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EXECUTIVE SUMMARY

The Hertfordshire Teenage Pregnancy Strategy is a countywide document which sets out a plan of action to meet the Government’s two goals by 2010:

- To reduce the rate of teenage conceptions by 50% among the under 18s by 2010 and to have established a downward trend in the rate of under 16s conceptions by 2010.

- To get more teenage parents into education, training or employment, to reduce their risk of long term social exclusion.

The national rate for total conceptions (per 1000) in the under 18s was 45.5 in 1997 and in Hertfordshire the rate was 32. There are some local districts which have higher rates than the countywide rate. The three districts that have the highest conception rate in East and North Hertfordshire Health Authority are Stevenage, Welwyn/Hatfield and Broxbourne. In West Hertfordshire Health Authority, the two districts that have the highest conception rates are Watford and Dacorum. The Strategy will focus its efforts on prioritising these higher rate districts although some work will be county wide.

Hertfordshire has to achieve a 45% reduction of its current rate of conceptions (32) within the ten year period in the under 18s i.e. a rate of 17.6.

The Strategy reviews the work that was done in March 2000 by both Health Authorities. It highlights the priority areas to be addressed as a result of the initial and subsequent reviews. It sets out an action plan, focusing on the first 3 years, which incorporates these priorities and which meets the guidelines set out by the Teenage Pregnancy Unit.

The key sections in the action plan are:

- Mapping of Services
- Consultation with Young People
- Media and Communications
- Better Prevention
- Better Contraception
- Better Support for Pregnant Teenagers and Teenage Parents.

The Strategy is jointly led by the two Health Authorities and Hertfordshire County Council. There is a strategy group whose membership comprises of a variety of partnership agencies both voluntary and statutory who have worked together to develop and write the Strategy. The group will continue to meet to oversee the implementation of the Strategy, to develop the Strategy beyond year 3 and to ensure that targets are met. Ongoing and time limited focus groups will also be set up to ensure that the views of young people, parents and key organisations inform the development of the Strategy.

The Strategy is a working document and will be revised annually.
THE GOALS OF THE STRATEGY

The Hertfordshire Teenage Pregnancy Strategy reflects the national Strategy’s two key goals:

- To reduce the rate of teenage conceptions by 50% among the under 18s by 2010 and to have established a downward trend in the rate of under 16 conceptions by 2010.

- To get more teenage parents into education, training or employment, to reduce their risk of long term social exclusion.

Hertfordshire has to achieve a 45% reduction of its current rate of conceptions within the ten year period in the under 18s. This will be a reduction from 32 conceptions per 1000 to 17.6 per 1000.

There is an interim target of achieving a 15% reduction in the rate of under 18 conceptions by the end of 2004. The rate will have fallen to 27.2.
PROFILE OF HERTFORDSHIRE

Hertfordshire is a shire county in the South East of England. It has a total population of 1,043,028 of which 241,326 are aged 0 - 17 years (ONS, population estimates unit, 1999). The county has a low unemployment rate. At October 2000, the rate of unemployment was 1.3% (ONS). The urban/rural population split is 87.2% and 12.8% respectively assuming an urban area is a settlement of more than 3000 people (Census 1991). The ethnic minority breakdown of the county is 4 to 5% (Census 1991).

There is one Local Authority, according to Social Services/Education boundaries: Hertfordshire County Council. As of 1st April 2001, there will be one Health Authority and eight Primary Care Trusts. There are also ten district/borough councils in the county. The main single regeneration budget (SRB) areas are Borehamwood, Stevenage, West Watford and South Oxhey. Smaller amounts of SRB money have also been allocated to Broxbourne, North Herts and Welwyn/Hatfield.

Hertfordshire is neither a Health Action Zone nor a Sure Start Plus area.
STRATEGIC VISION

The overall vision is that through these three key areas below the goals and the targets of the Strategy will be achieved.

Education

All schools must have a Sex and Relationship Education (SRE) Policy. Pupils and students are entitled to SRE which is of a high standard, age and stage appropriate to them, which helps meet their needs to enable them to make informed choices about their lives, and is delivered by appropriately trained teachers.

In schools, teachers are the main providers of SRE and their work is reinforced by the contribution of many other professionals both within the school environment and in other settings.

The Strategy recognises the importance of the rights of parents* and their involvement in the key role of teaching their children about sex, relationships and growing up.

Prevention

There is a responsibility to provide a range of prevention services for young people which are supportive, young people friendly and are of a high quality. Young people have a right to access these services. Agencies will work in partnership to ensure that the provision offered meets the needs of the client groups and in particular those young people who are most vulnerable.

Support for Pregnant Teenagers/Young Parents

A wide range of support agencies will work effectively together to provide appropriate support to pregnant teenagers and young parents so that these young people are not trapped in a cycle of poverty and deprivation. The support that the young people will receive will give them opportunities similar to their peers so that they can make positive choices about the future.

* Parents in this context within this document refers to parents/carers/guardians
PRINCIPLES AND VALUES

There are a number of principles and values which underpin the strategy. These reflect the national strategy.

The Hertfordshire Teenage Pregnancy Strategy recognises the importance of the individual’s physical, emotional, spiritual and social development. The Strategy will take account of this development in its work as well as issues to do with gender, ethnicity etc. The Strategy acknowledges the difference in values and beliefs that are held by both individuals and society.

Young People Centred
Young people are unique individuals with differing needs, aspirations, values and beliefs. The Strategy recognises the uniqueness and needs of each individual. If the Strategy is to be successful it must meet the needs of the client. It is therefore crucial that young people are consulted and involved in the planning, development and implementation of the Strategy over the next 10 years.

Partnership Working
The Strategy recognises the importance of partnership working. These partnerships will include the involvement of a wide range of stakeholders across the voluntary and statutory sectors. Partnership working will need to reflect the diversity of cultural and faith backgrounds in Hertfordshire. Existing effective partnerships will be developed and extended to include new partnerships.

In order to develop mechanisms at strategic and operational levels, it will be necessary to seek the ongoing commitment of a wide range of stakeholders to develop more effective and integrated services.

Addressing Inequalities
Within Hertfordshire, a number of strategic groups and policies already exist or are under development such as Health Improvement Programme (HImp); Community Strategy; Education Development Plan; Quality Protects; Children, Schools and Families Preventative Strategy; Anti-Poverty Strategy; Connexions and the Economic Development Unit. These groups and strategies target areas of deprivation and inequality. The Teenage Pregnancy Strategy will link into these existing strategies and so lead to a more co-ordinated approach focusing on the most vulnerable groups of young people and reflecting the diversity of ethnic and cultural backgrounds of local communities.
Long Term and Sustained
Effective implementation of the Strategy requires long term commitment from the partnerships involved recognising that new partnerships will also be formed over the next 10 years. This will take place alongside the implementation of the NHS Plan and the Children, Schools and Families Plan. Resources may need to be re-aligned in order to implement the Strategy.

It is envisaged that task groups will be convened to lead on specific tasks within the action plans as and when required to take forward the implementation of the Strategy. It will be the responsibility of the Strategy Group to oversee these task groups.

Evidence Based
The Hertfordshire Teenage Pregnancy Strategy will be based on evidence from national research, best practice within this county and elsewhere. It also recognises that there is innovative work already taking place locally.

Joined Up Action
Hertfordshire has one inter-agency strategy group which to date has met five times and which it is planned will continue to meet regularly. This group has been established to look at the development, implementation and monitoring of the Strategy. Additionally a number of ongoing focus and sub-working groups have been established

Reporting mechanisms will include submissions to all appropriate statutory bodies. For example, it is anticipated that copies of the annual report and revised strategy will be distributed to the Health Authority, Primary Care Trusts and Children, Schools and Families (CSF) Select Committee.

The membership of the strategy group includes representatives from:

- West Hertfordshire Health Authority
- East and North Hertfordshire Health Authority
- Primary Care Groups/Trusts(PCG/T)
- HCC Youth Service
- Children, Schools and Families (Education and Social Services)
- Connexions Service
- School Improvement and Advisory Service (SIAS)
- Council of Voluntary Services
- University of Hertfordshire (Midwifery and Childcare)
- Genito-Urinary Medicine (GUM)
- Family Planning
- Community Nurse (Looked After Children)
- Healthy School Programme
- NHS Trusts
- Hertfordshire Health Promotion
- Watford Borough Council

In addition, links exist with Housing, Hertfordshire County Council: Community Information and Corporate Services, the Economic Development Unit, and many of the voluntary sector organisations. It is intended that these links will be developed further.
CONTEXT FOR DEVELOPING THE STRATEGY

Prior to March 2000, there was very little co-ordinated partnership working on teenage pregnancy within either Health Authority or across the county. The local analysis has continued to build on the work that was done by the two Health Authorities in March 2000. Each Health Authority appointed a Teenage Pregnancy Co-ordinator in March 2000 and in September 2000 a Teenage Pregnancy Co-ordinator for the Local Authority (HCC) was also identified.

During 2000/2001 the majority of the named Teenage Pregnancy Co-ordinators’ time (Health Authorities and Hertfordshire County Council) has been devoted to building and strengthening networking and co-ordination across the county. The three authorities have worked very closely to jointly lead on the development and writing of one countywide strategy. Sub-groups and focus groups have been set up. The latter has included representatives from black and ethnic minority groups. For example, two groups from the Minority Ethnic Curriculum Support Service (MECSS) have met to look at the issues for those who are also part of the communities within which they are working. It is planned to have an ongoing dialogue with the group in order to facilitate better understanding of key areas such as SRE within a minority group. It is anticipated that some of these focus and sub-working groups will be time limited or subject specific.

It is envisaged that there will be some changes due to the merging of the two Health Authorities and changes within the Local Authority from April 2001. It is anticipated that the Health Authority and Local Authority will be able to confirm the arrangements for, and name the Teenage Pregnancy Co-ordinators by May 2001.

Many new partners have come on board since March. A Strategy group was formed and has met regularly to shape the direction and development of the Strategy. In addition, many other partner organisations (Appendix A) have been involved in sharing knowledge and experiences. Many have contributed to writing parts of the report. The Teenage Pregnancy Co-ordinators are confident that the key partners own the Strategy.
A SUMMARY OF THE KEY FINDINGS

The inter-agency working has highlighted that there are a number of mapping tools available that will be useful to implementing the Strategy.

With the merger of the two Health Authorities, some of the existing baseline data will need to be combined. Some new analysis will now be required to ensure that information is now standardised across the county.

The Connexions Service has commissioned an external company to undertake an in-depth mapping exercise across the county. This information will be available to share with the strategy group and other agencies. A tracking device within the Local Authority (HCC) exists using the Unique Pupil Number (UPN) which provides information on young people out of school. This will give better information on this particular vulnerable group.

There is also some preliminary local information on the lifestyle situations of young mothers and their ability to access education. The Hospital and Home Education Service (HHES) has information only about pregnant young women who are referred to their service by schools. This information mainly concerns their education and access to childcare. While this service exists in Hertfordshire to support pregnant teenagers and young mothers to return to education there are difficulties in identifying this client group.

The Local Authority in Hertfordshire has a mechanism in place, the Children Out Of Schools (COOS) database which monitors the exclusion of school age children and the numbers of children who are out of school. This could be cross-referenced with data on the numbers of girls known to be pregnant to identify those who are out of school. Currently confidentiality and working practices inhibit the sharing of information between Health and Education.

In Hertfordshire, when the original analysis took place in March 2000, there were two Health Authorities each producing a report of its local situation regarding teenage pregnancies. A summary of the key findings are as follows:

Key Findings of the Analysis in West Hertfordshire Health Authority

- Many professionals, whether in the NHS, Local Government or the Voluntary Sector, only see a small number of young mothers at any one time.

- There are no mechanisms to share best practice and to review effectiveness across all the organisations making a contribution.
Many organisations want to improve access to contraception and sexual health advice, respond better to young people’s needs and develop targeted initiatives, for example support to parents and improve services for young men. There is a need for funding to increase access to contraception for young people.

There are also key issues around access to childcare, transport and returning to education.

There is rarely, if ever, the opportunity to provide an integrated service to meet the needs of the young person. This is particularly true in the case of bringing together access to education, childcare, financial advice and social support to prevent social exclusion.

However, there is a strong basis for partnership working in West Hertfordshire which could be developed further in this area of work.

Key Findings of the Analysis in East and North Hertfordshire Health Authority

There are extensive local services in existence and it is possible that these could be better utilised to serve young people.

Young mothers (14 - 19) could benefit by a greater focus on them and hence increase their participation.

Where projects evaluate well, the schemes should be supported and extended.
A SUMMARY PROFILE OF TEENAGE PREGNANCY IN HERTFORDSHIRE

The original data was collected and analysed in different ways by the two Health Authorities in March 2000. This data is not required in this report by the Teenage Pregnancy Unit. It is available at the two Health Authorities. Data on ethnicity and faith is not currently collected at a national level. In future, from 1st April 2001, analysis of data will be standardised across the county in the new Health Authority.

- The national rate of conceptions in 1997 for girls under 18 was 45.5 per 1000 girls.
- The rate of conceptions for the whole of Hertfordshire is 32 per 1000 girls under 18 in 1997.
- In West Hertfordshire the rate of conceptions is 30.3 per 1000 in the under 18s (1995-97).
- For East and North Hertfordshire the rate of conceptions is 47 per 1000 in the under 20s in 1997.

The rates of total conceptions per 1000 girls for each Health Authority for 1992-1997 are as follows:

**West Hertfordshire Health Authority**

<table>
<thead>
<tr>
<th>District/Borough Council</th>
<th>Rate of total conceptions per 1000 girls aged 15-17 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watford</td>
<td>36.5</td>
</tr>
<tr>
<td>Dacorum</td>
<td>36.1</td>
</tr>
<tr>
<td>Hertsmere</td>
<td>28.8</td>
</tr>
<tr>
<td>Three Rivers</td>
<td>27.9</td>
</tr>
<tr>
<td>St Albans</td>
<td>22.8</td>
</tr>
</tbody>
</table>

**East and North Hertfordshire Health Authority**

<table>
<thead>
<tr>
<th>District/Borough Council</th>
<th>Rate of conceptions per 1000 girls under 20 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevenage</td>
<td>79.0</td>
</tr>
<tr>
<td>Welwyn/Hatfield</td>
<td>49.0</td>
</tr>
<tr>
<td>Broxbourne</td>
<td>48.0</td>
</tr>
<tr>
<td>North Herts</td>
<td>41.0</td>
</tr>
<tr>
<td>East Herts</td>
<td>32.0</td>
</tr>
</tbody>
</table>

The two tables above refer to two different age brackets and so comparison is not like with like. Nonetheless, it is clear that districts such as Stevenage have a much higher rate than the rest of the county even taking account of the differences in the age groupings.

Data relating to teenage conceptions has come from the Office for National Statistics. It reflects births and termination of pregnancy data.
There are only small numbers of conceptions in any one geographical area across Hertfordshire and this information is available in the two reports in March 2000.

The two districts, which have the highest conception rates in East and North Health Authority, are Stevenage, Welwyn/Hatfield and Broxbourne. In West Hertfordshire Health Authority the two districts which have the highest conception rates are Watford and Dacorum. The Strategy will focus its efforts on prioritising these higher rate areas although some work will be county wide.
A SUMMARY PROFILE OF THE STRENGTHS AND AREAS FOR DEVELOPMENT OF KEY SERVICES IN HERTFORDSHIRE

This section highlights the strengths and areas for development as required by the Teenage Pregnancy Unit, of some of the key organisations that are working in partnership on teenage pregnancy.

The rural nature of the county brings difficulties of equity of access to services and support structures. This difference in equity is linked to transport, location and appropriate opening times of services particularly for those young people who live in the more isolated parts of the county.

Sex and Relationship Education

Strengths

- A variety of professionals from School Improvement and Advisory Service (SIAS) and different organisations offer training and consultancy.
- Curriculum advice that is cross-curricular and develops knowledge and skills.
- Up-to-date materials and resources.
- Training that builds on and develops schools’ own current good practice that promotes respect for all.

Areas for Development

- Models of evaluation, assessment and reporting to parents are being developed as Quality Assurance is currently monitored through schools’ own arrangements, Ofsted Inspections and the Hertfordshire Healthy School Programme.
- Each school is responsible for its own monitoring arrangements.

HCC Youth Service

Strengths

- The county Youth Service is successful in engaging disaffected and disadvantaged young people, and this includes those at risk of teenage pregnancy. The Youth Service is seen by young people as a credible source of support and education.
- Youth Workers are guided by a clear sex education policy.
- The Service is both a provider and an enabler, working in partnership with diverse groups and organisations.

Areas for Development

- The Service is developing strategies to address capacity problems, workload issues and difficulties with recruitment and retaining staff.
- The Service’s anticipated contribution to the Connexions Service and to targeted schools is yet to be agreed/quantified.
Healthy School Programme

Strengths
- All schools will have access to the programme over the next five years.
- The programme provides a framework for the delivery of PSHE and the key themes (of which SRE is one).
- The framework provides support for schools to develop high quality SRE.
- The programme is flexible and designed to meet local needs and the needs of individual schools.

Areas for Development
- Currently numbers on the programme are relatively low and will be increased over the next few years.
- Good communication with schools is required to ensure that the full extent of the programme is understood and it is not just seen as another initiative.

Hospital and Home Education Service

Strengths
- The Hospital and Home Education Service (HHES) provides a service in partnership with schools and various services such as Youth Programmes Unit to support the education of pregnant schoolgirls and teenage mothers.
- Support can be flexible in meeting the educational needs of those who are not attending school due to lack of childcare facilities.
- The service has been successful in engaging pregnant schoolgirls and teenage mothers in education and in supporting them in their reintegration into school.
- HHES together with the Early Childhood Unit has developed a working protocol to establish quality provision of childcare.

Areas for Development
- Post 16 year old support is discretionary and is dependent on whether the young person has shown considerable commitment to their education. Strategies need to be developed to ensure equal opportunities across the county.
- Promote awareness of the purpose of the service with parents and other professionals.
- Develop and implement the policy and provision for pregnant pupils and teenage parents.
- Further develop and implement inter-agency strategies in the identification of pregnant schoolgirls and teenage parents and the provision of support.
- Develop efficient tracking mechanisms to ensure that information on pregnant schoolgirls is accurate.
Connexions Service

Strengths
- Hertfordshire is a pilot area for Connexions Service. This has enabled the needs of teenage parents to be identified at an early stage of the development of Connexions within the county.
- In year 1, the pilot will fund a 0.5 personal advisor to work with young mothers in one area. It will measure how effective ongoing support can be in helping young parents to stay in and continue to access learning.

Areas for Development
- There appears to be a shortage of staff with the relevant skills and knowledge to undertake the work within the participating agencies. A relatively lengthy recruitment and training process is anticipated.

Midwifery

Strengths
- Highly trained and experienced staff.
- Development of pilot for new specialist posts.

Areas for Development
- Need for improved continuity of care and accessibility to a named midwife.
- To build greater interagency links.

School Nurses

Strengths
- Close working relationships with school staff and pupils, many offering drop-in sessions for pupils.
- Also generally good links, with local family planning services. However, there is diversity in the county because of different caseloads ie school nurse to pupil ratios.

Areas for Development
- Forge closer working relationship with schools eg on developing school policies around dealing with issues around pregnancy.
- Develop more formal teamwork with family planning service in delivering SRE, in negotiation with PSHE Co-ordinators.
- Expand family planning training coverage of school nurses through Education Consortium.
Family Planning Services

Strengths
- User-friendly service already used, accepted and welcomed by a great many young people.

Areas for Development
- To expand hours of service to become more locally flexible and responsive eg opening earlier/later in the evenings and day-time opening to meet local needs. This again is variable across the county.

Genito-Urinary Medicine (GUM) Services

Strengths
- The Trust as part of GUM developed have initiated multi-disciplinary services eg family planning, GUM Services and counselling.
- Some services have specific clinics for young people (under 20s).
- Increasing uptake of services by young people within some services.

Areas for Development
- To increase uptake to GUM services by young people across the county.

Health Visiting

Strengths
- Close relationship with families and ability to identify high-risk individuals and families. Existing work targeting young mums eg special groups.

Areas for Development
- To further develop targeted work with high-risk families and individuals in partnership with Social Services, youth services and family planning services eg domiciliary outreach family planning.

General Practice

Strengths
- Good knowledge of local environment and practice population. Ability to provide a range of services. Skilled professional and clinical staff. Some practices have targeted services for young people.

Areas for Development
- To develop more user-friendly atmosphere for young people.
REVIEWS

A wide range of organisations, focus groups, and individuals from diverse backgrounds have added to the understanding about local needs in relation to teenage pregnancy and have assisted in informing the local priorities. Through reviewing current practice, it has been highlighted across the many agencies that achieving the Strategy’s goals for Hertfordshire is dependent on sufficient and appropriate resources being available to provide effective services. This section highlights the key findings from the different reviews that have taken place to contribute to this Strategy.

- The LEA’s existing guidance on sex education in schools within Hertfordshire is currently being updated to take into account the new DfEE Guidance on Sex and Relationship Education (SRE) which was published in July 2000.

- At November 2000, there were 804 children in the Public Care in Hertfordshire; of these 43 were aged between 11 - 18. Around 70 children are care leavers each year. The current information system does not allow data on the rate of teenage conceptions for this group to be captured and the authority may not be aware of all conceptions within this group. However, a new computer system is being developed to support the merger of Children’s Social Services and the Local Education Authority and this will be able to capture this information if it is known.

Managers of Residential Homes and of Fostering Teams report that there are very few births from children in care. No young person in residential homes has become pregnant within the last 4 years, although young people have requested pregnancy tests.

- Some initial work has taken place to gain the views of young people on the development of the Strategy. This work will need to be significantly developed in partnership with other agencies such as HCC Youth Service especially in the first year. Appropriately skilled staff researchers will be brought in to undertake consultation work with young people. This will be financed by the 2001/2002 Local Implementation Fund.

- The contraceptive and sexual health services across the county continue to respond to the needs of young people. The newly formed Sexual Health Directorate in West Hertfordshire area will facilitate closer working between Family Planning and Genito-Urinary Medicine leading to the provision of a more comprehensive service and a greater awareness of sexual health issues. The way that the services are currently delivered will have to be reviewed in light of possible future changes to structures.

- Addressing sexual health issues and education on sexually transmitted infections (some of which are rising in the teenage population) are an important part of the Strategy.
All services should look to address the issue of equal opportunities when developing and using training materials in order to address the needs of different cultural and black and ethnic minority groups.

The review identified one particular project in an area of the county which involved parents from ethnic minority groups working with Minority Ethnic Curriculum Support Service (MECCS) to produce appropriate SRE materials to be used with children from the community. Lessons learnt from this process on how to involve parents from different ethnic minority groups could be disseminated more widely. This could provide a way forward for future consultation.

Currently there are no significant mechanisms in place to identify the particular needs of black and ethnic minority groups of young people. Early indications are suggesting that teenage pregnancy may not be a major issue for black and ethnic minority groups of young people. However, further research is required.

Aspects of the Connexions pilot are taking place in Hertfordshire. There is a large scale mapping exercise taking place to identify services for young people. As Connexions is still in its pilot phase this is an opportunity to ensure the needs of teenage parents are taken account of at an early stage of the development of Connexions.

Through working with schools, a range of professionals and young women it is apparent that one of the major factors involved in the return to education is the provision of and access to suitable child care.

Teenage mothers need better access to information about the Hospital and Home Education Service and support from all agencies to access education, training or further education.

Many Primary Care Groups (PCGs) have initiated local work either to develop local research or to start particular programmes of work in line with their Health Improvement Programme (HiM) targets.

Midwives are well placed to support pregnant teenagers and to signpost young women onto other key agencies.

Local Authority housing departments and organisations within the voluntary sector identified the provision for teenage parents. This highlighted that there is diverse but limited provision of housing available and variable social support attached to differing types of accommodation.

A review of the role of school nurses and their work with pupils in parts of East and North Hertfordshire will provide more information on how school nurses can be involved in the implementation of the Strategy.
There has not been a comprehensive review of services for young men across the county. However a review of local services in one part of the county has taken place and this will be used as a basis for further work.

Many young people do not have information about the full range of local services and entitlements available to them or how to access them e.g. benefits.

The work that has been undertaken over the past year has shown that many strategic links and cross referencing of strategies is already taking place. This work needs to be co-ordinated and extended to avoid duplication of services and to maximise use of resources. There is a need to have a strong evidence base to inform interventions.
PRIORITIES

This section gives an overview of the priority areas which have been identified through working with partner agencies and young people as a result of the review work that has been undertaken. The strategy will prioritise the higher conception rate areas where appropriate and develop stronger partnership working in those areas to achieve the aims of the strategy. The currently agreed priority areas are:

- To develop the provision of and access to child care for young women returning to education in partnership with all relevant agencies.

- To develop the two pilot midwife projects and to disseminate results to other midwives in order to improve pregnant teenagers’ participation in ante natal care to achieve better health outcomes and to develop more effective support for teenagers through improving links between key organisations.

- To work with Family Planning Services and Genito-Urinary Medicine (GUM) in order to improve services to young people across the county.

- To work closely with the School Improvement and Advisory Service (SIAS) in order to offer training opportunities for staff who have a responsibility for Sex and Relationship Education.

- To set up a series of consultations with young people particularly (a) black and ethnic minority groups and (b) young mothers to gain a greater understanding of the needs of these client groups.

- To carry out an audit of services as proposed by the Teenage Pregnancy Unit when guidance is available.

- To develop the provision of support for looked after children and vulnerable young people in order to ensure that numbers of conceptions remain low and to provide ongoing training for relevant staff.

- To ensure that strong links are made with Connexions Service in order to ensure that the needs of pregnant young women and young parents are addressed. To work with Connexions to specifically develop a pilot aimed at young mothers.

- To develop a housing sub-group including both voluntary and statutory sectors to explore ways of improved partnership working in order to meet the targets of both the national and local strategy.

- To identify resources needed for future development in order to meet the goals of the Strategy and to make appropriate bids for any future funding.
To develop an appropriate range of information which will inform young people on service availability and support particularly relating to returning to education, training or work. To identify effective ways of distributing information to young people.

To work in partnership with local research bodies to ensure that there is strong local evidence base for developing projects.

To undertake a profiling exercise to obtain clearer data to identify which groups of young people need to be targeted at a local level.

To explore ways of involving parents in the process of the implementation of the Strategy.

To ensure that the needs of young men are addressed.

To set up robust evaluation and monitoring procedures through the strategy group to ensure that local progress is made on achieving the targets in the action plans.

To ensure that all new Primary Care Trusts (PCTs) give sufficient priority to teenage pregnancy issues in the Health Improvement Programmes.
STRATEGIC DIRECTION

The strategy group will continue to meet on a regular basis for the duration of the Strategy. It will meet to review the Strategy, to take on the role of implementation from April 2001 and to ensure that targets are being met. Its role will also be to develop the strategy beyond year 3 and to continue to involve relevant stakeholders. Sub-groups from the strategy group will continue to meet to develop key aspects of the action plan. Focus groups which target key people eg parents and young people, will be set up to ensure full involvement in the consultation process of the action planning of the Strategy. Some will be time limited and others ongoing.

The national Strategy will deliver on three key areas in the next ten years:

- Media
- Better prevention and contraception
- Better support for young parents

The Hertfordshire Strategy reflects these key areas of work and these are identified in the action plan. There are also two additional areas which reflect the local needs in Hertfordshire which have been included: mapping of services and consultation with young people. The action point numbers refer to the key points in the Social Exclusion Unit (SEU) Report in the national action plan on teenage pregnancy (Appendix B). As the teenage pregnancy strategy group is still in its infancy, the majority of the discussion has focused on years 1-3 to date. It is anticipated that in Years 1 to 2, greater detail will be added to the action plan regarding Years 4-10.
MAPPING OF SERVICES AND TARGET GROUPS

To ensure that the strategy group and key agencies have an accurate picture of the services available to young people across Hertfordshire.

ACTION PLAN

<table>
<thead>
<tr>
<th>Task</th>
<th>Lead Responsibility</th>
<th>Time scale Year 1-3</th>
<th>Time scale Year 4-10</th>
<th>Assumption/Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>To assimilate the baseline conception data that had previously been produced by two Health Authorities into one standard document.</td>
<td>Health Authority (Public Health)</td>
<td>Year 1</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>To work with Connexions Service who are about to undertake mapping of all the services to young people to ensure that all relevant agencies for teenage pregnancy are identified.</td>
<td>Connexions and Strategy Group</td>
<td>Mapping completed end Year 1 Year 2 ensure mechanism exists to annually update information</td>
<td></td>
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</tr>
<tr>
<td>To widen the initial mapping of services for young men to include the whole county.</td>
<td>Strategy Group</td>
<td>Year 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To identify and develop appropriate mechanisms for collecting data about services across the county in addition to national data.</td>
<td>Strategy Group</td>
<td>End of Year 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To undertake a study to identify which groups of young people need to be targeted at a local level.</td>
<td>Strategy Group</td>
<td>Year 1</td>
<td></td>
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</tr>
</tbody>
</table>
CONSULTATION OF YOUNG PEOPLE

Involvement of young people in the development and implementation of the Strategy is crucial if the goals of the Strategy are to be achieved. Ongoing, planned consultation is needed to ensure the views of all young people, especially those who are hard to reach and vulnerable young people, are taken into account.

Effective consultation with young people requires ongoing commitment from a range of agencies to facilitate the continuing involvement of young people in the development of the strategy. In the first year, it is particularly important to work in partnership with other agencies that work with young people to establish effective ways of building on existing good practice in terms of listening to young people.

ACTION PLAN

<table>
<thead>
<tr>
<th>Task</th>
<th>Lead Responsibility</th>
<th>Time scale Year 1-3</th>
<th>Time scale Year 4-10</th>
<th>Assumption/ Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>To commission consultation of young mothers on specific issues prioritising high rate districts.</td>
<td>TTPC* and Strategy Group</td>
<td>Year 1 Year 2</td>
<td>Specific consultation tasks to be identified yearly</td>
<td>Ongoing</td>
</tr>
<tr>
<td>To support the co-ordination of ongoing focus groups for young people across the county to reflect the geographical boundaries of PCTs.</td>
<td>Strategy Group</td>
<td>Ongoing</td>
<td>Ongoing</td>
<td>Geographical locations will remain the same</td>
</tr>
<tr>
<td>Consultation of young people from black and ethnic minority groups.</td>
<td>TTPC and Strategy Group</td>
<td>Year 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To promote the use of recognised consultation tools.</td>
<td>Strategy Group</td>
<td>Ongoing</td>
<td></td>
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</tr>
</tbody>
</table>

* TTPC = Tackling Teenage Pregnancy Co-ordinators
MEDIA AND COMMUNICATIONS
(SEU Action Points 15, 16 and 17)

The Teenage Pregnancy Unit launched a national multi media campaign in November 2000. Its goals are to target:

- 11 – 18 year olds.
- Parents of teenagers.

The national campaign will focus on:

- improving the understanding of young people about sex and the consequences of sex, and influencing their behaviour.
- supporting parents in talking to their children about sex.

'Sexwise' is part of the national media campaign. It is a free telephone help line for young people which has a national database of information about local services. The Teenage Pregnancy Unit’s guidance highlights the importance of not advertising the help line through official sources i.e. schools, GP surgeries. It is designed for young people to find through other informal channels of communication.

The Hertfordshire Strategy will support the national campaign and will develop its own local media campaign to contribute to these goals. Hertfordshire will also focus on the importance of relationships within SRE. This will be with the support of a media sub-group formed initially from members of the strategy group. The media sub-group will consult appropriately with other groups such as parents, schools, governors and young people. The media campaign will have direct support from the media leads from within both the Health Authority and the Local Authority (HCC). The local campaign will use the findings of the Teenage Pregnancy Unit’s comprehensive media research project to ensure that effective messages are delivered to the target audience. This will also include targeting black and ethnic minority young people and their parents.

The sub group will also examine how information is to be distributed to young people. It will co-ordinate the review and development of appropriate literature to young people e.g. the booklet on services for pregnant teenagers.
## ACTION PLAN

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<tr>
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</thead>
<tbody>
<tr>
<td>To proactively support and implement national media campaign eg the distribution of media packs to appropriate organisations. Promotion of media materials as they become available to key agencies.</td>
<td>LA and HA media leads and TTPCs Strategy Group</td>
<td>Year 1-3 Year 4-10 Ongoing</td>
<td>Ongoing Balance between prevention and support. Emphasis on social inclusion.</td>
</tr>
<tr>
<td>Develop, agree and implement local media strategy plan eg media subgroup to identify key tasks and associated time scales.</td>
<td>LA and HA media leads, TTPCs and sub group</td>
<td>Media plan to be agreed by October 2001. Review end of Year 2.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Involve diverse and appropriate groups in the planning of local media activity.</td>
<td>LA and HA Media leads and TTPCs</td>
<td>Ongoing involvement</td>
<td>Aware of diverse opinion within differing groups.</td>
</tr>
<tr>
<td>Maintain and update the local information required for ‘Sexwise’ database</td>
<td>TTPCs</td>
<td>Review annually</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Identify the most effective way that publishing of services can take place in schools in consultation with schools. Review and develop appropriate promotional materials.</td>
<td>To be identified in CSF</td>
<td>Year 2 consultation with schools. High rate districts targeted. Year 3</td>
<td>Ongoing Under Local Management of Schools (LMS) this would be subject to individual schools’ policy.</td>
</tr>
<tr>
<td>Development of general health directory for young people.</td>
<td>TTPCs and Youth Service</td>
<td>Year 1 Develop</td>
<td>Ongoing Funding available for updates. Local Implementation Fund.</td>
</tr>
<tr>
<td>Update existing booklet for young people on contraceptive and sexual health services.</td>
<td>TTPCs and Health Promotion Resource Service</td>
<td>Year 2 Review</td>
<td>Ongoing Previously funded by Health Promotion. Currently not clear who will fund future publication.</td>
</tr>
<tr>
<td>Development of a directory detailing local services and agencies aimed at professionals whose work brings them into contact with pregnant teenagers and young parents.</td>
<td>TTPCs and Strategy Group</td>
<td>Year 1 Year 2 review and amend</td>
<td>Ongoing Funding through local implementation money.</td>
</tr>
<tr>
<td>Task</td>
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</tr>
<tr>
<td>To develop appropriate mechanisms to implement Teenage Pregnancy Unit’s campaign to support parents in talking to children about sex and relationships.</td>
<td>Media sub-group targeted at high rate districts. Strategy Group</td>
<td>Years 2 and 3</td>
<td></td>
</tr>
<tr>
<td>To promote the availability of appropriate health leaflets to children and young people in children’s homes and special cases of foster care.</td>
<td>Looked After Sector and Health Promotion Resource Service</td>
<td>Year 1</td>
<td></td>
</tr>
</tbody>
</table>
BETTER PREVENTION
(SEU Action Points 8 and 12)

Lifestyle/Environment

There are many influences on young people in Hertfordshire which contribute either directly or indirectly to their life and education opportunities, their self-esteem and empowerment and their knowledge of and attitude to sexuality. Some need to receive messages from positive role models in order to encourage their aspirations and ambitions.

Some of the programmes and services which can influence young people and their attitudes and opportunities are:

- Citizenship Education in schools.
- The Hertfordshire Healthy School Programme.
- Leisure facilities from borough councils and access to community services.
- Programmes supported by the Economic Development Unit.

These programmes and services will contribute directly and indirectly to the prevention of teenage conceptions.

Sex and Relationship Education

The Sex and Relationship Education Guidance to Schools, published by the DfEE in July 2000 will form the basis of Hertfordshire’s revised Sex and Relationship Education Guidance. This is currently in the consultation phase and when it is published later this year will replace Hertfordshire’s Sex Education in Schools Policy published in 1996.

It takes account of the new National Curriculum Personal, Social and Health Education (PSHE) and Citizenship Frameworks and Programmes of Study, National Healthy Schools Standard and the Social Exclusion Unit Report on Teenage Pregnancy.

Sex and Relationship Education (SRE) is lifelong learning about physical, moral and emotional development and has three main elements:

- Attitudes and values.
- Personal and social skills.
- Knowledge and understanding.

SRE should be firmly rooted in the school’s framework for PSHE curriculum and meet the needs of all pupils to ensure that they all:

- Receive their sex education in the wider context of relationships.
- Are prepared for the opportunities, responsibilities and experiences of life.
- Develop healthy attitudes to sexuality.
Ofsted inspections which may occur at least every six years will identify what schools include in their sex and relationship education policies and SRE may also be identified through Healthy Schools Programmes. Judgements about the quality and effectiveness of SRE may be more difficult. Schools should be encouraged to identify criteria for judging quality and effectiveness against clear aims and objectives.

The PSHE Adviser in collaboration with other professionals such as School Nurses will initiate policy development for Hertfordshire schools. Training and Development opportunities will be provided by SIAS Advisers and other agencies who provide consultancy and tuition services to schools.

The DfEE states that all schools must have an up-to-date SRE policy, drawn up by the governors in consultation with parents and the wider community, that is age and stage appropriate to the physical and emotional maturity of the pupils.

It is recognised that SRE takes place in settings other than schools. Any young people not in statutory education or involved in alternative education will have a right to SRE. Social and Health Care professionals interact in a range of settings in order to use planned and opportunistic contacts to deliver SRE. There will be consultation regarding the roles of others who deliver SRE to enhance equity and consistency of guidance, approaches and resources to all young people in Hertfordshire.

HCC Youth Service also has a specific role to play in working with disadvantaged young people. The Service has a guidance document for youth workers on sex education. This will be updated to include the Teenage Pregnancy Unit’s forthcoming guidance for youth workers and where applicable will draw on the recent DfEE Sex and Relationship Guidance for schools. The Service will also offer increased support to targeted schools.

Implementation of and support for this Hertfordshire Guidance will form the key cornerstone to this part of the local strategy.

Hertfordshire Health Authorities and Hertfordshire County Council are committed to supporting the development of effective Sex and Relationship Education in schools.
## ACTION PLAN

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</thead>
<tbody>
<tr>
<td>Support the implementation of the Herts SRE Guidance Document through dialogue with PSHE Adviser.</td>
<td>PSHE Adviser</td>
<td>Year 1-3</td>
<td>Year 4-10</td>
<td>Schools are locally managed and responsible for their own policies.</td>
</tr>
<tr>
<td>To work with the Youth Programme Unit to develop alternative education programmes for those pregnant teenagers or teenage mothers who are unable to return to school full time.</td>
<td>CSF</td>
<td>Develop and pilot in one high rate area in Year 1. Review and evaluate the pilot in Year 2. To extend pilot across the county in Year 3.</td>
<td>To become part of accepted practice</td>
<td>Conflicting demands on the Youth Programmes Unit may affect delivery. Joint funding available from school and YPU.</td>
</tr>
<tr>
<td>Identify and develop appropriate SRE and sexual health programmes for those at greatest risk and hard to reach eg those not attending full time educational establishments, young people leaving care, clients of Youth Offending Teams and Youth Programme Unit and agree interagency training opportunities for all professionals involved with the target groups.</td>
<td>CSF</td>
<td>Develop and pilot in Years 2 and 3.</td>
<td>Part of accepted practice</td>
<td>Risk of young people not engaging in programme. Funding not currently available for training of staff.</td>
</tr>
<tr>
<td>To develop two pilot projects to inform and support local parents in delivering SRE in collaboration with schools.</td>
<td>TTTP Co-Ordinator</td>
<td>Undertake pilots and evaluate by end of Year 2. Disseminate results.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase the take up of sexual health education training among youth workers from an average of 8 to 16 workers per year within the county.</td>
<td>HCC Youth Service</td>
<td>In first 3 years</td>
<td></td>
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<tr>
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<td>Lead Responsibility</td>
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<td>Time scale</td>
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<tr>
<td>Introduce a quality assurance framework for Youth Service projects including sexual health related work. The framework will include programme planning, sessional recordings and a system of &quot;supported self-evaluation and review&quot;.</td>
<td>HCC Youth Service</td>
<td>Year 1-3</td>
<td>By Year 3 all projects will have been reviewed.</td>
<td></td>
</tr>
<tr>
<td>Baseline levels of planned programme delivery on sex education will be indicated.</td>
<td>HCC Youth Service</td>
<td>Year 3</td>
<td>Future targets set.</td>
<td></td>
</tr>
<tr>
<td>Youth Service to develop their contribution to Connexions Service and personal advisor role. This will include addressing emotional and health needs of young people.</td>
<td>HCC Youth Service</td>
<td>Years 2 and 3</td>
<td></td>
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</tr>
<tr>
<td>Investigate the potential for developing a peer led education project that recruits from the most vulnerable/disadvantaged young parents to act as peer educators. If it is decided that a project is viable and appropriate, evaluation will be undertaken after one year’s progress.</td>
<td>HCC Youth Service</td>
<td>Within year one</td>
<td>Year 2</td>
<td>Currently awaiting outcome of funding bid from Connexions Service.</td>
</tr>
<tr>
<td>To implement the Hertfordshire Sex, Relationship and Sexual Health Policy for Children in Residential Care across the county with managers and staff.</td>
<td>CSF</td>
<td>Spring 2001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To implement the Hertfordshire Sex, Relationship and Sexual Health Policy for Children in Foster Care across the county with managers and staff.</td>
<td>CSF</td>
<td>Spring 2002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Lead Responsibility</td>
<td>Time scale</td>
<td>Time scale</td>
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<tr>
<td>To offer sexual health/sex education training to all residential social workers, foster carers and designated teachers for looked after children across the county.</td>
<td>CSF</td>
<td>Training event for teachers by spring 2001. Timescale for other events to be confirmed</td>
<td>Year 1-3</td>
<td>Year 4-10</td>
</tr>
<tr>
<td>To further develop general support (including sexual health advice, contraception information etc) for young people leaving care in conjunction with the Leaving Care Team.</td>
<td>Looked After Teams</td>
<td>Years 1 to 3</td>
<td>By Year 4 95% of care leavers still in contact with at least one relevant organisation</td>
<td></td>
</tr>
<tr>
<td>To develop the Looked After Children’s health interview to ensure sexual health advice and information is being offered.</td>
<td>Looked After Nurse</td>
<td>Years 1 to 3</td>
<td></td>
<td>Assumption that funding for Looked After Nurse will continue for this period.</td>
</tr>
<tr>
<td>To encourage health professionals and CSF to consider the sexual health needs of young people in care or leaving care.</td>
<td>CSF</td>
<td>Years 2 and 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Hertfordshire to undertake comprehensive sexual health training needs analysis of health professionals, in liaison with local educational and health bodies.</td>
<td>University of Hertfordshire</td>
<td>By end of Year 2</td>
<td></td>
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</table>
### Task Lead Responsibility

<table>
<thead>
<tr>
<th>Task</th>
<th>Time scale</th>
<th>Assumption/Risk</th>
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</thead>
<tbody>
<tr>
<td>To increase PCTs involvement in the implementation of the Hertfordshire Teenage Pregnancy Strategy by (1) ensuring that all PCTs have a named lead who would facilitate implementation of the Strategy at a local level. (2) setting up a forum to share good practice amongst PCTs. (3) continued representation on the Teenage Pregnancy Strategy Group. (4) Ensuring that local HImps action plans include teenage pregnancy targets.</td>
<td>Time scale Year 1-3</td>
<td>Time scale Year 4-10</td>
</tr>
<tr>
<td>PCTs and TTPC</td>
<td>Ongoing</td>
<td>Ongoing</td>
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</tbody>
</table>
BETTER CONTRACEPTION AND ADVICE
(SEU Action Points 13, 14, 15, 16, 17, and 20)

Access to effective contraceptive services is essential if the numbers of teenage conceptions are to be reduced over the next 10 years.

Some work on reviewing and developing contraceptive services for young people in Hertfordshire has already taken place across the county. A review in West Herts of the Family Planning Services took place 2 years ago. A review of specific aspects of the Family Planning Service took place in the East of the county three years ago and one recently in the North.

A mixture of provision exists from specific drop in clinics for young people to generic sessions open to the whole population. Some new sessions are being planned. For example, a new drop-in session for young people in the Family Planning Clinic in Hatfield and a project in partnership with 'Face to Face', a voluntary organisation in Stevenage.

In West Herts, the Family Planning Service and GUM services are joining to form one sexual health directorate from April 2001. The GUM Service based at Watford Hospital already has a successful young people’s session once a week which includes offering a full contraceptive service. In response to the review of the Family Planning Service Clinic opening times and days have been changed. Services provided have been expanded to include direct referral for some services within some Primary Care Group areas. Joint working with GUM/Family Planning will enhance services to clients. Joint work to increase sexual health awareness among other professional and voluntary organisations is provided by the Family Planning Service in West Herts. Sexual health talks in secondary schools across West Herts to raise awareness or access or services as well as specific contraception, Sexually Transmitted Infections (STIs) and other sexual health issues are carried out. Further work to explore the role of the school nurses in providing contraceptive advice will be undertaken.

There is already an established network of NHS contraceptive services across the county. A review of local contraceptive services will be undertaken following the Teenage Pregnancy Unit’s forthcoming guidance on audits and reviews. The Health Authority will lead on reviewing all relevant aspects of health care including termination of pregnancy services.

Working in partnership with Primary Care Groups, GP practices in high rate areas will be targeted and supported to use ‘the confidentiality training tool kit’ which has recently become available. The tool kit, produced by the Royal College of General Practitioners and Brook, will help practices to review and develop their confidentiality policies to reassure teenagers about their rights to confidentiality and to encourage them to seek early sexual health advice.
A pilot is taking place in one Primary Care Group to encourage young people to use NHS Direct particularly for contraceptive advice and information. The uptake is being monitored.

It is recognised that improved access to all NHS Services is necessary and this will be addressed through the many strands of the strategy.

Within Hertfordshire, HCC Youth Service and some voluntary sector agencies such as the Youth Enquiry and Information Service (YEIS) provide condoms, pregnancy testing support and information. This type of provision has been very successful and young people value the informal nature of the service.

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<tr>
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<th>Time scale Year 4-10</th>
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</thead>
<tbody>
<tr>
<td>Audit contraceptive services located within Family Planning and GUM services across the county (awaiting TPU guidance).</td>
<td>TTPC</td>
<td>Year 1</td>
<td>Year 1/2</td>
<td>Develop an action plan based on the results of the review in partnership with FP and GUM Services</td>
</tr>
<tr>
<td>To ensure that there is appropriate support for looked after children to access contraception services. For example, (1) to determine the role of the Nurse for Looked After Children with regard to emergency contraception. (2) that relevant contraceptive services undertake needs analysis of this client groups' needs.</td>
<td>Health/CSF</td>
<td>Ongoing</td>
<td></td>
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</tr>
<tr>
<td>To commission research to identify the sexual health needs of young men in order to improve access to and uptake of contraceptive services.</td>
<td>TTPC</td>
<td>Year 3</td>
<td></td>
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</tr>
<tr>
<td>To encourage joint training between education and school nurses.</td>
<td>CSF</td>
<td>Year 2</td>
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<tr>
<td>Task</td>
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<tr>
<td>To improve accessibility of services by homeless young people as a result of increased joint working between the voluntary sector and relevant housing bodies.</td>
<td>Teenage Pregnancy Strategy Group</td>
<td>Develop in Year 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To review results of the pilot with NHS Direct.</td>
<td>TTPC and PCG</td>
<td>End of Year 1 disseminate results.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To identify ways to improve access to all NHS services.</td>
<td>Health Authority</td>
<td>Year 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To encourage further family planning training for schools nurses.</td>
<td>Trusts. Education Consortium</td>
<td>Year 2</td>
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</tbody>
</table>
BETTER SUPPORT FOR PREGNANT YOUNG WOMEN AND TEENAGE PARENTS  
(SEU Action Points 23, 26, 27, 29 and 30)

There are already a number of agencies involved in supporting this target group. It will be necessary to improve greater networking to increase effective interagency action in order to reduce the risk of long term social exclusion. Staying in and achieving in education is crucial to ensuring that young women do not end up in the cycle of poverty and deprivation. A key factor in these young people accessing full time education is the availability of funded childcare.

Better support for teenage parents is also addressed through the provision of childcare by registered community childminders. These staff have a higher level of training than registered childminders and it is intended that support for teenage parents in terms of childcare will come from this group.

A working protocol has been established with the Early Childhood Unit and Hospital and Home Education Service to provide quality childcare provision for the children of teenage mothers to enable young people to return to education. Funding has been successfully secured for one year to run a pilot project with Connexions targeting pregnant teenagers and young mothers to support them to stay in learning.

Young women have indicated that midwives and health visitors can be crucial in terms of the support that they offer and in signposting young women onto other key agencies. This support is particularly effective when there is continuity of care i.e. the service is ongoing for as long as the young woman needs it and is delivered by the same professional.

Young people have the right to accurate and relevant information. The media and communications plan will ensure that the production of a series of appropriate booklets will signpost and inform young people about their options, their entitlements and available services. The specific development of a booklet about teenage pregnancy and the services that young women can access will also be an important part of the media and communications plan. In addition, a booklet will be produced for professionals to inform them of other agencies working in the same area of teenage pregnancy. All directories of services will be produced with the assistance and input of the client group.

Some pregnant teenagers and teenage parents are not able to live at home. The strategy group will bring all relevant agencies together to identify ways that suitable accommodation and appropriate support can be put into place to meet the needs of this group.

To date, the Teenage Pregnancy Strategy Group has focused primarily on increasing the educational opportunities for teenage parents and intends to address the issues around pregnant teenagers and teenage parents accessing employment and further training within Year One.
## ACTION PLAN

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<th>Time scale Year 4-10</th>
<th>Assumption/Risk</th>
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<tbody>
<tr>
<td>To negotiate a working protocol with schools which will enable young mothers (and fathers where appropriate) to access an appropriate curriculum.</td>
<td>CSF Home and Hospital Education (HHES)</td>
<td>Year 1</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>To develop stronger links with those agencies that provide childcare in order to improve teenage parents access to childcare services.</td>
<td>CSF HHES</td>
<td>Year 1</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>To ensure interagency working with CSF so that young women pursuing alternative key stage 4 provision can be funded for exam fees, college placements etc.</td>
<td>CSF</td>
<td>Year 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To identify means of increasing the number of young mothers returning to education by greater co-operation between CSF, Health &amp; the voluntary sector.</td>
<td>CSF HHES</td>
<td>Prioritise high rate areas Year 1. Roll-out to other areas in Years 2/3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To work closely with Connexions to ensure that the personal advisors offer appropriate support, guidance and information to young mothers and fathers.</td>
<td>CSF Connexions</td>
<td>Develop a pilot in Year 1 in Dacorum</td>
<td>Standard practice</td>
<td></td>
</tr>
<tr>
<td>To ensure that at least 75% of care leavers are in education, training and employment.</td>
<td>CSF</td>
<td>By March 2002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To explore the feasibility of researching the support needs of young fathers and to disseminate the results to key agencies.</td>
<td>Teenage Pregnancy Strategy Group</td>
<td>Year 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To identify examples of good practice in the field of health visiting and to disseminate the lessons learnt across the county.</td>
<td>Teenage Pregnancy Strategy Group</td>
<td>Year 2</td>
<td></td>
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</tr>
<tr>
<td>Task</td>
<td>Lead Responsibility</td>
<td>Time scale</td>
<td>Assumption/ Risk</td>
<td></td>
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<tr>
<td>To explore how to set up a common way to register requests for housing across the boroughs so that an accurate picture of the housing needs of young mothers and fathers can be gained.</td>
<td>Teenage Pregnancy Strategy Group</td>
<td>Time scale 4-10</td>
<td>Develop year 2</td>
<td></td>
</tr>
<tr>
<td>To work jointly with Housing Associations in the county to bid for both capital and revenue funding.</td>
<td>Housing Associations</td>
<td>Time scale 4-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To ensure that at least 95% of care leavers are in suitable accommodation.</td>
<td>CSF</td>
<td>Time scale 4-10</td>
<td>Work with NCH to ensure suitable accommodation service and support is in place by 2004</td>
<td></td>
</tr>
<tr>
<td>To work with providers of suitable accommodation and support services to develop a local strategy to meet the needs of young parents related to housing.</td>
<td>Teenage Pregnancy Strategy Group District Councils</td>
<td>Time scale 4-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To develop ways of improving access to NHS services for homeless pregnant teenagers and young parents.</td>
<td>HA, PCTs and TTPC</td>
<td>Time scale 4-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop ways of providing appropriate support for young parents across statutory and voluntary sector eg: parenting skills, budgeting skills, food preparation, hygiene, child safety etc.</td>
<td>TTPC</td>
<td>Time scale 4-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Production of booklet for pregnant young women in consultation with the client group.</td>
<td>TTPC, young women and health professionals</td>
<td>Time scale 4-10</td>
<td>Funds available in year 2 for reprint</td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Lead Responsibility</td>
<td>Time scale Year 1-3</td>
<td>Time scale Year 4-10</td>
<td>Assumption/Risk</td>
</tr>
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<tr>
<td>To establish further links with the new Supporting People Partnership.</td>
<td>CSF TTPC</td>
<td>Year 1</td>
<td></td>
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</tr>
<tr>
<td>To evaluate the two midwife pilots.</td>
<td>NHS Trust and TTPC</td>
<td>End Year 1</td>
<td>Year 2, make recommendations to changes to practice.</td>
<td>Permanent changes in practice</td>
</tr>
<tr>
<td>To share lessons learnt from the pilots across the midwifery profession.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To identify issues for pregnant teenagers and young parents (Post 16) in order to access benefits, further training and employment.</td>
<td>Strategy Group</td>
<td>By end Year 1</td>
<td>By end Year 2 to develop action plan to address the needs.</td>
<td></td>
</tr>
</tbody>
</table>
FUNDING

Mainstream Funding

Prior to 2000/2001, little or no co-ordinated partnership action had taken place either within the Health Authorities or across the Local Authority (HCC) to monitor and develop appropriate services for teenage parents. A large element of the work in the last year has been to update existing knowledge on current service provision and activities, to develop new links and communication networks and to identify possible different working arrangements.

It is not currently possible to identify all of the mainstream funding which is being spent on the different aspects of teenage pregnancy. Many services do not cost out their work specifically for teenage pregnancy. As an example, the Hospital and Home Education Service is a needs led service. Packages of care and education are developed and resourced to meet individual requirements. It is therefore difficult to record, measure and cost out total input since this involves funding from schools, childcare agencies and other professional services. Many other agencies will also find it difficult to predict how much resourcing will be required in future years. The key agencies which have dedicated time to teenage pregnancy are highlighted in Table 1.

As a result of the Teenage Pregnancy Strategy and forthcoming Sexual Health Strategy, it is predicted nationally that there will be a substantial increase in the uptake of family planning services, GUM services and primary care contraceptive services. The anticipated increase in demand for services may require additional funding.

The only specific monies spent on this area were those that had been driven by the Teenage Pregnancy Unit for the financial year 2000/01. Funding for the Teenage Pregnancy Co-ordinator post in West Herts Health Authority during the same time period was able made available. However, a key element of the work over the next ten years will be to identify additional mainstream funding.

Hertfordshire is not a Health Action Zone or Sure Start Plus area and therefore there is no additional funding from these sources.

Local Implementation Money and Co-ordination Money

Local Implementation Money (£45,000) for the county will be used in 2001/02 to meet some of the key action plan tasks. The details are set out in Table 2.

The exact amount of co-ordination money is yet to be defined by the Teenage Pregnancy Unit. As the two Health Authorities are merging, a final decision has yet to be reached on future arrangements for taking forward the strategy. A key priority will be to develop the co-ordination of the implementation of the Strategy, sustain networking and to build new partnerships.
### Table 1 – Mainstream Funding

<table>
<thead>
<tr>
<th>Source</th>
<th>Mainstream Existing Funding</th>
<th>Application for Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year 1</td>
<td>Year 2</td>
</tr>
<tr>
<td>Primary Care Groups/Trusts</td>
<td></td>
<td></td>
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<tr>
<td>Health Authorities</td>
<td></td>
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<tr>
<td>Family Planning Services</td>
<td></td>
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<tr>
<td>GUM Services</td>
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<tr>
<td>Midwives</td>
<td></td>
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<tr>
<td>Health Visitors</td>
<td></td>
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<tr>
<td>School Nurses</td>
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<tr>
<td>Community Nurse for Looked</td>
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<tr>
<td>After Children</td>
<td></td>
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<tr>
<td>PSHE Teachers</td>
<td></td>
<td></td>
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<tr>
<td>Children, Schools and Families</td>
<td></td>
<td></td>
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<tr>
<td>HHES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>District/Borough Councils</td>
<td></td>
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<tr>
<td>Housing Associations</td>
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<tr>
<td>HCC Youth Service</td>
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<tr>
<td>Voluntary Sector</td>
<td></td>
<td></td>
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<tr>
<td>Connexions Service</td>
<td>Year 1</td>
<td>Pilot</td>
</tr>
<tr>
<td>DfEE Standards Fund</td>
<td>£20,000</td>
<td></td>
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<tr>
<td></td>
<td>£35,000</td>
<td>for childcare</td>
</tr>
</tbody>
</table>

Year 1 and 2 begin to identify the amounts of money these organisations allocate to their work with pregnant teenagers and young parents. Years 2 and 3 identify additional resources that may be required to meet uptake in demands.

Table 2 – Local Implementation Money

<table>
<thead>
<tr>
<th>Key Areas</th>
<th>Estimated Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing two midwife pilots.</td>
<td>£20,000</td>
</tr>
<tr>
<td>Consultation and dissemination of results with young people and stakeholders.</td>
<td>£ 8,000</td>
</tr>
<tr>
<td>Updates and re prints of booklets.</td>
<td>£ 4,000</td>
</tr>
<tr>
<td>Audit of Services (awaiting TPU guidance).</td>
<td>£ 5,000</td>
</tr>
<tr>
<td>Support for teenage parents.</td>
<td>£ 8,000</td>
</tr>
</tbody>
</table>

Awaiting Decision For 2001/02
GLOSSARY

Children, Schools and Families
In April 2001 the HCC Education Department and the HCC Social Services Department will combine to form the Children, Schools and Families Service. The new Service aims to provide a unified casework service to children and families whose problems cannot be dealt with within universal services. The Service aims to:

- Maximise the potential of all children
- Provide benefits for more educational opportunities, health care and social care
- Be more responsive to users
- Involve local community partners
- Include other public sector services

Conception Rates
The information is produced by the Office for National Statistics.

The data covers conceptions in 1992 - 1997 which led to maternities or to abortions under the 1967 Act. They do not include conceptions resulting in spontaneous miscarriages during the first 23 weeks of gestation (the incomplete data for these are not collected centrally) nor any illegal abortions.

A rate is an expression of the frequency with which an event occurs in a defined population: the use of rates rather than raw numbers is essential for comparison of experience between populations at different times, different places, or among different classes of persons. This is the usual way for Health data to be expressed.

Under 18s refers to total conceptions per 1000 females aged 15 - 17, Under 16s refers to total conceptions per 1000 females aged 13 - 15.

Connexions
This is a new service that will provide advice and support for all young people aged 13 - 19 in England, giving priority to those young people who are at greatest risk of not making a successful transition to adulthood. Connexions will provide every young person with access to a personal adviser. The adviser will provide a wide range of support to meet the young person’s needs and help them reach their full potential. This will include advice on possible learning and employment choices.

Hertfordshire is piloting strands of the Connexions Service until April 2002 when it is hoped that a full service will be rolled out. The two pilot locations are St Albans and Broxbourne areas.
Early Childhood Unit
The Early Childhood Unit implements the County Council’s strategy for early childhood services and aims to:
- Promote new educational and day care services for children under 8.
- Promote quality in early childhood services.
- Provide information for parents.
- Support and develop before and after school clubs.

Economic Development Unit
The Unit aims to provide a strategic policy framework for County and Corporate economic and community development activity. It reviews a social inclusion framework for Hertfordshire developing intelligence on both the regional and local economy. It is responsible for developing action plans for Hertfordshire’s Europe Strategy and Hertfordshire’s Town Renaissance Campaign. The Unit provides a strategic funding focus by developing partnerships, regenerating activity and bids (for external resource) generation by securing investments and benefits on key housing and employment sites.

Genito-Urinary Medicine (GUM)
The clinics look after people’s sexual health. They offer free and confidential services including:
- Sexually transmitted disease screening/treatment
- HIV counselling and testing
- Free condoms

Some services also offer free pregnancy tests and emergency contraception. There are usually separate sessions for men and women. Some clinics offer sessions just for young people.

Health Improvement Programme (HImP)
The HImP will identify priorities with local partners to improve the health and health care of the local population.

Hertfordshire Healthy School Programme
The Hertfordshire Healthy School Programme aims to develop a whole school approach to improving health and raising achievement. It represents a well-established partnership between Hertfordshire LEA and its health authorities.
The programme aims to:

- Recognise and build on existing good practice.
- Encourage schools to adapt an holistic approach to promoting health.
- Facilitate healthy choices and decisions which enable children and young people to take more control of their lives.

**Personal, Social and Health Education (PSHE)**

PSHE is all aspects of schools’ planned provision to promote their pupils’ personal and social development, including health and well-being.

**Primary Care Groups/Trusts**

Are responsible for setting targets to meet local health needs and for planning and funding health care for local people. They have three specific objectives:

- To improve public health and reduce health inequalities
- Developing primary care and community services
- Commissioning secondary care services

There is currently only one Primary Care Trust in Hertfordshire. From April 2001, all Primary Care Groups will become Primary Care Trusts.

**School Improvement and Advisory Service (SIAS)**

SIAS is a business within Hertfordshire County Council’s Education Department which encompasses work of teaching and learning, school improvement, school development, curriculum resources and continuing professional development.

**Tackling Teenage Pregnancy Co-ordinator**

The role of the co-ordinator is primarily to:

- Raise awareness of issues.
- Identify the pattern of teenage pregnancy.
- Co-ordinate the audit of service provision.
- Link in with other relevant local plans and initiatives.
- Involve local people and agencies in developing and implementing a strategy in order to contribute towards the achievement of the national goals.
Teenage Pregnancy Unit
Is a new Unit within the Department of Health which will co-ordinate the work on teenage pregnancy. It was set up in 1999 following the Social Exclusion Unit Report.

Vulnerable Children
This group consists of the following:

- Teenagers who live in poverty.
- Children in care/leaving care.
- Children of teenage mothers.
- Young people of low educational attainment.
- Young people with mental health problems.
- Young people who have suffered sexual abuse.
- Young people involved with crime.
- Post 16, not in education, training or work.
- Young homeless people.

Youth Offending Team (YOT)
Cutting and preventing youth crime is the task of Hertfordshire’s Youth Justice Service.

This is made up of colleagues from Hertfordshire County Council Social Services and Education, Police, Probation and Health. They work across organisational boundaries to cut youth crime and prevent young people who have been before the courts from re-offending.

Four Youth Justice Teams cover Hertfordshire. They play a full and active part in the national drive to reform the youth justice system by:

- Helping to change young offenders behaviour
- Making sure time spent in custody is used constructively
- Preventing re-offending by young people on bail
- Helping parents play their full part in preventing crime
- Making sure victims of crime have their say

Youth Programmes Unit (YPU)
YPU arranges and delivers alternative education programmes for students in years 10 and 11 who are unable to complete their education in school. Programmes are tailored to meet the individual needs of the student and include formal tuition and individual support sessions with a named support worker/personal adviser. Programmes may also include personal and social skills development in small groups, work experience and some time with a training provider eg FE college.
APPENDIX A

VIEWS OF REPRESENTATIVES FROM THE FOLLOWING GROUPS AND ORGANISATIONS WERE TAKEN INTO ACCOUNT WHEN WRITING THE STRATEGY

- Care Leavers - NCH
- Children's Services Social Services
- Disabilities Team Social Services
- Drug Action Team
- Early Childhood Unit
- Governors
- Herts Health Action with the Homeless
- Housing - District Councils, and Housing Associations
- Headteachers of Secondary Schools
- Heritage Project - Hitchin
- Looked After Children’s Community Nurse
- Looked After Young People in Residential Homes
- Minority Ethnic Curriculum Support Service
  - Primary Care Groups
  - School Nurse Managers
  - SIAS Advisers
  - Schools
  - Special School Representatives
  - Teachers
  - The North Herts Minority Ethnic Forum
  - Traveller Education Project
  - Young Carers of Hertfordshire
  - Young Mothers Projects
  - Young People
  - Youth Talk (Counselling Agency)
  - Youth Programmes Unit
  - Youth Offending Team
### SOCIAL EXCLUSION UNIT
#### ACTION POINTS

<table>
<thead>
<tr>
<th>Action Point</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Establish clear goals</td>
</tr>
<tr>
<td>2</td>
<td>National co-ordination</td>
</tr>
<tr>
<td>3</td>
<td>Independent advisory group on teenage pregnancy</td>
</tr>
<tr>
<td>4</td>
<td>Local implementation</td>
</tr>
<tr>
<td>5</td>
<td>Support co-ordinators</td>
</tr>
<tr>
<td>6</td>
<td>Monitor progress</td>
</tr>
<tr>
<td>7</td>
<td>Promotion and communication</td>
</tr>
<tr>
<td>8</td>
<td>New guidance on sex education in schools</td>
</tr>
<tr>
<td>9</td>
<td>Link sex education to a broader framework of personal education</td>
</tr>
<tr>
<td>10</td>
<td>Teacher training and accreditation in SRE</td>
</tr>
<tr>
<td>11</td>
<td>Inspection</td>
</tr>
<tr>
<td>12</td>
<td>Help parents to talk to their children about sex and relationships</td>
</tr>
<tr>
<td>13</td>
<td>Clearer guidance for all health professionals on contraception for under 16s</td>
</tr>
<tr>
<td>14</td>
<td>New NHS criteria for effective and responsible youth contraception and advice services</td>
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<tr>
<td>15</td>
<td>National helpline</td>
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<tr>
<td>16</td>
<td>Get young people to seek advice</td>
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<tr>
<td>17</td>
<td>Publicity</td>
</tr>
<tr>
<td>18</td>
<td>Child support</td>
</tr>
<tr>
<td>19</td>
<td>Age of consent</td>
</tr>
<tr>
<td>20</td>
<td>Children in care, care leavers and other children in need (including disabled children, abused children and sexually exploited children)</td>
</tr>
<tr>
<td>21</td>
<td>Young offenders</td>
</tr>
<tr>
<td>22</td>
<td>Ethnic minority groups</td>
</tr>
<tr>
<td>23</td>
<td>Getting back into education: Under 16s</td>
</tr>
<tr>
<td>24</td>
<td>Getting back into education: 16 and 17 year olds</td>
</tr>
<tr>
<td>25</td>
<td>Advice for the over 16s claiming benefit</td>
</tr>
<tr>
<td>26</td>
<td>Help with child care for 16 and 17 year olds return to education</td>
</tr>
<tr>
<td>27</td>
<td>Advice and support for pregnant under 18s</td>
</tr>
<tr>
<td>28</td>
<td>Sure Start plus - personal support for pregnant teenagers and teenage parents under 18</td>
</tr>
<tr>
<td>29</td>
<td>Social housing: supervised semi-independent housing with support for under 18 lone parents</td>
</tr>
<tr>
<td>30</td>
<td>Extending same principle to private rented sector through housing benefit</td>
</tr>
</tbody>
</table>