year there have been 5 workshops delivered across Kent for schools to lean about resources they can use in schools, take up for these was weighted towards primary schools, where it is essential work begins but the absence of many secondaries indicates the challenges ahead to engage them in this subject.

The 4YP website is an excellent resource for Kent schools but firewalls have prevented students accessing this. However, recently the Kent Select Committee recommended that all schools allow access to specific websites including ‘foryoungpeople’ and this information is presently being cascaded out. Having political support to take these issues forward is extremely helpful to the strategy and also reassuring for schools. Where there is no internet access a CD Rom, The Edge has been designed and is ready for launch, the CD contains the same information as the 4YP site regarding contraception, sexual health and signposting to services, advice and support.

A strong theme of the strategy has been to provide young people with the skills to delay sex until they are ready. One issue is resisting peer pressure, and for boys first sex is often seen as a confirmation of heterosexuality

Wait for it! Is a programme developed by a Senior Outreach Worker in Kent and built on her experiences of working with the most vulnerable and disengaged young people. Following a successful pilot with the Young offending team it is now being rolled out to other organizations including schools-

‘ The course is excellent and is enjoyable and fun as well as being very effective in getting several messages across. The students learn about how their bodies and sex works and how to avoid pregnancy and infection. But they also learn to value and respect themselves and to evaluate what is involved in a good relationship including how to go about building up strong good friendships as a basis for this. The students also get to reflect on the impact that good or bad choices could have on their lives.’

PSHE Teacher Shepway Cluster 1 April 2007

Parents are a key source of information for young people who identify them as a preferred source of information about sex and relationships. Children who feel they cannot communicate with their parents are more likely to become disengaged and be more involved in risk taking activities, and consequently are more at risk of pregnancy. For some years Kent has been delivering the *Speakeasy* course to parents, *Speakeasy* is an accredited programme for parents that helps develop skills to talk to children about sex. The qualification earned by parents is sometimes their first qualification and this has the catalytic effect of encouraging them onto further learning, therefore raising aspiration. This year the programme had undergone a fundamental reorganization and development and there are now 12 accredited trainers who can train other trainers across Kent rather than the 2 that there were previously, this should increase training opportunities for workers who want to take this forward with parents

Speakeasy – Milton Children Centre, Thanet

Ten mothers with children based at the local primary school attended a Speakeasy course hosted by the attached Milton Children Centre. Many had been teenage parents themselves and were anxious to ensure they were able to provide support and information to their own children. Few had any formal qualifications. The course offered them an opportunity to gather new information and examine their own attitudes around sex and relationships. As a result of attending the course. the parents were able to engage with the school in the development of its new SRE policy. Nine of the parents have submitted their folders for external accreditation with the Open College Network and several are planning adult education courses in the near future. One mother is keen to realise her ambition to become a nurse.

It is essential parents of teenage children know where to access support, guidance and help on a range of issues from sexual health to bullying and in 2007 the partnership plan to high profile and promote the national help line *Parentline* through GP surgeries and Childrens Centres along with other nationally available materials being made available such as time to talk materials and the DfES Every parent matters booklet.

Targeted work with at risk groups of young people, especially looked after children

The strategy targets young people most likely to become young parents, including young offenders, looked after children, substance misusers, and those disengaging from education and with mental health issues. Individuals working with these groups have been targeted for SRE training, Delay training and condom distribution. All Alternative Curriculum centres across the county have had access to training. Kent Council on Addiction (KCA) young peoples team have sexual health training and 100% of staff can distribute condoms. The 16+ team are undergoing a training package including SRE training, signposting and condom distribution. The Youth Offending Team have started to engage in training.

KTPP commissioned LAC focused research regarding access to SRE and sexual health service, the findings of this will be published this year. There is clear partnership working with KCC fostering unit and work is beginning with the independent sector. Kent has a high number of young people placed from outside authorities, these young people are reliant upon placing authorities providing specific services to them such as social worker support and training for the staff who care for them. Plans are in place to attain closer communication with these independent units, although the enormity of this task cannot be underestimated, as many are single fostering placements. Thanet and Swale particularly have high numbers of independent homes and Swale has accommodation for pregnant teenagers.

Young people often have an unrealistic sense of the realities of teenage parenthood. To address this, and to increase the parenting skills of those who may become teenage parents, reality parenting courses called Babywise are delivered in all districts with most incorporating the use of cyber babies. Whilst the effectiveness of mechanical babies is unproven it seems young people engage well with them and educators often like them. The Partnership has issued guidelines for use and encourages the babies only used as a small part of broad education programme with opportunity for discussion regarding young peoples success or not.

Young people who are homeless are unlikely to be able prioritise their sexual health or care about avoiding pregnancy. Kent has recently launched a Young Persons Homeless Protocol and this makes clear reference to the needs of young parents. There is room for development of the role of housing workers to increasing skills to signpost to services. Floating support workers are in place across the county and most attend training regarding teenage pregnancy issues with some being part of the condom distribution scheme. It is planned to look at workforce development in this area over the next year.

Keeping young people safe whilst providing services presents a challenge and Kent Safeguarding board has developed a protocol for working with sexually active young people, based on the national Working Together Guidance and the Childrens Act 2003. KTPP was involved in the consultation and, when finalized, this document will be cascaded out to all services linked into the strategies work. A Kent wide conference is planned to roll out the new guidance.

There are evident communication channels between LIGS and Crime and Disorder Partnerships. Some community wardens have taken part in training but plans are in place to deliver training to all wardens around risk groups for teenage pregnancy and signposting to support and services. Joint training has also taken place with custody nurses and nurses working in rape suites.

KTPP has been closely involved with European research for the past 3 years. The *Lets Talk* project involved English and French focus groups to discuss attitudes and values towards relationships sexual health and teenage pregnancy. In England this focused on the most vulnerable young people in outreach settings. The results have identified some extremely important findings about young people and their lives, and these are being disseminated across organizations, including the most strategic levels of KCC.

Teenage Pregnancy/Sexual Health Outreach workers are key to service delivery with at risk groups, often co-working with partner organizations on sexual health and education issues. The National Institute for Health and Clinical Excellence (NICE) guidance ***Prevention of Sexually Transmitted infections and under 18 conceptions*** has highlighted the importance of 1-1 work with individuals to improve sexual health and reduce teenage pregnancy.

Outreach

As an outreach nurse I was asked to meet Sonya. She was 17 years old, had been raped, was pregnant and did not know what to do. We talked about the rape, her life, she was excluded from school and left at 16 with no qualifications. She lived with her mum, both had physical and mental health problems. She felt everyone was pressurising her into a termination. We discussed this at length to decide what was right for her and her life at this present time, she chose to proceed with the pregnancy and had a son.

I continued to see Sonya after the birth and encouraged to see her GP and attend hospital appointments when her baby developed health problems. She then met Andy, a 19 year old who had been in care and eventually Sonya became pregnant again when her son was just 6 months old.

I talked to Sonya and Andy about their options and Sonya decided on a termination, which I organised. On the day of the appointment she was unwell and missed the transport, she felt unable to make another appointment and I was not available. I returned from holiday to find her still pregnant and still wanting a termination. This was reorganised and went ahead. Sonya was then fitted with a long acting form of reversible contraception.

I talked to them both about the future, Andy disclosed that he really wanted to go to college but was worried he would lose his jobseekers allowance and he was also under threat of eviction, as he had not realised the support available. I referred him to Connexions and with their support he was able to begin a course, and housing support worker organised housing support.

Encouraging the most disengaged groups to engage with services is extremely complex. This year KTPP are piloting projects with Charlton Athletic Football club, the social support section have a proven record in Kent of reaching a huge number of young people, with a focus on the most disadvantaged. Coaches will be trained to raise their awareness of risks of teenage pregnancy, develop skills in signposting, and condom distribution. They will then be able to deliver an implicit curriculum to the groups of young people they see addressing peer pressure, gender stereotyping, and specific self-esteem issues. The work will be targeted at mixed sex groups to ensure situations are dealt with contextually. There will also be specific work with teenage mothers, to engage those who rebuff other attempts, to increase participation in positive activities, raise self-esteem, and reengage them in services and education.

Workforce training on Sex and Relationship issues within mainstream partner agencies

Workforce development has been a key component of the Kent strategy, and is an essential in all large counties.

A sexual health trainer was initially commissioned by the partnership and is now mainstreamed within the East Kent Health Promotion Service, west Kent PCT do not have a training department. The remit of the role has been to develop and deliver specific training across the whole of Kent. Kent has been proactive in developing its own training, often because of the cost of commissioning national courses.

- ***Whatever*** is a popular and successful course concentrating on building self esteem in young people, recipients are those working with vulnerable young people
- ***Great expectations***- developed in partnership between Looked after children (LAC) nurses, KCC fostering training team and Health Promotion. Young people in and leaving care are twice as likely to become teenage parents, they may miss SRE in schools due to moving around and particularly need access to information and signposting to services and support. The course covers
 - The Kent Relationship and Sex policy for LAC.
 - Skills needed to discuss sexual health issues with LAC in their care
 - Signposting and accessing Sexual Health servicesThe training programme has been delivered to foster parents and workers caring for looked after children in both the private and independent sector
- ***Working with young fathers*** is a programme that highlights the specific issues that affect young fathers, it is well documented that young dads feel left out by health professionals and the mother and baby are the focus for attention and support. Interestingly it has been difficult to engage workers in this programme, further highlighting the lack interest in the area and therefore it is planned to develop this course into a working with young parents course
- ***7C's*** is a one day awareness raising of young peoples sexual health and incorporates information that leads to becoming part of the Kent condom distribution scheme

Other SRE training programmes have been referred to already in this report and are

- ***HYP HOP***- SRE programme for anyone working with young people
- ***Wait for it***- Delay and SRE programme for anyone working with young people
- ***Speakeasy***- SRE programme for parents although other workers such as teacher have benefited from it

Training in east Kent will now be delivered from core funding, however the west has no similar training department in place and KTPP will continue to commission east Kent service to deliver training county wide. Developing a training programme specifically related to working with boys and young men is a target for 2007.

A well-resourced youth service with a clear remit to tackle big social issues, such as young peoples sexual health

Youth & Community and Connexions are both clearly signed up to the strategy with representation on the strategic KTPP Board and at LIG level. Kent Youth Council has also has two representatives on the KTPP Board and young council members are encouraged to feed views and ideas to the partnership.

The curriculum in Kent Youth Clubs contains SRE, although until now this has been managed by outside speakers. In 2007 there are plans to write a specific SRE module for the youth setting curriculum with an expectation to this being delivered by youth staff. Specific Sex and relationship training is being rolled out to youth workers to increase their skills and confidence to deliver this independently. There are 20 youth workers placed in schools and as 40% of their time is directed towards delivering PSHE many are now co delivering the subject and offering other support drop in sessions in schools. Resources like The Edge CD Rom will provide increased access to information in youth settings with no internet access. There is a comprehensive programme in place to increase the knowledge and delivery skills regarding SRE of all appropriate Connexions workers.

Sexual health services operate alongside youth and connexions workers and encourage and support the development of skills in sexual health promotion. Youth and Connexions workers access the 7Cs training and some then join the condom access scheme, especially important for detached youth workers who are likely to be accessing young people not engaged with mainstream services. The Youth Service is keen to increase involvement in the strategy and plan to clearly promote to staff that this is acceptable and encouraged. It is envisaged the C Card scheme with its robust boundaries will encourage more participation. There are two youth settings offering a nurse led full clinical service, in Gravesend and Whitstable, and although popular nurse capacity has made this difficult to roll out.

Partnership work with youth and community

The Whitstable sexual health outreach clinic runs weekly in a youth club setting. This service enables the young people to access a non-traditional sexual health service and aims to develop the skills of other workers in the youth club to meet young peoples health needs. The clinic is successful not only because it gives the members of the youth club a young person friendly service, but it also gives the opportunity to build relationships with the young people and the community and provide health promotion as and when the need arises. Using a youth venue to provide this type of service also engages young men and boys who, in this area of work, are recognised to be a hard to reach group

Increasing aspiration and increasing the vision of young people is central to Kent youth work. Workers cover all areas using outreach in rural areas with a focus on disadvantaged groups. Youth and community are committed to delivering positive activities for young people and are currently developing a countywide web based directory of things for young people to do, Connexions have 8 full time workers specifically leading on engaging young people in positive activities. Research commissioned by KTPP evidenced that young people are engaging in risk taking activities because they think there was nothing else to do, and for this strategy to be successful organizations working to increase young people's vision is vital.

The youth service is proactive in work with young parents and a pilot has been operating with a focus on supporting young fathers. It is hoped to develop this in 2007

Supporting Young Parents

It is well documented that outcomes for young parents are poorer in terms of the mental and physical health of them and their child. Life chances are also reduced with an increased likelihood of benefit dependency. It is essential that we move young people towards independence and encourage aspiration and empower them with the skills and to make positive changes in their lives. This strand of the strategy is guided by the recommendations including those in **Who Cares** and more recently **Multi-agency working to support pregnant teenagers: a midwifery guide towards partnership working with connexions and other agencies**. Strategically it is essential that this area of the strategy is aligned with the Parenting Strategy in Kent and lines of communication are strong.

To ensure that support is made available to young parents a formal mechanism to identify them is essential and a Confidentiality Sharing Agreement is in the process of being signed off at the highest strategic levels. This will allow midwives to refer a young parent (with their consent) into a Connexions Single Referral Point (SRP) where an assessment and action plan will determine the immediate and long-term needs of the young person. A pilot in Thanet has been well evaluated and the SRPs are planned to roll out into Dartford, Shepway and Swale this year. There are 4 Connexions specialist posts that work specifically with young parents in high rate areas of teenage pregnancy and research demonstrates this is a valued service.

Young parents support groups (YAPS) have been present in Kent for some years. 2006 saw a drive to increase the numbers of these groups and there are now 25 across the county covering all areas. Training on group skills has been provided for leads, and a curriculum developed. YAPS groups are supportive, informative and aim to empower young people. The success of YAPS groups meant often young people were reluctant to leave, and for this reason YAPS plus has been developed, the remit of which is the development of the parent as an individual, and achieved by the provision of short courses, initially to build self esteem and study skills and moving onto literacy/numeracy programmes and finally accredited courses. The young parents can then, as a cohort, move onto further education. YAPS plus are focused around Childrens centres, they often have integral childcare facilities and lead to wider engagement with community services. YAPS and YAPS plus have been branded under the Pinnacle project. The voluntary sector is very important to this area of work, with Homestart workers providing the interface between young people and services, conducting home visits to increase engagement with services.

To allow young parents to get back to training and employment they need access to

Folkestone YAPS Group at Home Start Folkestone has hosted a successful young parents group for some time. The group was identified as the most suitable to pilot for the full Pinnacle project. A YAPS plus group was set up in conjunction with Sure Start at The Village Children Centre, Folkestone in the autumn of 2006. The group continues to provide multi agency parenting support with the addition of courses and workshops to increase the young parents' self esteem and skills in order to re-engage with formal education and training. The group is currently engaged with 15 young parents and numbers are growing. Success can be measured through the continued attendance of the young parents, increased numbers engaging with the group and several young parents applying for college courses for September 2007. The group receives support from health visiting, midwifery, Connexions and Home Start with further engagement from course providers.

funding for childcare. **Care to learn** is a national scheme funding childcare and transport costs up to £155 a week. At present the scheme is not well accessed by young parents in Kent because increasing the awareness by relevant workers of both the scheme and the worth of engaging young parents in education and training has been a challenge, complicated by the demands of training across a large area. KTPP has requested the support of increased national promotion and are planning a drive to high profile the scheme with a radio advert, and increased training opportunities for key staff such as Education Welfare Officers, Connexions, Childrens centres, schools and colleges.

YAPS and YAPS plus groups tend to be female dominated and it is essential that young fathers have equal opportunity to develop their parenting skills and get support from other dads. It had been felt that young fathers needs could be met in general fathers support groups, but increasing awareness has identified they are far more likely to have relationship issues, access problems and housing issues has led to the development of specific sessions for young fathers.

For the past year in Thanet an outreach worker and health promotion specialist have been actively promoting the role of fathers in their child's life. This work began with an initial consultation event attended by over thirty fathers who were asked a series of questions including their thoughts and feelings on being a parent, and how they felt they were perceived by health professionals. The majority felt that being a father was the most important role they would ever play. However some felt that they were excluded from important choices, and suggested they were "shut out" of important conversations by professionals. A midwife now facilitates a males only group for expectant fathers where they have the opportunity of expressing their hopes and fears on becoming a new father

"To be proud of what you made and created. Caring responsible, teaching right from wrong, being a good parent with lots of loving."

(Single father of a 4 yr old)

KTPP is keen to promote the views of young parents and involve them in service development at present they are in the process of writing their first Young Parent magazine, it will be produced biannually and be available in community settings such as Childrens Centres, libraries and GP surgeries. It will contain information written by young parents and those working with them with the aim of reaching those who have not yet engaged with services. The Kent Young Parents Directory was also launched early 2007, midwives at the booking appointment are giving this out. It contains information in relation to advice, information and support networks available for young parents.

As 20% of teenage pregnancies are second pregnancies (before the age of 18 years) it is essential to ensure young parents are provided with information and access to contraception (including long term methods). The NICE guidance **Prevention of Sexually Transmitted infections and under 18 conceptions** has highlighted the importance of the midwife (MW) and health visitor (HV) role in promoting contraception to teenage parents. Training is available for these professionals to increase their knowledge of contraception so they can offer advice and support, however, there is much to do in this area with many operational staff not recognising the full potential of their important role. There are two pilots running in Shepway and Thanet where HV and MW offer EHC and condoms but active engagement in the strategy tends to be related to enthusiasm of management, it is hoped that improved lines of communication and new methods of commissioning will evolve with the newly reconfigured PCTs which will address this. A best practice conference is planned for

May 2007 and both strategic and operational staff from all organizations working with young parents are signed up to this, health, housing, education, connexions and the voluntary sector. There will be various workshops including one with a domestic violence focus, an issue which is higher amongst young parents and from here it will be decided how to tackle to the problem.

Conclusion

Kent Teenage Pregnancy Partnership has the full support at strategic levels in Kent. It is essential that the strategy is also well supported and embedded at local level by the Local Strategic Partnerships, Cluster boards and developing Local Children Trusts. The LIGS have struggled to deliver locally across all the organisations essential to strategy success and the welcome move to coterminous boundaries with Cluster boards presents a huge opportunity. It is clear that support is absolutely essential at both levels to ensure implementation.

Clearly there are examples of excellent practice in place across the county but the strategy has struggled in all organisations to be accepted as core business to be delivered by existing workforce. This is essential if the work is to be embedded and sustainable. Kent now has developed numerous initiatives but implementation at local level across Kent is disparate, and parity would provide all areas with necessity advantage to achieve the rate decreases required.

All areas of the strategy can build on their achievements, most notably the west of the county is behind the east with regard to access to and development of young peoples services, however the new configuration of west Kent PCT with new commissioning processes presents opportunity to address this. Although KTPP have attempted to address gaps in service delivery it is clear there are limits to this success, despite commissioning training and providing funding some initiatives are not being implemented and this can only be addressed by local managers. The strength of champions at local level and within organisations to take this forward is crucial.

It is apparent that over 2006 Kent has raised its game and the strategy has become more recognised and accepted. It is essential that this momentum continues if the county is to continue to drive down the rate of unintended pregnancies. There are clear plans in place for taking the strategy to its next stage of development, the self assessment has identified direction.

Essentially the strategy is making a difference to the lives of young people, improving outcomes by avoiding early pregnancy and improving the outcomes of young parents and their children but if we are to make progress towards the 2010 target all organisations will need to be wholly committed to the strategy and broaden their view of how they can develop their role.

Ruth Herron
Coordinator of the Strategy to reduce teenage pregnancies in Kent
April 2007

Teenage Pregnancy self-assessment

Summary Sheet

Date of assessment: March 2007

Area: Kent

Assessors: Core Teenage Pregnancy Partnership Team and Local Implementation Group Chairs

Characteristic	Rating	Rationale summary	Action plan for next 6 - 12 months	Likelihood of delivery
Strategic	Fully	Strategically Kent is clearly committed to supporting its Teenage Pregnancy Strategy and reducing teenage conceptions. There is an excellent understanding of the impact of early parenthood on young people	Board members will continue to champion the strategy within their organisations. Opportunities for further development will be identified and acted upon as they arise	Traffic light score based on trajectories and milestones
Data	Fully	A wide range of data is available to guide planning and commissioning of services	Identification of new opportunities as they arise and continued use of local information	
Communication	Nearly	<p>Due to an extended period of sickness the media campaign manager was away much of 2006. This campaign is now all in place but yet to reach its optimum in delivery</p> <p>Evidence of a communication gap at middle management level within some organizations</p> <p>Need to increase user group (number of young people) formally engaging in the strategy</p>	<p>Development of Public and Professional website</p> <p>Increase positive press releases Targeted media drive in high rate areas</p> <p>Cascading of information to impact on all levels of organisations</p> <p>Development of youth review panel</p>	

Implementation			
<ul style="list-style-type: none"> YP focused contraception/ sexual health services 	<p>Nearly</p>	<p>Service development needed in West Kent Need to develop more services in places young people want them such as colleges/Youth settings</p> <p>Need to increase role of primary care and midwives</p>	<p>Continue to lobby PCTs including building relationships with commissioners, working with joint development managers and influencing pathfinder trusts</p> <p>Direct training with Primary Care staff and midwives</p>
<ul style="list-style-type: none"> Strong delivery of SRE/PSHE by schools 	<p>Nearly</p>	<p>Limited evidence of school engagement at local level with the strategy, both in implementation of allocated SRE/PSHE time, access to confidential services or advertising of campaign materials</p>	<p>Dissemination of research findings to schools Build web access to best practice examples Direct work with head teachers Continued roll out of SRE training such as HYP HOP Build capacity in schools for SRE delivery and support schools at cluster level Pilot alternative methods of delivering SRE Direct training with Governors</p>
<ul style="list-style-type: none"> Targeted work with at risk groups of YP, especially LAC 	<p>Nearly</p>	<p>Full awareness of role in this work yet to be accepted by some partners</p> <p>Need to look to alternative engaging methods of SRE delivery</p> <p>No clear picture of BME levels of teenage pregnancy or associated needs</p>	<p>Investment in workforce development and training opportunities</p> <p>Commissioning of specific projects- Charlton Athletics</p> <p>Mapping and development of BME work where appropriate</p>

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<ul style="list-style-type: none"> • Workforce training on SRE in mainstream partner agencies 	<p>Nearly</p>	<p>Training is being rolled out and partners are becoming more active in this role</p> <p>Need to look to mainstreaming this education which is often an 'add on' for organizations</p>	<p>Ensure SRE training programmes/opportunities/resources are in place</p> <p>Seek strategic agreement by key partners to include in induction/mandatory training</p>
<ul style="list-style-type: none"> • Well resourced Youth Service 	<p>Partial</p>	<p>Provision of services has been patchy with limited evidence that youth and community has accepted its full role in the strategy</p>	<p>Clear plans now in place to develop youth service with regard to staff training, SRE delivery, condom distribution and work with young parents</p>
<ul style="list-style-type: none"> • Raising aspirations 	<p>Partial</p>	<p>Relationship of raising aspiration and teenage pregnancy has not been apparent to all partners.</p> <p>At present there is uneven delivery of opportunities for young parents</p>	<p>Invest in workforce development Encourage targeted work regarding aspirations and intense SRE for those at risk of disengaging in education and other vulnerable groups</p> <p>Build young parent opportunities through work with Children centres + Pinnacle project.</p>

Assessment based on performance only

Until 2005 data the static and rate increases were mostly in the West of the county where related work was late to start. There are now excellent examples of work across the whole of Kent and this is being reflected in district rate reductions. The increase in work across the county should be reflected in 2006 figures. The core teenage pregnancy team are well supported at county and district level and there is clear evidence that all key organisations are engaged in the strategy, areas for progress have clearly been identified with this assessment.

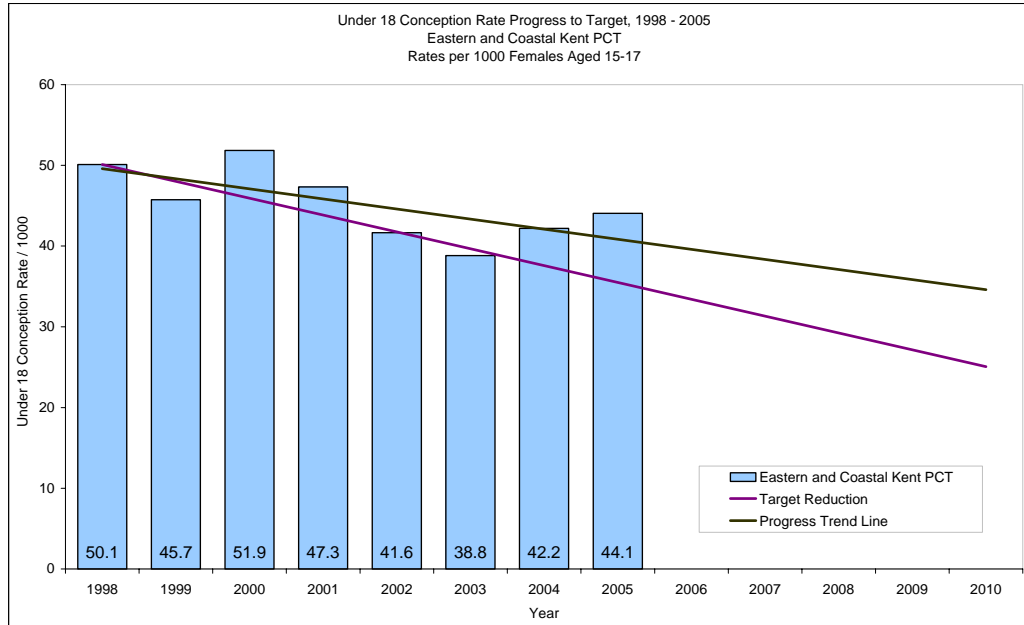
<ul style="list-style-type: none"> • Work with parents 	<p>Nearly</p>	<p>Scope for development of this area with regard to teenage pregnancy related issues</p> <p>Resistance by BME leaders to work with parents</p> <p>Complex to engage the most disengaged families</p>	<p>Influence KCC Parenting strategy (launched 07)</p> <p>Continued roll out of Speakeasy (SRE) programme to parents</p> <p>Signposting to parent/public/professional website for information advice</p> <p>Increase positive media messages</p> <p>Monitor and look for opportunities to engage minority communities</p> <p>Work with other organizations to increase the skills of those in engagement including the voluntary sector</p>
<p>Recent performance against trajectories and milestones</p>	<p>Kent had a strategy start point of 42.8 in 1998. Decreases were on line until 2004 and in 2005 it achieved only a small decrease in conception rates from 38.1 to 38 per 1000 females 15-17yrs. The 2004 target of a 15% reduction was missed and it will be a challenge to reach a rate of 21 (a 50% reduction by 2010).</p>		

Report written by Ruth Herron, Coordinator of the Kent strategy to reduce teenage pregnancy
July 07

Appendix 2

Under 18 Conception Rate Progress to Target 1998 – 2005

Eastern and Coastal Kent PCT.



Under 18 Conception Rate Progress to Target 1998 – 2005

West Kent PCT.

