

Overview and Scrutiny Select Committee

Review of Teenage Pregnancy

November 2003 – July 2004



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Glossary of Terms

DfES	Department for Education and Skills
EHC Scheme	Emergency Hormonal Contraception – The Morning After Pill.
FSME	Free School Meal Entitlement
GUM Clinic	Genito Urinary Medicine clinics deal with treatment and prevention of sexually transmitted diseases
HSS	Healthy Schools Standard
LIG	Local Implementation Grant – Funding allocated from the Teenage Pregnancy grant to fund the local teenage pregnancy strategy.
NRF	Neighbourhood Renewal Funding
PCT	Primary Care Trust
PSHE	Personal and Social Health Education
SRE	Sex and Relationships Education
SRB	Single Regeneration Budget
STI's	Sexually Transmitted Infections
TIC TAC	Teenage Information Centre / Teenage Advice Centre
TP	Teenage Pregnancy
TPPB	Teenage Pregnancy Partnership Board
TPU	Teenage Pregnancy Unit

1. Executive Summary

Introduction

1. In 1999 the Prime Minister presented a report to parliament outlining the findings of a social exclusion report and setting key targets for teenage pregnancy in England in Wales. As a result of this, a directive and funding was given to all Local Authorities for them to make reductions in conception rates in their locality. Teenage pregnancy was selected as a fourth round review as a result of feedback from the 2003 Teenage Pregnancy Annual report which highlighted a number of issues and areas for improvement.
2. The original scope of the review was to look at all aspects of teenage pregnancy and how the strategy was being implemented in Wigan. However, it soon became apparent that the scope need to be more focused around prevention initiatives and the services available for young people within the Borough. The principal reason for this emphasis was due to the lack of progress Wigan has made towards key Government targets set for teenage conception rates.
3. Wigan's conception rate initially decreased but has now increased since 1998 and so overall the position is almost static. At the same time Government has set us two targets of achieving a 15% reduction by 2004 and a 50% reduction by 2010. With this in mind our performance against target is, in fact, worsening.
4. To gain a full appreciation of the local picture the Select Committee undertook the following tasks:
 - Interviewed over 20 Key People and Service Managers involved in the implementation of the teenage pregnancy strategy at Select Committee meetings.
 - Followed up the interviews by obtaining further data and information.
 - Obtained baseline information to identify what the current position was.
 - Reviewed the wide range of National research available on why conception rates are so high in the UK and also reviewed the local research undertaken in recent years on the school nursing services and services available for young people.
 - Conducted a comparative study with other authorities and also our statistical neighbours to identify success stories and good practice in reducing teenage conception rates.
 - Consulted with school-aged children and young mums through a number of focus groups.

Findings

1. The Government launched the teenage pregnancy strategy in 1999 and set targets for all Local Authorities to achieve, these included a 15% reduction on the 1998 rate by 2004 and a 50% reduction by 2010. Wigan's rate has remained static and as result the performance gap is widening.
2. There is an extensive range of national research on the subject of teenage pregnancy and its occurrence. Some of the key characteristics contributing to teenage conception rates include the following characteristics:
 - Poverty
 - Children in Care
 - Educational Problems through either low attainment or exclusion from school
 - Children of Teenage mothers themselves are more likely to become teenage parents themselves
 - Post 16 young people not in education, training or work
3. Extensive research undertaken into successful intervention or prevention strategies gave some strong indicators that the following were found to work:
 - School based SRE linked to contraceptive services
 - Community based education and contraceptive services
 - Including teenage parents in information and prevention programmes
 - Focusing on local and high risk groups
 - Tailoring services and interventions to meet local needs
 - Clear unambiguous information and messages
4. The local service for young people is primarily Brook, which is a well known and successful service operating from two locations in the Borough. On particular days of the week the service is in high demand and is struggling to meet the needs of service users. Evidence also suggested some dissatisfaction with waiting times. At the same time family planning clinics are perceived to be not particularly young people friendly and this view is echoed by young people whose knowledge of family planning clinics was limited or non-existent.
5. Evidence received by Select Committee reinforces the national research and at an early stage the view was taken that good quality SRE education, delivered from an early age will delay rather than encourage the onset of a sexual relationship. Good education involves not only the biological facts and sign posting of services, but probably most importantly, the emotional issues like self-esteem and confidence building. This aspect of SRE empowers young people to be better equipped emotionally. It develops skills to negotiate and feel confident about saying no (or

yes), to think seriously about the consequences of their actions and not feel subject to peer pressure, which is often cited as a major reason for entering into a sexual relationship.

6. SRE in secondary schools appears to be inconsistent and is largely dependent on the school. The focus groups highlighted the differences in knowledge, confidence and attitudes of young people from two different high schools. A focus group in one school also highlighted differences within year groups as younger pupils had received a much improved curriculum delivery of SRE as result of a new teacher being given the responsibility for the subject.

It is the role of the Healthy Schools Team to support and advise schools in this area as well as on other matters such as Alcohol, Drugs and Health matters. At the time of the review, various secondments to the team together with fragmented funding were being used to support their work. The Select Committee felt that these factors, together with their broad remit, meant it was difficult for the team to work with and support all schools effectively and therefore a targeted approach to concentrate on those most in need might need to be developed. The Select Committee also recognised that despite all the support and effort made by the Healthy Schools Team, it is the school's responsibility to ensure effective teaching of the curriculum in this area.

7. One major problem throughout the review has been a lack of data. Data published by the Office for National Statistics relates to 2002 and is still in summary format. No local data was collected until late on in the review and there was also little local data available on who accesses what service and from where. The whole area of performance management needs to be developed as some evidence given to Select Committee tended to be anecdotal rather than fact based.
8. Data supplied by Connexions and also the Strategic Manager for Children in Public Care provide strong indicators about who is likely to become a teenage parent. Connexions track young parents and also assess young people into three different support needs criteria. In summary those with additional support needs and intensive support needs are far more likely to become teenage parents than those with minimum support needs. Similarly, children in care are more likely to become teenage parents than those not in care together with a high rate of new born children then being taken back into care.
9. During the course of the review the Teenage Pregnancy Co-ordinator and partners have made good use of the media to promote various initiatives and campaigns. These included the Young Men's sessions, The Birds and the Bees (involving parents in sex education) and a successful poster session promoting safe sex.

10. NHS reference costs estimate the average cost of a live birth to be £1375 and the cost of an abortion to be on average £393. Based on this information the total cost of teenage pregnancy for medical services alone is £318,000. The staffing costs of a well-staffed Brook session are just £252, and the total cost of a session is estimated to be £500 when all overheads are included.
11. The school nursing service appears to be a key player in the provision of SRE in schools and has successfully worked in some schools and most notably some of the Church schools. Focus groups of pupils thought the school nursing service was good, and often better than being taught by teachers who they found to be embarrassed or awkward. The Chief Nursing Officer for England recently recommended that each secondary school have a school nurse and this is timely with our own findings and recommendations.
12. Comparative studies demonstrated that those authorities who had been successful in reducing teenage conception rates showed the following characteristics:
 - Leadership at the highest level from a Health or Education background.
 - Teenage pregnancy was recognised as a high and shared priority by all organisations involved.
 - Good inter agency working and joined up approaches.
 - Consultation and Involvement of young people in service design.Funding didn't appear to be a significant factor although it was important to note that some authorities had made use of other resources where possible, these included Single Regeneration Budget, Neighbourhood Renewal Funding and Public Service Agreement funding.

Recommendations

The Recommendations are detailed below and are the basis for the improvement plan in Section 9. The Select Committee has set target dates and anticipated outcomes for each recommendation together with relevant measures and targets where appropriate. These are also outlined in Section 9.

1. The Select Committee found pockets of good practice across the Partnership and co-ordination is judged to be good by the Regional Co-ordinator who assesses the annual report. Despite this Wigan has not been successful at reducing teenage conception rates. The Select Committee undertook research and contacted authorities who have successfully reduced their rates and from this research it identified three key characteristics that were not obviously apparent in Wigan's case :

- Leadership at the highest level from an Education or Health background – in most cases this was a Chief Officer.
- Teenage pregnancy was recognised as a high and shared priority by all organisations involved.
- Good inter agency working and joined up approaches.

The Select Committee recommends that the Lead Officer for Children's Services be nominated as the champion for Teenage Pregnancy. Similarly, the Select Committee recommends that a named representative from the PCT be allocated the role of champion for teenage pregnancy so any responsibilities and tasks for their organisation can be directed through them.

2. In order to focus and prioritise the teenage conception targets the Select Committee recommends that progress against the shared targets be reported to the Joint Health Partnership Board and Children's Services Panel in addition to its current reporting arrangements.
3. The Select Committee recognises that the 2010 target set might not be achieved and recommend that the Teenage Pregnancy Partnership set its own local challenging and realistic targets for the 2010 conception rates and also set some staged key interim/milestone targets to work to.
4. The Select Committee found that the Brook Service was extremely successful with young people, however it recognised there were capacity and resource issues. As a result it recommends the PCT looks at its' provision of contraceptive services for young people across the Borough and report back to the Select Committee on proposals to extend provision, with particular emphasis on those wards identified as having consistently high conception rates. Some suggestions might including the following:
 - Find additional resources of £30,000 for six separate locations or divert resources to expand the Brook Service into those areas with the greatest need (those highlighted as having the highest conception rates in the previous two years.)
 - Encourage and attract more nurses into this field and ensure they are trained and accredited with the family planning qualification needed to give advice to young people and support the above initiative.
 - Make existing family planning services more young people friendly through re-branding or marketing of these services and training for those staff involved in the changes.

The Select Committee also recommends the Education department work with the PCT to identify suitable buildings where sessions can be operated.

5. The Select Committee recommends that two or three well co-ordinated and joined up schemes take place in those wards or geographical locations in the borough that have high conception rates in order to evaluate what works and what doesn't. These co-ordinated schemes should utilise the initiatives known to work i.e. a joined up approach to SRE in schools by the school nursing service and the healthy schools team together with sign-posting to Brook and other family planning clinics. Additionally initiatives aimed at the "at risk groups" should also be used. Evaluation of the "schemes" should be done on a quarterly basis over a two-year period to assess if the joined up and co-ordinated interventions do work and progress should be reported back to the Partnership Boards and Children's Services Panel.

6. The Select Committee recommends that all the organisations involved improve their performance management systems and in particular develop the local conception rate data to ensure more timely and accurate reporting to the Teenage Pregnancy Board and Health Partnership Board.

Other sources of information that need to be developed are:

- Use of Connexions information to identify those young people most likely to become teenage parents in order to target support.
- The use of information from the Strategic Manager for Children in Public Care to identify those most at risk.
- Use of data to assess who is accessing which clinics (Family Planning and Brook) where, and to note trends in order to assess whether there is suitable provision.

7. The Select Committee is concerned about the resources available to the Healthy Schools Team and recommends they draw up a risk based/ targeted action plan of how it will work with all secondary schools together with the initiatives and proposals for each school. It also recommends the healthy schools team shares with the Committee their proposals for all secondary schools to have a PSHE/ SRE accredited teachers, outlining timescales and anticipated dates.

8. Similarly the Select Committee ask the Healthy Schools team to do a similar exercise for primary schools with particular emphasis on involving parents. The Committee also recommends the team look at St Helen's and the methods they used to involve parents,

which are simple and effective and have been deployed to the majority of schools in St Helens.

9. The Select Committee welcomes the introduction of the proposed TIC-TAC centre at Hesketh Fletcher and recommends the scheme is rolled out to all secondary schools on a targeted approach to those wards with the highest conception rates.
10. The Select Committee recognises the effective working relationship of the Healthy Schools Team and the School Nursing Service and recommends that the Services work closely together to develop a similar action plan recommended in recommendation 7 above, to compliment the work of the teams in both Secondary and Primary Schools. This will ensure a more joined up approach to the provision of SRE in schools and eliminate any potential duplication.
11. In view of recent media coverage of the Chief Nursing Officer for England's call to put a school nurse in every school. The Select Committee recommend that the PCT report back on the likelihood of this happening together with any timescales of when it is to happen and Wigan's plans for the service.
12. The Select Committee recommends that all the funding for teenage pregnancy is spent in full in this financial year and every year thereafter. The Committee also recommends that funding is secured beyond 2006 the time the funding is guaranteed until, as it appears highly likely that Wigan will need further resources to secure the downward trend.
13. The Select Committee recommends the information on SRE and Brook in the Connexions "filo-fax" be revamped and given more prominence than it currently has.
14. The Select Committee recommends the Primary Care Trust resolve the issues surrounding the Pharmacists EHC scheme (Emergency Hormonal Contraception/ Morning After Pill) and inform the Committee of the likely start date for the scheme.
15. The Select Committee recommends that the necessary links be made with all the relevant strategies that affect or are related to teenage conception rates, namely the Drugs, Alcohol and Sexual Health Strategies.

2. Introduction and Terms of Reference

Teenage Pregnancy was highlighted as an area for review in August 2003 with the Select Committee initially meeting in late November 2003 to discuss the feedback and content of the Teenage Pregnancy annual report. This is discussed in more detail in the Background Information Section.

The Select Committee was established in late 2004 and included eight members in total. Membership included Councillors A Bullen, B Bourne, M. Coghlin, M Millington, M Winstanley, Mrs S Benetto, Mrs C Ball and was chaired by Cllr F Walker. S Worsfold and J Taylor provided support to the Select Committee.

The focus of the review at this stage was to look at the full extent of the teenage pregnancy strategy in Wigan. However after a presentation by the teenage pregnancy co-ordinator and after a number of meetings and receiving data and information from attendees it was decided to focus on the work of reducing teenage conception rates in the Borough.

Challenges for the Select Committee.

At an early stage in the review, The Chief Executive asked to attend the Select Committee in order to share his thoughts on the review area with us. These views and thoughts raised a number of challenges and questions for the Select Committee and focused on two specific areas:

The data

Do we fully understand the data and what the causal factors are for high teenage conception rates?

Do we know if any of the interventions we are using are evidenced to work?

Target setting

How were the Government targets set?

Is the money we receive related to a balance of evidenced interventions?

The issues and questions raised have been considered throughout the review and whilst in some area there are no absolute answers there are strong social behavioural indicators that identify who is most likely to conceive.

The Terms of Reference for the Review.

The Terms and Reference for the Review were agreed at the main Overview and Scrutiny Committee on 17th February 2004 and are listed below.

Overall Objective and Principles:

To review the workings of the Teenage Pregnancy Partnership and strategy in order to ensure that appropriate action plans are developed and implemented to ensure the national targets are met:

These are:

- Reduce under 18 conception rates by 50% by 2010
- To establish a downward trend in the rate of under 16 conception by 2010
- To get more teenage parents into education, training and employment to reduce the risk of long-term social exclusion

Particular emphasis is to look at preventative measures and services available to young people across the Borough.

Aims

To determine the baseline position – Where are we now?

- A breakdown of conception rates by ward.
- Trends and future projections based on current arrangements.
- Staffing structures.
- Funding streams and Costs - What funding is available? Where does it come from? How is it spent?
- Access to services across the Borough – What services are available how effective are they?
- Information sharing and communication.
- Any audits or investigations undertaken.
- Monitoring and reporting arrangements.
- Consequences of teenage pregnancy to the Borough both Social and Financial Costs?
- Our local partnership arrangements – are they effective, can they be improved?

To understand the teenage pregnancy action plan and strategy and its effectiveness by consulting with key stakeholders.

- Identify and consult with key stakeholders/ partners
- Identify the linkages between the agencies involved
- Evaluate the effectiveness of communication between agencies and with young people.
- Consult and interview young people to understand their experiences.

To compare the process in Wigan with best practice and government guidance.

- Identify areas of best practice.
- Identify government guidance – are there any best practice tool kits?
- Identify and consult with other local authorities. (Statistical Neighbours and areas of best practice).
- Identify strengths and areas for improvement.

Outcomes for an improved service may include:

On the prevention side:

- Reduction in the overall rate of teenage conception in line with targets.
- Better performance monitoring
 - Robust and reliable data collected timely.
 - Develop staged targets and monitor accordingly.
 - Specific targeted strategies for those areas with consistently high levels of conception rates.
- Evaluation mechanisms set up to monitor the range of initiatives offered – what works where/ what doesn't – If it doesn't then don't do it /ask why it didn't.
 - If it does how can we build on this?
 - More effective partnerships across departments / agencies – joined up working.

On the support side:

- To get more teenage parents into education/ training or employment to reduce their risk of long-term social exclusion:
- Targets might include higher educational attainment and better training and employment opportunities.
- More effective partnerships across departments / agencies – joined up working. Resulting in better support in the following areas.
 - Child care
 - Supported Housing.

Improved access to guidance, information & services for all young people not just on the preventative methods but also on what to do when you are pregnant and also educational, employment and training opportunities post pregnancy.

3. Background Information and National Research

The Social Exclusion Report 1999

In 1999, the Social Exclusion Unit published a report on Teenage Pregnancy in the UK. The report launched the Teenage Pregnancy Strategy for the UK and outlined the following four key targets:

- Reduce by 50% the 1998 England under 18 conception rate by 2010, with an interim target of a 15% reduction by 2004.
- Achieve a well-established downward trend in the under 16 conception rate by 2010.
- Reduce the inequality in rates between the fifth of wards with the highest under 18- conception rate and the average ward rate by at least 25% by 2010.
- Increase to 60% the participation of teenage parents in education, training or employment to reduce their risk of long-term social exclusion by 2010.

The report included a 30-point action plan based on three broad categories, which are detailed in appendix 4 of the report. The three areas of the action plan are categorised into the following areas:

- **The National Campaign** – The main focuses of the national campaign were to launch and publicise the goals and targets of the Teenage Pregnancy Strategy. This included the funding and communication of the strategy through a funded national media campaign. The national campaign also saw the creation of the national Teenage Pregnancy Unit with the appointment of a National Teenage Pregnancy Co-ordinator and a Regional Co-ordinators. The purpose of this was to ensure implementation of the strategy at a local level with their role as a monitoring and support role.
- **Better Prevention**
The strategy outlined new guidance for sex education in schools and more training and accreditation for SRE¹ in schools. Other support included clearer guidance for health professionals on the issue of SRE¹ in schools and also new NHS criteria for effective contraception and advice. The launch of the strategy also saw the introduction of a national help-line for young people and also the national promotion campaign urging young people to seek advice.
- **Better Support**

¹ SRE – Sex and Relationship Education

The main focuses of support were to actually support young people during pregnancy on a range of issues such as housing and benefits and also to get young people back into Education and Training through advice and help with childcare.

The report indicated the first joined up approach to tackling teenage pregnancy. This was reinforced by making the teenage pregnancy reduction target both a NHS PSA target for primary care organisations and also a Local Government target, which forms part of the Best Value Performance Indicator Set.

Research Available

A substantial amount of research has been undertaken into understanding why teenagers get pregnant and what might prevent them from getting pregnant. The Select Committee has made use of research from both the Social Exclusion Unit and the Health Development Agency to summarise the factors causing teenage pregnancy and also interventions/ factors that might tackle the problem.

The Social Exclusion report

In addition to the strategy and action plan the Social Exclusion report contained a substantial amount of research and statistics around the main causal factors of teenage pregnancy together with some regional and international comparisons. Some of the key research points to note are listed below.

Key Risk Factors

The social exclusion report contained various research summaries and pieces of evidence and from this identified a number of key risk factors, These were:

- Poverty – Research from an ONS (Office for National Statistics) study showed the risk is ten times higher for a girl whose family is in social class V than those in social class I.
- Children in Care – One survey showed that up to half of girls leaving care become mothers within 18-24 months of leaving care.
- Children of Teenage Mothers – The daughter of a teenage mother is one and a half times more likely to become one herself than the daughter of an older mother
- Educational Problems – Studies found those, whose educational achievement declined between the ages of 7 and 16 were at greater risk than those whose achievement improved or was high at both ages. Truancy and exclusion are also contributory factors with one small study of fifty girls showing that 14 per cent had become pregnant during their period of exclusion

- Post 16 – There is evidence of a strong link between teenage parenthood and not being in education, training or work for 16 and 17 year old women. Further analysis suggested that about a third had become pregnant while not in education training or work

Low use of Contraception

Teenage use of contraception is low by international standards. The following tables illustrate the national comparisons and also the reason for non-use of contraceptives by teenagers in the UK.

Country	% using Contraceptives	Definition of a young person
Netherlands	85%	“young people”
Denmark	80%	(15-16’s)
Switzerland	80%	“adolescents”
USA	78%	“adolescents”
France	74%	Girls (79% boys use condoms)
New Zealand	75%	(sexually active teenagers)
UK	50%	For under 16’s/ 66% in the 16-19’s

The following is a list of the most frequent responses by teenage parents about why they did not use contraception:

Afraid of using / suggesting contraception	39%
Belief they were not at risk of pregnancy or Sexual Infection	21%
Unplanned Intercourse	21%
Afraid to ask Doctor or other organisation for help	19%
Afraid parents would find out	19%
Do not understand contraceptives	19%
Father did not want to use them	16%
Other	17%

International Research

International Comparisons show that the UK has the highest teenage birth rates in Western Europe. The UK rate is similar to other English speaking countries such as Australia and Canada, however, the USA and New Zealand have considerably higher rates than the UK. The UK’s abortion rates are also higher in comparison with other countries but notably the

Scandinavian Countries have a higher abortion rate with more teenagers having abortions than giving birth.

Research from the Health Development Agency

The most recent and wide-ranging piece of research undertaken was undertaken by the Health Development Agency, which is the research and development arm for the Department of Health. In January 2003 it published a document called the Review of Reviews summarising the various pieces of research undertaken nationally and internationally into tackling teenage pregnancy. The report evaluated all the research to date and looked at the supporting statistical evidence to evaluate the robustness of the research. It categorised the various pieces of research according to whether the supporting evidence was robust enough and then summarised the reviews according to categories 1, 2, or 3 depending on their methodology. The categories were defined as follows:

1. Typically a systematic review or meta-analysis where research questions, methods and analysis are completely transparent and replicable.
2. A review in which there is some clear methodological and analytical data, although not sufficient information for the searches, selection and analysis to be replicated.
3. Typically a literature review or synthesis where the research questions are highly relevant to the area, but no methodological or analytical information is presented.

Results from the Review of Reviews

Whilst its findings are not totally conclusive there are some strong indicators that the following initiatives tend to work better than others – these included the following:

- School based sex education, particularly linked to contraceptive services.
- Community based (family or youth centres) education, development and contraceptive services
- Development programmes focusing on personal development and programmes that support and teach self-esteem and negotiation skills education and vocational development may increase contraceptive use and reduce pregnancy rates.
- Family outreach – good evidence was found for including teenage parents in information and prevention programmes.

Some good review level evidence was also found for the following characteristics of services and interventions:

- Focusing on contraceptive use and at least one other behaviour likely to prevent pregnancy and/ or STI transmission e.g. working with young people to improve their negotiation and refusal skills.

- Long term services and interventions
- Clear unambiguous information and messages
- Tailoring services and interventions to meet local needs
- Focusing on local and high-risk groups.
- Working with teenage opinion leaders and peer group influences.
- Joined up services and interventions aimed at preventing pregnancy with other services for young people and community led approaches.

More Recent Research from the United States on Abstinence Campaigns

A recent fact sheet from the Sexuality Information and Education Council of the US on the 'Silver Ring Thing' phenomenon now being exported from the US to the UK, shows that pledging virginity till marriage not only **doesn't** reduce teenage pregnancy rates, but can actually lead to increases in rates of STI's in young people.

4. The Local Context

From National Strategy to Local arrangements.

As a result of the strategy all local authorities have been given funding and made arrangements to implement the strategy at a local level. Local arrangements are monitored and reported on by the regional co-ordinator on an annual and six monthly review basis. The main assessment takes place after the submission of the annual report and action plans.

Teenage Pregnancy was initially selected as a fourth round review as a result of the 2002/03 audit of Wigan's teenage pregnancy annual report and action plans. In particular the Regional and National Teenage Pregnancy Co-ordinator expressed some concerns in the following areas.

- The local context and Partnership arrangements
- Supported Housing
- Childcare

Other comments made by the Regional Co-ordinator included the following:

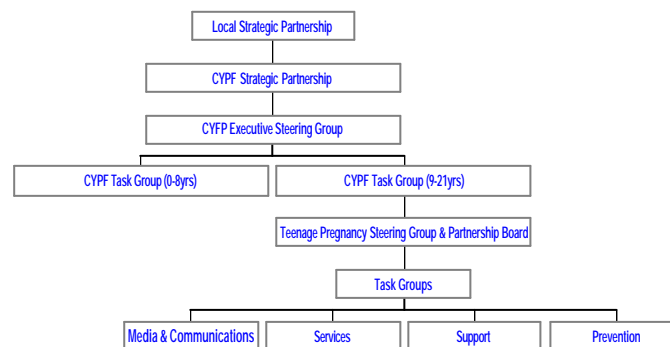
“The annual report did little to reflect clear corporate leadership and commitment to the strategy ... There is evidence across the Authority of innovative work, however, there is little cohesion and a clear lack of evidence of strategic engagement.”

Since the 2002/03 review some progress has been made and a comparison of the last two years judgements. These are detailed in appendix 5 of the report.

Whilst most areas are satisfactory or good the local context has been judged to be poor in both 2002/03 and 2003/04 this largely due to the fact that Wigan has not made progress towards reducing conception rates and also because there is a lack of data.

Structures and Reporting Arrangements for Teenage Pregnancy in Wigan

In Wigan the implementation of the teenage pregnancy strategy is the responsibility of the Teenage Pregnancy Partnership Board (TPPB) and also the Teenage



Pregnancy Steering group, which is divided into four key task groups. As outlined in the terms of reference the main focus of the review has been to look at the workings of the

prevention and services tasks groups, which primarily involve representatives from the following organisations:

- Wigan Council – primarily Education and Social services staff
- Wigan and Leigh Housing
- Wigan Leisure & Culture Trust
- Ashton Leigh and Wigan PCT
- The Acute Trust (Family Planning Services)
- Voluntary Organisations (Brook and WISH a Leigh based charity for young women's health)
- Positive Futures

In addition to representatives from the above organisations the Deputy Principal from Wigan and Leigh College sits on the teenage pregnancy partnership board.

Comparisons of reporting structures for other authorities' teenage pregnancy partnership boards were made with other Co-ordinators in the Northwest, this is discussed further in section 6 of the report.

Performance against nationally published statistics and Targets set

Up until 2002, Wigan had made some progress towards meeting the national targets set out by the teenage pregnancy strategy. As previously mentioned the targets set for Wigan were as follows

- a 50% reduction on 1998 rates by 2010
- To have achieved a 15% reduction by 2004.

The baseline year on which the targets was set 1998, at this time the figures was 53.4 conceptions per 1000 population of 15-17 year old girls. Historical information suggests the rate has increased from 1992 when it was 49.2 per 1000 population.

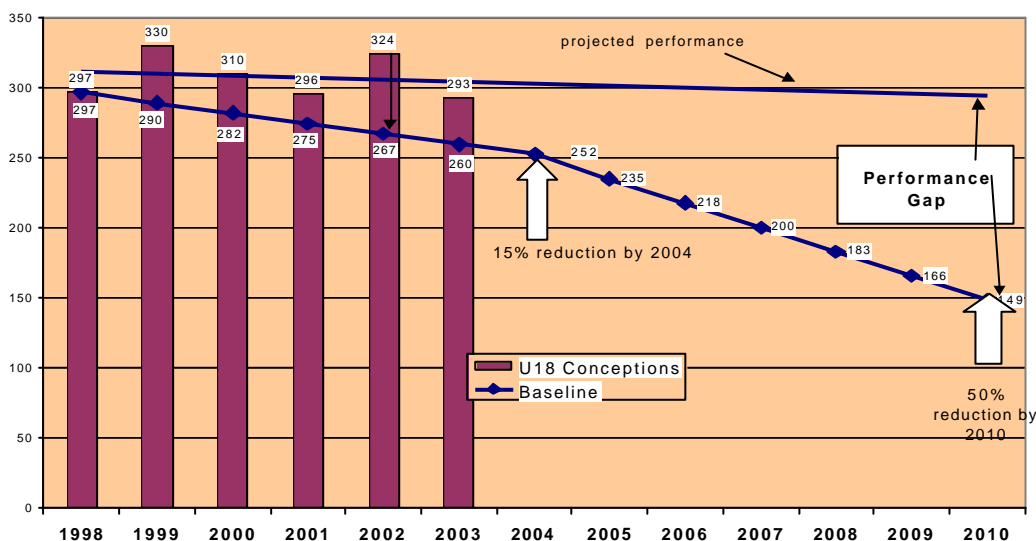
There had been a decrease in rates since 1998, however in 2002 the rate increased to 55.9 per 1000 population a 0.9 increase above its' 1998 level. The rise in 2002 was in line with the national trend of an increase however Wigan's increase was much higher. The Trend indicates that Wigan is unlikely to hit the 2004 target and will have to make significantly better progress (or, in the words of another authority on its own performance, "a concerted effort") if it is to meet the 2010 target.

Wigan's Performance against national rates 1998-2002



Wigan's Performance against target is best illustrated in the graph below. The data for 2003 is a provisional forecast as data collected relates to the date the mother conceives and as yet some might not have given birth or registered the births. As the graph illustrates the gap between our target and what is actually happening is widening.

Wigan's Projected Performance Based on Current Performance



Ward data and links with deprivation

The Teenage Pregnancy Unit produces ward based data for each Teenage Pregnancy Co-ordinator. ONS published Information for 2001 and 2002 is still unavailable however the data for 1999 and 2000 is illustrated and local data has been used to arrive at data for 2001-2003. This is shown in appendix 1 of the report. The table below gives the highest conception rates for the ten most deprived wards in the Borough.

Source of the data		ONS	ONS	Local	Local	Local
Top 10 most deprived Wards	Multiple Indices Rank	Conception Rate 1999 Rank out of 24	Conception Rate 2000 Rank out of 24	<i>Conception Rate 2001 Rank out of 24</i>	<i>Conception Rate 2002 Rank out of 24</i>	<i>Early Indicators for 2003 Conception Rates</i>
Norley	1	2 nd 117.1	1 st 112.2	1 st 100.0	2 nd 90.91	1 st 100.0
Ince	2	3 rd 100.5	3 rd 95.2	2 nd 85.71	9 th 52.38	5 th 71.43
Newtown	3	1 st 136.6	5 th 82.0	3 rd 82.57	5 th 82.57	4 th 73.39
Abram	4	9 th 68.1	12 th 55.3	11 th 62.5	3 rd 89.29	2 nd 93.75
Leigh Central	5	13 th 54.1	15 th 46.3	9 th 66.95	4 th 83.68	3 rd 83.68
Atherton	6	5 th 74.8	2 nd 98.1	4 th 80.95	1 st 109.52	5 th 71.43
Whelley	7	11 th 62.5	13 th 51.1	17 th 46.08	6 th 73.73	8 th 69.12
Hindley	8	17 th 48.0	6 th 76.0	14 th 53.87	8 th 63.97	7 th 70.71
Beech Hill	9	10 th 65.9	9 th 62.0	5 th 80.29	18 th 40.15	9 th 51.09
Worsley Mesnes	10	18 th 44.1	7 th 64.4	7 th 68.70	7 th 72.52	15 th 34.35

- **Figures quoted after the ranking are per 1000 population**

In 1999 six of the ten most deprived wards had the highest conception rates in the Borough and in 2003 nine of the ten most deprived wards had the highest rates. All of the most deprived wards have conception rates in the top ten for some of the years.

Leigh East is the 14th most deprived ward but has appeared in the top ten for conception rates in all years.

The data above highlights two issues:

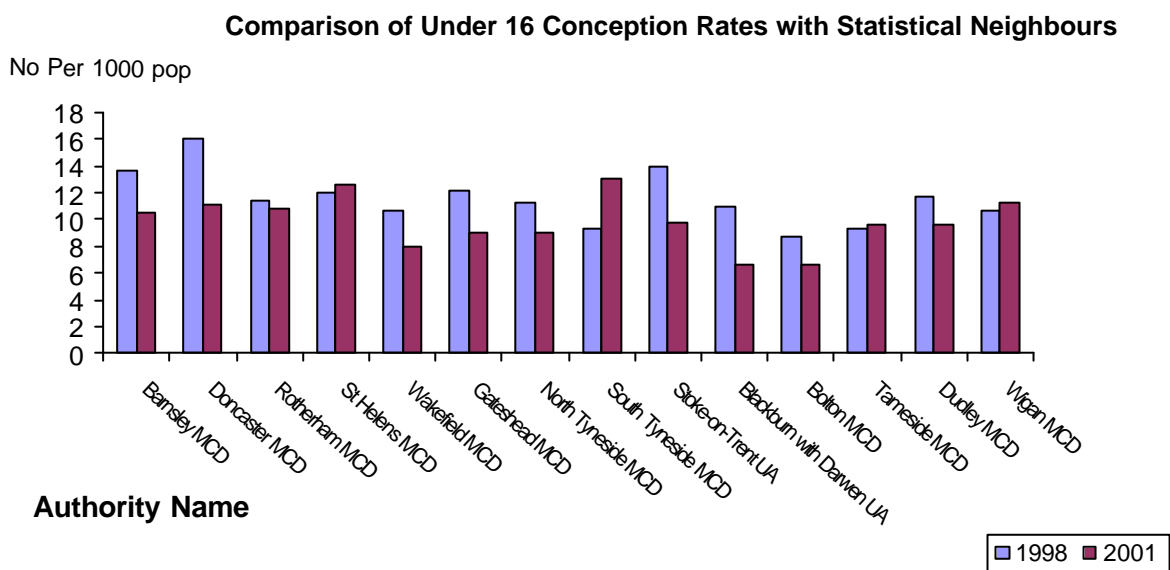
- There is a strong link between deprivation and high teenage conception rates as identified in the Social Exclusion report with all but two of Wigan's wards being identified as most deprived there is a significant challenge for the TP Partnership.
- It's important to note the timeliness and date of the data, throughout the review there have been problems in obtaining accurate and more recent data. This will be covered further in the evidence gathering section.

Comparison of Wigan's performance with statistical neighbours

Wigan has compared its performance against its statistical neighbours and also with its NorthWest Neighbours on both the Under 18 rate and also the Under 16 rate which is also collected by the ONS and monitored by the Teenage Pregnancy Unit. Full details of this performance information are show in Appendix 2 at the end of the report but a snapshot of performance is illustrated below.

	Under 18 Conception Rate (Statistical Neighbours) out of 14	Under 16 Conception Rate (Statistical Neighbours) out of 14	Under 18 Conception Rate (North West Neighbours) out of 22	Under 16 Conception Rate (North West Neighbours) out of 22
Wigan's Ranking 1998	11 th Highest Rate	11 th Highest Rate	12 th Highest Rate	8 th Highest Rate
Wigan's Ranking 2001	4 th Highest Rate	3 rd Highest Rate	8 th Highest Rate	4 th Highest Rate

In 1998 Wigan had the 11th highest conception rate for under 16's when compared with our 14 statistical neighbours, in 2002 it had the 3rd highest conception rate. This is largely due to the fact that Wigan's rate has not decreased whereas other authorities have made significant progress in reducing their rates. South Tyneside and Stoke-on-Trent still have



the highest rates but have made significant reductions.

Funding and Resources available

Funding for the Teenage Pregnancy strategy is primarily through the Local Implementation Grant (LIG) given from the Teenage Pregnancy Unit at the DFES². Funding for the strategy over the past three years is illustrated in the table below. At the annual and six monthly reviews undertaken by the regional TP Co-ordinator an audit is undertaken into how and where the money is spent. As Wigan is an excellent council there is no requirement to ring

² Department for Education and Skills

fence this money however there is commitment that the money will still be used for the Teenage Pregnancy Strategy.

	2002/03	2003/04	2004/05
LIG ³ Funding	£130,000	£180,000	£221,000
Agreed under spend from previous year	£119,000	£17,906	£66,010
Total Funding	£249,000	£197,906	£287,010
Total Expenditure	£209,756	£131,896	
Agreed Under spend/ Overspend	£17,906	£66,010	
Areas of Spend			
Co-ordination	£41,876	£62,813	£65,010
Prevention/SRE	£68,810	£50,600	£62,000
Support	£8,110	£3,056	£45,000
Services	£72,250	£10219	£97,000
Media & Communications	£18,800	£5,208	£18,000
Total Expenditure	£209,756	£131,896	£222,000
Other Sources of Funding	£852,790	£349,873	£344,563

Other sources of funding for the teenage pregnancy strategy is detailed below:

Organisation	2002/2003	2003/2004	2004/2005
PCT	£105,000	£105,000	£105,000
Local Authority	£686,970	£32,130	£32,130
Housing		£162,743	£162,743
Voluntary Sector			
Sure Start	£15,000	£20,000	£15,000
Connexions		£30,000	£30,000
Neighbourhood Renewal Funding/ Other Funding	£46,000	£0	£0
Total other Funding	£852,970*	£349,873	£344,563

- Local Authority other funding relates to a one off capital allocation for supported housing in Hindley

In 2003/04, total funding for the Teenage Pregnancy Strategy (including the under-spend from the previous year) was £547,779. Funding for the strategy in 2004/2005 will be much higher at £631,573. This is due in part to an under-spend of £66,010 in 2003/04 and also due to an increase in funding of £41,000 from the Local Implementation Grant.

³ Local Implementation Grant

Despite Teenage Pregnancy being a neighbourhood renewal floor target there is no funding from this source. Some comparative work has also been undertaken with other authorities to look at their funding arrangements and this is discussed in Section 6 of the report.

Funding from the PCT is for Brook the young people's family planning clinic and does not include contributions made by the school nursing service or any other family planning clinics suggesting that funding for the teenage pregnancy strategy overall is much higher than this.

ISSUES ARISING FROM THE LOCAL CONTEXT

- Wigan has not made any real progress in reducing its teenage conception rates since 1998. The situation has been static with a slight increase and so the position has worsened since 1998.
- As a result of the static situation we now have one of the highest conception rates when compared with both our Northwest neighbours as well as our statistical neighbours the majority of whom have made significant progress in reducing their rates.
- Wigan's rate is well above that of the National average and has remained static whilst the national trend is showing a reduction.
- As a result of this the annual review judges our local context to be poor, The Regional Co-ordinator is also concerned about the lack of local data. Despite the poor context the Regional Co-ordinator does recognise some positive aspects to our local arrangements.
- Funding for the strategy in Wigan is in excess of £0.5 Million. In previous years this has not been spent and so the under-spend appears to have accumulated and increased in the past two years. At the same time funding intended to support the overall initiative remains under-spent, which the Select Committee deems to be unacceptable.
- All of the above points to the need for a much stronger leadership and concerted effort from all partners to address our lack of attainment.
- It appears highly unlikely that Wigan will meet the 2004 or the 2010 targets and the Select Committee recommend the Partnership set some realistic but challenging targets.

5. Evidence Gathered and Consultation Undertaken

Methodology Used

Attendance at Select Committee

Over twenty individuals attended Select Committee and spoke about their experiences with the Members and Officers of the Committee. Further to attendance at Select Committee additional reports and statistics were made available from various organisations to try and fully understand the local picture.

Focus Groups with Young People and Young Mums

In addition to attendance at Select Committee, three focus groups were organised. Two focus groups were arranged with young people to try and understand young people's views on teenage pregnancy and the Sex and Relationship Education received in or outside school.

There was also an additional focus group arranged with eight young mums to discuss their experiences and what they think could be done to reduce teenage conception rates.

Common Questions for all attendees and focus groups

All attendees were asked three specific common questions about teenage pregnancy.

What impact does their service have on the teenage pregnancy strategy?

What in their opinion did they think was most important method or effective initiative to reduce teenage pregnancy?

If they had additional resources what would they do with this money?

Teenage Pregnancy Co-ordinator and Strategic Manager

The Teenage Pregnancy Co-ordinator was the first person to attend Committee together with the Reintegration Officer (responsible for school aged mothers) and the Strategic Manager for the Service.

The main points to note from the presentation given by the group were as follows:

- The work involves a diverse number of people and agencies in the local implementation of the strategy.
- The new reporting structures for teenage pregnancy were outlined and the team felt confident that as a result the new arrangements would ensure better promotion and direction for the strategy.
- The Re-integration Officer who works with girls who are school aged (16 and under), supplied the Select Committee with some information regarding teenage pregnancy in High Schools across the Borough. It was obvious that the incidence of teenage pregnancy was sporadic with no particular High School having more of a problem than any other.

Their key messages for young people through their media and communications campaign are:

- **Don't feel pressured into having sex before you're ready. It's your choice and no-one else's when to have sex – take control.**
- **Be prepared and be responsible - You can get free confidential advice about contraception, whatever you age.**
- **Delay parenthood and enjoy being a teenager – parenthood is tough.**

The possible reasons asserted by the team, for Wigan's high teenage conception rate include:

- The geographical spread and large number of townships which often hinders the planning of services,
- High levels of deprivation,
- Church affiliations (although evidence supplied from other Local Authorities led the Select Committee to challenge this),
- High levels of domestic violence
- High alcohol consumption.

Activities being undertaken to reduce teenage pregnancy include links with the national strategy, North West regional support, the annual report process and also local action plans that are developed on an annual basis.

Barriers to delivery on the targets include

- Making linkages with existing strategies (drugs, sex and alcohol)
- Engagement of partners,
- Communication, one example given was where funding was given for the training of pharmacists to dispense the Morning After Pill or Emergency Hormonal Contraception (EHC). Training was given but it was unclear about where funding to proceed with the scheme would come from. To date Pharmacists have received the training but they have yet to dispense EHC under this initiative.
- Redesign of services within the PCT,
- Sustainability (of funding) and
- Consistency (Membership of the partnership and strategy groups).

Education and good effective services were seen as important in reducing teenage pregnancy and the group introduced the concept of a TIC-TAC (Teenage Information Centre Teenage Advice Centre) in High Schools. The team were currently working with a high school in the east of the borough to set up a centre which is a room or building on the school grounds where young people can access information and advice on young people related issues including sex and relationships.

The Brook Advisory Service and Peer Educators

Early on in the review the manager from Brook together with seven Peer Educators or “Sex Talkers” as they are better known attended Select Committee. The group also provided us with a written report and further statistical data on attendance rates along with the statistics on those localities that accessed the clinics most often.

The main issues to note are as follows:

- Wigan is one of only seventeen Brook Centres Nationwide and is seen as the main service for young people and teenagers across the Borough. The main Brook clinic is based at the Coops building in Wigan and also at the Connexions building in Leigh.
- Funding is primarily through the PCT though some funding is supplied from Teenage Pregnancy funding.
- There are issues around staffing clinical sessions at Brook. Some of the reasons for this are
 - The hours are anti-social and it sometimes proves difficult.
 - There is a shortage of suitably qualified and experienced family planning trained/qualified nurses.
 - Some Nurses only work one 3.5 hour session each week, which has, implications for annual leave or sickness cover.

The report from Brook highlighted the following points:

- Due to its success, the service is often at capacity and on some occasions has had to turn away young people because it cannot meet the demand. It must be stressed that only non-urgent cases have been referred elsewhere or asked to come back at another time.
- Young people queue outside the building to ensure they are “seen first” as clinical sessions are operated on a drop in basis only with a limited number of appointments offered. Demand for the service is highest on a Monday and Saturday. On one Saturday in December 2003, 42 clients were seen and 26 were “turned away” (signposted elsewhere, offered an appointment or asked to come back another day.)

- In 2002/03 when clients were asked to complete a satisfaction survey, the question “What makes it difficult for you to use the services at Wigan Brook?” was asked. 64% said the visit takes too long.

Brook has submitted data on attendance rates at various sessions together with data on the areas accessing Brook. A number of areas do stand out when we look at this and they include the following:

- Ashton, Orrell and Standish have the highest number of young people accessing the service.
- Less than 10% of Brook’s clients are boys and there doesn’t appear to be any particular location that they come from.

The Peer Educators or “Sex Talkers”

- The Peer Educators talked frankly about the work they undertook the main points to note were:
- The work they do is purely voluntary and involved evening and weekend work.
- The group consisted of young females in their late teens and early twenties, there had originally been a number of boys but they had no longer participated due to other commitments.
- The role of the Peer Educator is to train and or educate other young people about sex education in both a school and non-school setting.
- At the time of the review the Peer Educators had worked on a Peer Mentor training programme for pupils in a school that formed one of the focus groups. The school group were in the process of setting up a pilot TIC TAC centre in their school and were receiving training support to become peer mentors for other pupils in their school. In addition to this they have worked with local Colleges, Youth groups and Training organisations for young people.

Some of their key message from both the Brook Manager and the Peer Educators were around the following issues:

- It is important for parents to be involved and feel comfortable when it comes to talking about sex. They felt it was often a taboo subject when it shouldn’t be.
- Effective SRE (sex and relationship education) does not encourage sex at an earlier age but is evidenced to delay it.
- All attendees thought SRE should be taught in school at an earlier age and the quality of the teaching should be better. From their own experiences they thought the teacher often looked uncomfortable teaching the subject and they also raised issues around confidentiality though it must be stressed this experience was before the launch of the strategy in 1998 when guidance had not been revised.

- To address staffing problems the Manager from Brook thought a bursary scheme should be offered as an incentive to nurses undertaking the training for the family planning qualification.
- The Manager also supplied us with some costings of sessions at Brook, these are illustrated below, (please note these are purely staffing costs):

-

A well staffed session	An inadequately staffed session
1 Doctor, 2 Nurses, 2 Receptionists 1 Information Worker, 1 Counsellor Cost for 3.5 hours = £261.11 Capacity to do 30 Consultations 20 for information, advice & supplies 2 for counselling	2 Nurses 2 Receptionists Cost = £125.71 for 3.5 hours Capacity to see 20 young people for clinical consultations and advice. No counselling would be available

Deputy Director of Education

The Deputy Director of Education attended Select Committee to outline the new reporting structures for Teenage Pregnancy and also the New Reporting arrangements as a result of the Green Paper – Every Child Matters. The main points to note were:

- The work of the Teenage Pregnancy Board/Strategy groups will now be reported through the Young Peoples Task and Strategy group (9-21).
- A major piece of work was underway to realign budgets and pool resources, which would have an impact on the group.
- In his experience as an Education professional, the Deputy Director was also identified two areas that have a major contributory effect in tackling teenage pregnancy, they were:
 - Involving parents, and
 - Starting sex and relationship education at an earlier age.

Strategic Manager responsible for Sex and Relationship Education (SRE) in Schools

The strategic manager responsible for SRE in schools attended the meeting and gave a presentation on SRE in schools in Wigan. Further to the meeting she also submitted further information to support the presentation.

The main points to note are:

- The strategic manager is responsible for the healthy schools team who provide support to schools working towards the national healthy school standard. The main

target group for this initiative is those schools who have 20% or more of their pupils entitled to free school meals. The main objectives of the standard are to promote and improve the health and social well being of children and young people. The standard covers eight areas of activity, one of which is SRE.⁴

- All schools are required to have a SRE policy, a Governor responsible for SRE and must ensure it is delivered as part of the curriculum. However, the statutory requirement is biological/ scientific based education and does not necessarily cover relationships and emotional aspect unless the school wishes it to.
- Wigan was one of twenty pilots nationwide to participate in PSHE⁵ Continuing Professional Development for Teachers with particular emphasis on SRE, Drugs and Alcohol.
- Funding of £40,000 (£1000 allowed for 40 teachers). Recruitment was done on a voluntary basis and was not targeted to those schools in most need. However this will be the case in the second phase of the scheme. There are also plans for the school nursing service to receive similar accreditation from September 2004.
- As part of the Healthy schools standard all 20% schools (those with 20% of pupils entitled to free school meals will have to be accredited to level three in SRE or Drugs by September 2006. In Wigan 62 schools fall under this remit. Under the old criteria 50 schools were accredited but under the new criteria Wigan have stepped targets to ensure that targets are met, these are monitored quarterly and some of the recent targets are illustrated in the table below.

1. Target: Ensure all Schools with 20%+ FSME⁶ achieve the NHSS⁷ level three status by March 2006.

Type of School	Current Position 2004 (No of schools)	Predicted Position March 2005 (No of schools)	Predicted Position March 2006 (No of schools)
Primary	25	35	47
Secondary	5	5	5
Special	6	8	10
PRU	3	3	3
Total	39	51	65

⁴ Sex and Relationship Education

⁵ Personal Social Health Education and Citizenship

⁶ Free School Meal Entitlement.

⁷ National Health School Standard.

2. Target to have a PSHE certified teacher in every secondary school by April 2006 for SRE and Drugs. Note: Only the data for SRE is shown.

Total Number of Schools In LEA	Current Position April 2004	Predicted by April 2005	Predicted by April 2006
21	7 teachers (5 schools)	10 teachers (8 schools)	4 teachers (4 schools)

- Significant progress has already been made in meeting the standard but there is substantial amount of work to be undertaken in achieving the CPD accreditation and also working with those schools not identified above. To add to this there are resource issues here as the budget for the team was reduced by £97,000 in 2004/05.
- Schools also have higher priorities that meeting the NHSS⁸ and full co-operation is needed for the targets to be achieved.
- The Select Committee has mapped those schools against those wards with the highest deprivation and the results are shown in the Appendix 9 at the end of the report.
- One successful initiative the team has worked on is Theatres in Education – this is an educational programme containing a play and curriculum based activities for young people in a school based setting. Evaluation work has been undertaken and shows that the pupils found the programme to be informative and though provoking.
- One recent initiative to involve parents in sex and relationship education took place at Low Hall primary. A press release is included at Appendix 9 of the report.

When asked about her thoughts on tackling teenage pregnancy the strategic manager said that a further two advisers working full time with schools would have a greater impact as education in sex and relationships is a key area where an impact can be made. Involving parents was also identified as an area where impact and improvements can be made.

Director of Public Health and Specialist Health Promotion Officer from the Ashton, Wigan and Leigh Primary Care Trust.

The Director of Public Health and a Specialist Health Promotion officer from the PCT attended the meeting to discuss the work the PCT was undertaking to reduce teenage conception rates. The main points to note from the session were:

- The PCT felt it had sufficient resources to meet the targets set out in the TP strategy.

⁸ National Health School Standard.

- The PCT are currently reviewing the Sexual Health Strategy, which will make important links with the TP strategy together with its plans for sexual health services in the Borough.
- The Select Committee asked about access to contraceptive services in other areas of the Borough where Brook was not readily accessible and was advised that attendance at Family Planning Clinics in those areas was high. Further evidence was sought and data on the number of attendees at various clinics appeared to contradict this.
- Reference was made to the Pharmacist EHC scheme at Salford which had been successful but had received a substantial amount of funding to ensure success.
- The attendees had extensive knowledge and experience in this area and discussed various issues such as why young people did not attend certain clinic – dislike of receptionist, fear of a relative seeing them etc.
- Statistics from the NASTAL survey (a national survey of attitudes of young people) suggested that the younger the teenager is when they first have intercourse the less likely they are to use contraception.
- In order for the targets to be achieved there needed to be closer and improved working relationships with the Council.
- Links need to be made with the various strategies especially alcohol, drugs and sexual health strategies. Alcohol and drugs were identified as a problem especially within the high-risk groups.
- Targeted interventions at hard to reach “high risk” groups were also thought to be most likely to be successful.
- Education was recognised as important but unlikely to have any impact on those high-risk groups who have often become disengaged from the education system.

Senior Nurse from the School Nursing Service and Senior Manager responsible for Services at the PCT.

The School Nurse Manager and Assistant Director responsible for services at the PCT talked to Select Committee about the teenage pregnancy related services they provided to young people. The key services the PCT operate are:

- The school nursing service – this service works with schools and pupils to give advice around SRE and contraceptives, amongst other services.
- The family planning (FP) service providing contraceptive services and advice at numerous locations across the Borough.
- The Brook Service at Wigan and Leigh.

The major points to note from the session are:

- The PCT recognise that FP Clinics and GP services are not popular or seen as “young person” friendly. Client profiles suggest over 25’s represent the largest client group.
- The PCT is currently looking to increase the funding of Brook by £30,000 to set up another Brook service, possibly in Platt Bridge or the Ashton Area. This initiative is to be funded by Teenage Pregnancy money.
- Other initiatives currently being looked into include the potential to use a mobile bus that will provide advice and guidance on various sexual health matters. This approach has worked well in other areas.
- TP money is currently funding 4 sessions focusing on young men only at 4 Health Centres across the Borough and the school nursing service is currently promoting these through their work with schools.
- Reference was made to the Sexual Health Strategy and in particular the fact that by focusing on reducing teenage pregnancies in isolation might not solve the problems of increased rates of increased Sexual Transmitted Infections. The message from the PCT was we should be looking to promote safe and protected sex as well as the use of those contraceptives such as the pill and the morning after pill as the latter two only provide protection against pregnancy and nothing else.

The school nursing service made the following key points about the service:

- The service has changed in recent years from the traditional view of the “nit nurse” to being involved in various initiatives such as SRE, drugs and alcohol as well as working with school children with emotional problems.
- The PCT advised us that Wigan had been fortunate in that it was one of the few PCT’s that had not cut their funding for the school nursing service however despite this:
- There has been increased pressure on the service as a result both in terms of training needs and also to meet demands from schools that they work with.
- As a result a great deal of work needs to be undertaken in the service to develop performance management and target setting.
- There are plans for community nurses including school nurses to receive CPD accreditation similar to the Teachers accreditation mentioned earlier. A pilot programme is commencing in September 2004.

- Work with schools is usually done with teams of nurses and they try to meet demands but there are capacity issues.
- Individual drop in sessions are also operated at high schools where pupils can access the service at various times during the week.

Chief Executive and Senior Manager responsible for Teenage Pregnancy from Positive Futures

The above attended the meeting to discuss their input and support for the TP strategy. After the meeting Positive Futures also supplied further statistical information. The main observations and issues noted are:

- Connexions have senior representatives on the TPPB and also the steering group and are working with the group to develop a more cohesive approach around the township model
- All young people are given a “filo-fax” with information and useful contact numbers for young people on sex and relationships advice. This was later distributed to the select committee and the information was found on page 53 of the document with roughly half a page dedicated to the subject.
- All young people are subject to an assessment when they fall into the 13-19 cohort. This is a detailed and comprehensive assessment based on eighteen different criteria. From this a young person is assessed and then is given a risk rating. Typically Connexions work most closely with those judged to be most at risk this is approximately 12% of the cohort.
- The profile of the cohort is pyramid shaped i.e. Connexions work with approximately 24,000 young people and of those 12% are judged to have intensive support needs, 25% have additional support needs and 63% have minimum support needs.
- At the time of the meeting and after further requests Connexions identified 430 young people who were teenage parents of which 140 they were working with. Of the 430, 5% had been assessed as having minimum support needs (equates to 21 of them), 25% of them had some additional support needs (equates to 108) and the largest group of 301 had been assessed as having intensive support needs.
- From this information a picture started to form about the groups that are most at risk. From the limited and approximate data supplied the following summary has been collated:

	Number of teenage parents in that group	Number of young people identified as being in the total Connexions Cohort	Number of teenage parents expressed as a % of cohort group
Minimum Support needs	21	15120	0.14%
Additional Support needs	108	6000	1.79%
Intensive support needs	301	2880	10.45%
Total	430	24000	2%

- Young people identified as having intensive support needs appear to be at least five times more likely to become a teenage parent than the average for the cohort group. They are over 70 times more likely to become a teenage parent than those assessed as having minimum support needs and almost six times more likely to get pregnant than those who have some additional support needs.

Strategic Manager for Children in Public Care – Social Services Department

The national strategy identified Children in Public Care as an “at risk” group and so the Strategic Manger for Children in Public Care was invited to Select Committee to speak about the position in Wigan. The position for children in Wigan appears to reflect the national picture. There appears to be a high rate of teenagers leaving care who become parents within two years of leaving care. Local evidence suggests that about 14 girls will become teenage parents within two years of leaving care. Information also suggests that the number who then have their children taken into care is also high with up to 50% of them being taken into care.

Data collection in this area is still improving and so more accurate information around those who conceived but decided not to go ahead with the pregnancy is unknown and could perhaps hide the total number of conceptions for this group.

As part of the ongoing development of the service for Children in Public Care and closer working with Connexions there are a number of plans introduced to safeguard young people in public care:

- An individual health care plans
- An individual pathway plans for all young people leaving care
- A Personal Adviser (in conjunction with Connexions Service) to provide help and guidance in a range of issues such as health care, relationships and accommodation.

Points Arising from the Evidence Gathering Sessions

- There are a large number of agencies involved in the teenage pregnancy strategy.
- There are some good indicators from the data and evidence gathered submitted by Connexions and Social Services about who becomes a teenage parent.
- Education appears to be a key factor in reducing teenage conception rates through improving knowledge and awareness and also raising self-esteem.
- Brook appears to be a popular service but appears to be over stretched at peak times and funding for Brook is primarily from the PCT. There also appeared to be shortage of nurses with a family planning qualification.
- There appeared to be some unresolved issues around the Pharmacist EHC scheme that the Select Committee felt were still unresolved.
- The family planning clinics are not perceived to be very young person friendly.
- Involving parents in the SRE of children at an early stage is also seen as important and the school nursing service was identified as a key resource for providing SRE in schools.
- The Healthy Schools Team, Brook and the Teenage Pregnancy Co-ordinator are working together to develop the first TIC-TAC centre at one of the High Schools in the Borough.

6. Focus Group Work Undertaken

Background

During the collection of information for consideration by the Select committee it was agreed that the views of young people in the age range 13-16 should be sought. It was also agreed that, if possible, the views of young teenage mothers be sought.

Due to the sensitivity of the issues involved it was agreed that a series of focus groups be organised by the Policy Officers. Two secondary high schools were chosen and following consultation with school SRE Co-ordinators, focus groups were held in February and April.

A series of questions were prepared and discussed with both the Council's Teenage Pregnancy Co-ordinator and the SRE Adviser to ensure their suitability.

Focus Group – Secondary Schools A

School A involved a group of 19 year 9 and 10 pupils consisting of 24 girls and 1 boy. The group is part of a peer educator project within the school. Recently they had had the benefits of a visit to Brook Advisory centre with the aim at increasing their understanding, knowledge and awareness of sexual relationships, contraception and sexually transmitted illness.

In overall terms the young people displayed a very good understanding of many of the issues raised. Although most of the group considered they knew about sex, it was generally agreed that the visit to Brook had given them a much better understanding of the wider issues associated with SRE. Collectively they all felt far more confident and knowledgeable about sex, relationships, contraception and sexually transmitted infections.

They spoke in very positive terms of their involvement with the Brook team, the approach of the staff, its environment and setting.

Focus Group – Secondary School B

School B involved a group of 29 year 8, 9 and 10 pupils consisting of an equal mix of boys and girls. The group had had no specific involvement with the Brook service although a number of the older pupils knew about the services provided by Brook and where it was located.

The Policy Officers involved are of the view that in overall terms the level of understanding and awareness of the issues involved were less advanced than the group from School A.

Key Issues arising

The key issues arising from the two focus groups include:

- Brook Advisory Service appears to be the most popular location for young people seeking advice, guidance and practical help on a range of sex and relationship matters.
- The concept of TIC-TAC centres, (Teen Information Centre – Teen Advice Centre) were well received
- Young people consider lack of confidentiality as a barrier to using Family Planning Clinics and GP surgeries as a source of advice or guidance on sexual matters.
- The provision of sex education to young people appears to be of a variable quality in terms of its timing, methods employed and the content of materials used.
- Young people want sex education delivered by people who are well trained, knowledgeable about the subject and are comfortable in its delivery to young people
- There remains reluctance amongst most young people to approach their parents for advice and guidance on sex and relationship matters.
- Young people recognise the dangers of unprotected sex, such as, unwanted pregnancy and/or sexually transmitted infections. However, many consider it won't happen to them'.
- Peer pressure continues to be a significant reason why young people have sex. Equally, the availability of alcohol appears to be a common factor when young people have sex.
- The drawbacks of becoming a teenage parent were well recognised by most of the young people involved.

Focus Group – Young Mums

A focus group involving a group of young mothers from across the borough was organised in conjunction with the Connexions Service. The group included 5 girls aged between 15 and 18.

The key issues arising include:

- The provision of sex education in schools was considered less than ideal with teachers too embarrassed to deal effectively with the subject. Would be more effective if 'experts' from outside were used.
- Did not seek advice when having their first sex experience, assumed they could have unprotected sex and be safe.
- Although the service offered by Brook were generally well received comments were made regarding access difficulties to the Wigan location. Steps up to the main entrance may cause problems for those with prams or some forms of disability. In addition, the need to queue outside (on a main bus route) until opening time may cause unease with some young people.

- The group were generally critical of the Family Planning service, particularly regarding reception staff who demonstrated little or no understanding of confidentiality or the need to avoid being judgemental against teenage mums.
- The concept of TIC-TAC centres was considered a positive move but would need confident and appropriately trained staff. It may encourage more boys to attend.
- The drawbacks of becoming a young mum were described in clear terms and included such problems as, lack of social life, little sleep, hard work, loss of friends, stigma against teenage mums, no contact with father, lack of money. However, they saw longer-term 'benefits' such as, more energy to share activities, a maturer outlook, share activities when child is older.
- All were aware of the GUM clinic but there were issues about waiting times (eight weeks)
- The group felt that young people should have regular health checks for associated sexual health problems/infections.
- Most agreed that alcohol was involved when they had sex and conceived.

Main Findings From the Focus Groups

- Both pupil groups and the young mum groups thought that better Education and Education at an early stage would be most beneficial.
- None of the groups thought there were many, if any positives to being a teenage parent.
- Many of the pupils did not know what a family planning clinic was, those who knew and attended were critical of the service for various reasons.
- The queue and waiting times at Brook were too long.
- Most young people are reluctant to speak to their parents.
- Delivery of SRE in different schools and year groups varies significantly.

7. Comparative Information

As part of the review two pieces of research were undertaken into how other authorities were reducing their teenage conception rates.

Comparison Questionnaire

Thirty-two teenage pregnancy co-ordinators were asked to complete a short questionnaire about level of resources, membership and operation of their partnerships and also about their perceptions of what they think works and also whether they thought the targets were achievable.

Of the thirty-two authorities surveyed, fourteen responded (including Wigan). Of the fourteen that had responded twelve had managed to reduce their conception rates below the 1998 target. Two authorities (us and one other had increased above the 1998 baseline). The reductions in conception rates ranged from 23% down to 4%. Eight that responded had achieved reduction rates higher than 15%.

The results from the questionnaire are detailed below:

Responsibility for the TP Co-ordinator

The majority (eight of the TP Co-ordinators worked in a Local Authority with three of them based in Social Services and three in Education. Five said they worked for the PCT but were jointly funded and had close links with Local authority departments (Social Services). One authority said they worked in a community-based service, which was an amalgamation of Social Services, Housing and Health.

Reporting arrangements and membership of the partnership board

Reporting arrangements for the Teenage Pregnancy strategy were similar for most authorities most operated a steering group that reported up to the TP partnership Board. The majority of the partnership boards reported to the CYPF strategic partnership (as is the case for Wigan) or some other similar Board e.g. the Children's Board. In addition to reporting to the Children's partnership some partnership boards report to other Panels or Boards. These include the following:

Cabinet, Performance and Improvement Board, Health Inequalities Partnership, Social Services Panel, The Sexual Health Strategy Group and the Healthy City Forum.

Membership of the various Partnership Boards was diverse. At the senior level the minimum level was at least assistant Director or above. Nearly all Partnership Boards had at least one Director and two Assistant Directors and they were made up of representatives from Education, Social Services and Housing, with Leisure/ Cultural Services, Connexions,

PCT's and the Youth Offending Service also cited. Some interesting and potentially useful members included Headteachers from Schools (Primary and Secondary), Councillors and representatives from Policy/ Chief Executives Department.

Funding and Resources Used

Of the fourteen respondents, ten submitted data about their funding arrangements. Funding for all respondents was primarily from the Local Implementation Grant, which is allocated on a formula based on the number of young people and teenage pregnancies. The balance of funding varied from one local authority to another with major contributions coming from Health, Connexions, and Housing.

Eight authorities gave detailed information regarding funding and this is illustrated in more detail in appendix 7. However two of the authorities provided insufficient information on alternative sources of funding and so just their local implementation grant is included.

From the data given, various alternative sources of funding have been used to access funding. Authorities made use of neighbourhood renewal funding, SRB (Single Regeneration Budget) Funding and one used local PSA (Public Service Agreement) to acquire funding.

The Local Authorities with the highest funding had the highest absolute number of conception and highest conception rates per 1000 population respectively. At the other end of the range the least funded strategies had the lowest conception rates per 1000 population and also the absolute number of conceptions.

The conclusions to draw from the funding information are

- It does identify the diversity and randomness of funding of the teenage pregnancy strategy across the region.
- The reduction rates achieved by the various authorities also suggest there is no obvious link between funding and reduction rates.
- Funding in the main does appear to be proportionate to the size of population and the number of conceptions in that area.

Links with other strategies

One issue that became apparent during the course of the review was that links were not necessarily made with other related strategies e.g. the Sexual Health, Alcohol and Drugs strategies. As a result one question TP Co-ordinators were surveyed about was whether their TP strategy had direct links with other strategies. The majority that replied to this question had direct links into such strategies but only one identified integrated action planning.

Are the 2010 targets achievable? (50% reduction rate in conception rates on the 1998 baseline)

Four TP co-ordinators said they thought the 2010 target was achievable, not surprisingly three of the four Authorities had already achieved the highest reduction rates. Three further co-ordinators thought it was achievable (one with the caveat of a “concerted effort”). Three of the co-ordinators thought it was unlikely or gave the response maybe, and four were less confident and said no or thought it was highly unlikely. It was interesting to note that one authority that thought the targets were unachievable had already achieved the second highest reduction rate in the group.

What are the biggest barriers to improvement?

TP Co-ordinators were asked:

“What do you see as the biggest barrier(s) to reducing teenage conception rates?”

The most common barrier cited was deprivation and aspirations of young people in deprived areas, who see it as the “cultural norm” to be a teenage parent.

The second most common answers were about consistent SRE in Schools, the Community and also lack of support for Youth Workers, GP’s, Nurses and Parents.

The third most common response was around sexually explicit images on television and also the “Media’s sexualisation of children at an early age”.

Other barriers cited and quoted to lesser degree included the following:

- Inadequate contraceptive services through poor or short-term funding
- Alcohol
- Lack of confidence and inability to discuss Sex with parents
- Lack of Investment
- Short-term view on funding.

What works?

TP Co-ordinators were asked the following question:

“In your opinion, which initiative(s) do you think are the most effective in reducing teenage conception rates?”

By far the most popular response was better SRE in both a formal and non-formal setting (non-educational setting). All but one cited this as an effective method.

The next highest response rate was around reducing deprivation and increasing choices for young people, i.e. Job opportunities and training, However, it was recognised that it would take years for this to show through in the figures and it would require “massive” investment.

Improved services through increased hours and specific services for young people that are well used. Other more specific examples included joined up working through clinics for young people run jointly by the PCT and Youth Service.

Other effective measures also included

- better access to “emergency hormonal contraception”
- SRE looked after children’s project officers
- Enhanced capacity at young peoples clinics
- Development of a specific young people’s sexual health policy
- Commitment at a senior management level to ensure things happen
- Dedicated teenage pregnancy midwife (good at reducing multiple/repeat pregnancies)

Comparison with successful authorities

The second piece of work was to identify and contact those authorities that have successfully managed to reduce teenage conception rates.

Numerous examples were found and two are included here:

St Helens – a 19% reduction since 1998

St Helens a statistical neighbour and a bordering neighbour has already achieved it’s 2004 target (as long as it rates do not increase!). A telephone call to the TP co-ordinator highlighted a number of initiatives that have worked.

- In 2003 they were runners up in the Health Service Journal Awards in the Health Inequalities category for the development of the TAZ (Teen Advice Zone). The TAZ is a drop in centre for young people and designed by young people. It is also located next to the walk-in centre of the acute trust. The centre gives a range of advice on all sorts of issues from sex, drugs, pregnancy, and alcohol to careers and advice on housing needs.
- The post holder has been in post since 1998 and since then has been based in every possible department in the Council or PCT, she now sits in Social Service. Her approach has been targeted and she has been able to reach all schools by working in conjunction with the healthy schools team.

The following reasons for success were given:

- Prioritisation – TP was identified as its’ second highest priority in St Helen’s health plan 2000-2003 this was due to the fact that St Helen’s had one of the highest under 16 conception rates in the North West. Despite the success in reducing conception rates in the under 18’s category, St Helens still has one of the highest under 16 rates in the Northwest.

- Commitment from the top – The Director of Social Services is the Chair with numerous Assistant Directors from both the LA and PCT on the Board.
- Various funding sources – Funding is not seen as a major obstacle as St Helens have been able to access funding from Sure Start plus, Health Inequalities and NRF⁹. They have used this funding to part fund various posts for SRE and also for training youth service workers in the issue and distribution of condoms. Joined up working was seen as more important than the funding itself.
- Involved parents in SRE in schools by asking them to go in and register for ‘guidance packs for parents’ to ensure they are informed when their children are being educated. They also run one-off drop in sessions for those parents who would like further information. This initiative is targeted at Primary School aged pupils and their parents.

Calderdale – a 31% reduction since 1998.

It was interesting to discover that at the time the 2002 statistics were published Calderdale no longer had a Teenage Pregnancy Co-ordinator in post. The previous incumbent had left the job a number of months earlier after being in post for almost 4 years as she was appointed in 1998. Successful initiatives launched and used at Calderdale included the following:

- Involving parents – The local NHS set up free sex education lessons for parents.
- Using community based initiatives such as partnerships with night clubs and youth forums to hold consultation events.
- Good partnership working and use of the school nursing service.
- Involving young people in the development of policy and asking them their views on what works and what age sex education should be taught at.
- Introduction of the choices card for all young people giving them advice on all health issues including sex, eating, drugs and alcohol.

Gateshead - a 23% reduction since 1998.

Gateshead cited the following reasons for reducing conception rates by 23%

- Very good working partnerships
- Young people’s clinics staffed with qualified personnel
- Youth Workers taking services direct to vulnerable groups.
- Programmes targeted specially at young men.
- Services have also been amalgamated with Social Services, Housing and Health merged into a community based service.

- Joined up approach to SRE in schools.

Findings from the Comparison Section of the Report

From the research undertaken it would appear that those authorities successful at reducing teenage conception rates showed two key characteristics.

- Most co-ordinators had been in full time post since 1998 or 1999. Wigan's co-ordinator has only been in post since mid 2002.
- Teenage pregnancy has been identified as a joint priority across the partnership and agencies have worked together to this end.

Other items worthy of note are:

- All TP Co-ordinators thought the most effective interventions were improved SRE in school and non-school based settings.
- Although funding does not appear to be a key factor, Various different funding sources have been used by other authorities/ PCT's to fund their strategies.
- Not all co-ordinators are convinced the targets set are achievable.
- Deprivation and social aspirations of young women were cited as the most common barriers in reducing teenage pregnancy.

⁹ Neighbour Hood Renewal funding.

8. Conclusions and Recommendations

The Select Committee received a substantial amount of research and data from national and local sources. Throughout the review recurring themes started to emerge as we received information and data from the various stakeholders. They were based around three key themes:

- Sex and Relationship Education
- Services for Young People
- Performance Management

Underpinning these themes the select committee thinks there needs to be a more joined up approach to tackling these activities in order to ensure the necessary reductions targets that have been set for both major partner agencies. This could possibly be achieved through the following methods:

- Appointing a champion to further the work – this person must be of a senior enough position with an Education or Health background who has experience of working with all the agencies involved.
- Closer and more regular monitoring of the rates against our own staggered targets to the Partnership Board and Executive steering group and also the Health Partnership Board.

The committee also feels that closer working across the various agencies will assist in not only reducing teenage conception rates but also address the problems and issues with increased sexually transmitted illnesses in the Borough and Nation-wide.

Education

The Select Committee received evidence from over twenty witnesses and ran focus groups for over fifty young people in total. Almost every person we spoke to thought education was instrumental in reducing conception rates.

Education of pupils at an earlier age and also involving parents at an earlier age were seen as key areas for quite a lot of the witnesses.

All the Service Managers we spoke to were keen to stress that good SRE will delay the onset of sexual relationships rather than encourage them at an earlier age, this was reinforced by national research.

Most importantly all the young people we spoke to, including the young mums thought the sex education they received in a school environment could have been improved and started at an earlier age. From the focus groups done it was apparent there were large variations in the satisfaction with SRE and confidence of pupils within year groups in the same school and also between various secondary schools.

The select committee witnessed a lot of good practice such as the peer educator and mentor programme (and proposed TIC-TAC centre) at one school, with proposals for further rollout of this programme. The select committee welcomes the plans and thinks it is important for this to happen on a targeted approach in those areas with the highest conception rates.

Services

National research shows that services designed specifically for young people are successful in attracting young people to them. Wigan are fortunate to have the Brook Centre which does that and has been so successful it could possibly be a victim of it's own success. Whilst the service is highly valued by young people there appear to be capacity issues with anecdotal information about queues. Surveys indicated there was some dissatisfaction and concerns about waiting times and on occasion some young people had to be referred elsewhere or turned away.

At the same time there are numerous family planning clinics across the Borough that are not seen as young people friendly although there is no statistical information to indicate if any spare capacity exists. The select committee has made a single recommendation to look at the resources and capacity of Brook and the family planning services to make services more attractive to young people. The Select Committee also recommends more community based services for young people, particularly in those areas of the Borough where there are high conception rates and where access to Brook might be difficult.

Performance Management

A recurring problem throughout the review has been to identify and obtain more up to date data on conception rates. At the time of completing the report in July 2004 the committee still only has headline data for 2002 and detailed data for 2001. The annual review by the Regional TP Co-ordinator has also identified this as an area for improvement for Public Health. The select committee recommends that more data be collated on a more regular basis and be reported to the Teenage Pregnancy Partnership Board and relevant groups. This will assist the service planning process and targeting of resources.

Other data on where young people are accessing services and also from where they travel is also important to collect to ensure accurate planning of services. We know which wards have the highest conception rates and basic evidence supplied by Connexions can identify those at higher risk. With this information, a significant proportion of resources should be directed to those areas with most need in order to tackle issues in those areas.

9. Recommendations

The Recommendations are detailed below and are the basis for the improvement plan in Section 9. The Select Committee has set target dates and anticipated outcomes for each recommendation together with any relevant measures and targets where appropriate. These are also outlined in Section 9.

1. The Select Committee found pockets of good practice across the Partnership and co-ordination is judged to be good by the Regional Co-ordinator who assesses the annual report. Despite this Wigan has not been successful at reducing teenage conception rates. The Select Committee undertook research and contacted authorities who have successfully reduced their rates and from this research it identified three key characteristics that were not obviously apparent in Wigan's case :

- Leadership at the highest level from an Education or Health background – in most cases this was a Chief Officer.
- Teenage pregnancy was recognised as a high and shared priority by all organisations involved.
- Good inter agency working and joined up approaches.

The Select Committee recommends that the Lead Officer for Children's Services be nominated as the champion for Teenage Pregnancy. Similarly, the Select Committee recommends that a named representative from the PCT be allocated the role of champion for teenage pregnancy so any responsibilities and tasks for their organisation can be directed through them.

2. In order to focus and prioritise the teenage conception targets the Select Committee recommends that progress against the shared targets be reported to the Joint Health Partnership Board and Children's Services Panel in addition to its current reporting arrangements.

3. The Select Committee recognises that the 2010 target set might not be achieved and recommend that the Teenage Pregnancy Partnership set its own local challenging and realistic targets for the 2010 conception rates and also set some staged key interim/milestone targets to work to.

4. The Select Committee found that the Brook Service was extremely successful with young people, however it recognised there were capacity and resource issues. As a result it recommends the PCT looks at its' provision of contraceptive services for young people across the Borough and report back to the Select Committee on proposals to

extend provision, with particular emphasis on those wards identified as having consistently high conception rates. Some suggestions might including the following:

- Find additional resources of £30,000 for six separate locations or divert resources to expand the Brook Service into those areas with the greatest need (those highlighted as having the highest conception rates in the previous two years.)
- Encourage and attract more nurses into this field and ensure they are trained and accredited with the family planning qualification needed to give advice to young people and support the above initiative.
- Make existing family planning services more young people friendly through re-branding or marketing of these services and training for those staff involved in the changes.

The Select Committee also recommends the Education department work with the PCT to identify suitable buildings where sessions can be operated.

5. The Select Committee recommends that two or three well co-ordinated and joined up schemes take place in those wards or geographical locations in the Borough that have high conception rates in order to evaluate what works and what doesn't. These co-ordinated schemes should utilise the initiatives known to work i.e. a joined up approach to SRE in schools by the school nursing service and the healthy schools team together with sign-posting to Brook and other family planning clinics. Additionally, initiatives aimed at the "at risk groups" should also be used. Evaluation of the "schemes" should be done on a quarterly basis over a two-year period to assess if the joined up and co-ordinated interventions do work and progress should be reported back to the Partnership Boards and Children's Services Panel.
6. The Select Committee recommends that all the organisations involved improve their performance management systems and in particular develop the local conception rate data to ensure more timely and accurate reporting to the Teenage Pregnancy Board and Health Partnership Board.

Other sources of information that need to be developed are:

- Use of Connexions information to identify those young people most likely to become teenage parents in order to target support.
- The use of information from the Strategic Manager for Children in Public Care to identify those most at risk.
- Use of data to assess who is accessing which clinics (Family Planning and Brook) where, and to note trends in order to assess whether there is suitable provision.

7. The Select Committee is concerned about the resources available to the Healthy Schools Team and recommends they draw up a risk based/ targeted action plan of how it will work with all secondary schools together with the initiatives and proposals for each school. It also recommends the healthy schools team shares with the Committee their proposals for all secondary schools to have a PSHE/ SRE accredited teachers, outlining timescales and anticipated dates.
8. Similarly the Select Committee ask the Healthy Schools team to do a similar exercise for primary schools with particular emphasis on involving parents. The Committee also recommends the team look at St Helen's and the methods they used to involve parents, which are simple and effective and have been deployed to the majority of schools in St Helens.
9. The Select Committee welcomes the introduction of the proposed TIC-TAC centre at Hesketh Fletcher and recommends the scheme is rolled out to all secondary schools on a targeted approach to those wards with the highest conception rates.
10. The Select Committee recognises the effective working relationship of the Healthy Schools Team and the School Nursing Service and recommends that the Services work closely together to develop a similar action plan recommended in recommendation 7 to compliment the work of the teams in both Secondary and Primary Schools. This will ensure a more joined up approach to the provision of SRE in schools and eliminate any potential duplication.
11. In view of recent media coverage of the Chief Nursing Officer for England's call to put a school nurse in every school. The Select Committee recommend that the PCT report back on the likelihood of this happening together with any timescales of when it is to happen and Wigan's plans for the service.
12. The Select Committee recommends that all the funding for teenage pregnancy is spent in full in this financial year and every year thereafter. The Committee also recommends that funding is secured beyond 2006 the time the funding is guaranteed until, as it appears highly likely that Wigan will need further resources to secure the downward trend.

13. The Select Committee recommends the information on SRE and Brook in the Connexions “filo-fax” be revamped and given more prominence than it currently has.
14. The Select Committee recommends the Primary Care Trust resolve the issues surrounding the Pharmacists EHC scheme (Emergency Hormonal Contraception/ Morning After Pill) and inform the Committee of the likely start date for the scheme.
15. The Select Committee recommends that the necessary links be made with all the relevant strategies that affect or are related to teenage conception rates, namely the Drugs, Alcohol and Sexual Health Strategies.

Acknowledgements

The Select Committee would like to thank all the people who gave evidence, written or verbal, or took part in the focus groups. A full list is given in Appendix 8. Special thanks also go to members of the Select Committee:

Cllr Andrew Bullen

Cllr Barbara Bourne

Cllr Maggie Coghlin

Cllr Mildred Millington

Cllr Michael Winstanley

Co-opted members

Mrs Kathy Ball

Mrs Sue Bennetto

Supported by Council Officers – Samantha Worsfold and Jim Taylor

Cllr Fred Walker

9. Improvement Plan					
	Recommendation	As highlighted by	Anticipated Outcome	Responsibility	Measures and Targets
1.	Lead Officer for Children's Service is nominated as the lead for Teenage Pregnancy and a named lead from the PCT	Comparative Work undertaken	Lead Officer for Children's services nominated as Lead and also Named Lead from the PCT	Director of Education – October 2004	Nominated leads agreed.
2.	Progress is reported to the health partnership Board and Children's services panel.	Comparative Work undertaken	Progress reports made to the Board within the next three months.	Director of Education – October 2004	New reporting arrangements in place – first monitoring reports reported by December 2004
3.	Local Realistic and Challenging targets are set with interim milestones also given.	Performance to date and local context	Targets reported to the relevant boards and Overview and Scrutiny	Teenage Pregnancy Co-ordinator October 2004	Interim targets agreed by set date.
4.	Undertake a Review of Contraceptive Services for young people in the Borough and report back on it's proposals with particular emphasis on those wards with the highest rates. Also find additional resources to target services at those wards with the highest conception rates and recruit and train more nurses to obtain the family planning qualification	Evidence from Brook, Young People and also National Research on what is evidenced to work.	Improved Services for young people across the Borough. Reductions in the conception rates of a minimum of 5% each year over the next six years in those wards with the highest rates. With lower targets in wards with the lowest rates. Increase the number of nurses with the family planning qualification	Nominated representative from the PCT. December 2004	Minimum Reduction in ward conception rates of 5% year on year until target is reached. Improved accessibility to services demonstrated by increased attendance and or reduced conception rates

	Recommendation	As highlighted by	Anticipated Outcome	Responsibility	Measures and Targets
5.	Initially undertake two-three co-ordinated schemes in areas within the Borough with the highest conception rates as evidenced by the recent reported local data. Close monitoring and evaluation should take place.	National Research and Comparative studies and also evidence given at Select Committee suggest a joined up approach will have the best results.	Wards with the highest conception rates will have the highest reductions in conception rates – minimum target of 5% reduction set for those wards. Improved performance management and evaluation techniques.	Three Nominated representatives are: 1. Teenage Pregnancy Co-ordinator 2. Nominated Representative from the PCT 3. Strategic Manager for PSHE DECEMBER 2004 with January start.	Established performance management Framework for the pilots. Minimum Target of 5% reduction set for those wards involved in the pilots.
6.	All organisations to improve their performance management systems and develop the local data. In Particular The PCT develop timely data to be reported quarterly Connexions and Social Services work with the TP co-ordinator to identify those groups who are most at risk	Evidence submitted by the Select Committee and the annual report of the Teenage Pregnancy Unit.	Improved use of data resulting in effective planning and targeting of services. End result – reduction in teenage conception rates in line with the local targets set.	Nominated representative from the PCT to be responsible for local data. Representative from Connexions and Social Services to be responsible for the other data about who is likely to become a teenage parent. DECEMBER 2004	<ul style="list-style-type: none"> • Performance Management framework established. • Regular monitoring reports of the local data set up. •
7.	The Healthy Schools team draw up a risk based action plan on how it proposes to work with all secondary schools.	Evidence submitted by the Select Committee and the annual report of the Teenage Pregnancy Unit. Focus groups with pupils in secondary schools	All School to have good quality SRE curriculum. All pupils receive good quality consistent SRE. All secondary schools to have a SRE accredited teacher by the end of 2006.	Strategic Manager for PSHE. November 2004 report back to Committee with action plan	All secondary schools to have an SRE accredited teachers.

	Recommendation	As highlighted by	Anticipated Outcome	Responsibility	Measures and Targets
8.	The Healthy Schools team draw up a risk based action plan on how it proposes to work with all primary schools with particular reference on involving parents.	National Research and also local evidence and comparative studies.	All School to have good quality SRE curriculum. Increase the number of schools involving parents in delivery of the SRE curriculum	Strategic Manager for PSHE. November 2004 report back with action plan.	Increased the number of primary schools with SRE accredited. The number of primary schools involving parents increase by 15 each year.
9.	Continued roll out of the TIC-TAC centres but prioritised and targeted at schools in the wards with the highest rates.	Local Evidence suggests this is a preferred way forward. Focus groups of pupil thought it was a good concept	Wards with the highest conception rates will have the highest reductions in conception rates – minimum target of 5% reduction set for those wards.	Strategic Manager responsible for extended schools September start and on going.	TIC-TAC centres to be deployed all high schools. Take up of TIC TAC centres at all secondary schools.
10.	The school nursing service draw up an action plan, in conjunction with the Healthy Schools Team to ensure a joined up approach to SRE in schools	Evidence from Select Committee suggested an approach was there but needs to compliment the work of the healthy school team to avoid duplication	All School to have good quality SRE curriculum. Delivered on a joint approach by the healthy schools team and school nursing service.	Manager of the School nursing Service in dialogue with Strategic Manager for Healthy Schools. Dec 04	Action plan and timetable delivered to Committee
11.	The PCT report back on Government plans to increase the number of school nurses	National communication from the Chief Nursing Officer, Pupils thought nurses where a good source of information	Potential to have a named School Nurse for every secondary school / cluster group.	Nominated representative from the PCT.	Increased number of school nurses.
12.	Ensure that the Funding for teenage pregnancy in 2004/05 is spent in this financial year with minimal or no under-spend to carry forward.	Annual Report data	All funding is spent in this financial year resulting in optimum use of resources. Nil variance as at 31 st March 2005.	Teenage Pregnancy co-ordinator March 2005	Budget to Actual variance will be nil.

	Recommendation	As highlighted by	Anticipated Outcome	Responsibility	Measures and Targets
13.	Improve the publication and promotion material offered by the Connexions Service.	Connexions "filo fax" ensures all young people are reached as majority are issued with them and think it is a useful information resource.	Improved awareness and promotion of services for young people.	Nominated representative from the Connexions service October 2004	Updated and improved information. Satisfaction with the material evaluated by young people.
14	Resolve any issues and implement the Pharmacist EHC scheme.	Teenage Pregnancy Annual Report and evidence from select committee.	Community EHC Pharmacy scheme will become operational offering EHC at locations across the Borough.	Nominated representative from the PCT April 2005	All pharmacists who undertook the training to be dispensing EHC by 2006.
15	Make the linkages with the relevant strategies.	Comparison data and evidence received at Select Committee.	More joined up working to address /resolve complex issues. Recognition and co-ordination of each others work across the working groups	Strategic Manager responsible for Teenage Pregnancy March 2005	Update the relevant strategies to recognise the linkages.

Appendix 1 – Ward Based Conception Rate Statistics

	Female Population Aged 15-17	Indices of Deprivation Rank out of 24 (2000 Data)	Child Deprivation Indices (2000 Data)	Female Conceptions per 1000 Population and Rank 1999		Female Conceptions per 1000 Population and Rank 2000		Female Conceptions per 1000 Population and Rank 2001		Female Conceptions per 1000 Population and Rank 2002		Female Conceptions per 1000 Population and Rank 2003	
Abram	235	4 th	5 th	68.1	9 th	55.3	12 th	62.5	11 th	89.3	3 rd	93.8	2 nd
Ashton Golborne	262	15 th	17 th	53.4	14 th	19.1	24 th	36.9	18 th	25.8	24 th	33.2	18 th
Aspull Standish	256	22 nd	21 st	50.8	15 th	31.3	20 th	29.4	22 nd	36.8	20 th	29.4	19 th
Atherton	214	6 th	2 nd	74.8	5 th	98.1	2 nd	81.0	4 th	109.5	1 st	71.4	5 th
Bedford Astley	185	12 th	10 th	70.3	7 th	59.5	10 th	68.7	8 th	51.5	12 th	34.3	16 th
Beech Hill	258	9 th	7 th	65.9	10 th	62.0	9 th	80.3	5 th	40.2	18 th	51.1	9 th
Bryn	220	17 th	16 th	22.7	23 rd	50.0	14 th	56.5	12 th	40.3	17 th	28.2	21 st
Hindley	250	8 th	8 th	48.0	17 th	76.0	6 th	53.9	14 th	64.0	8 th	70.7	7 th
Hindley Green	282	13 th	15 th	49.6	16 th	63.8	8 th	30.9	19 th	51.6	11 th	41.2	11 th
Hindsford	277	11 th	9 th	57.8	12 th	57.8	11 th	50.7	15 th	43.5	15 th	39.9	13 th
Hope Carr	228	16 th	14 th	70.2	8 th	35.1	18 th	65.6	10 th	49.2	13 th	41.0	12 th
Ince	189	2 nd	4 th	100.5	3 rd	95.2	3 rd	85.7	2 nd	52.4	9 th	71.4	5 th
Langtree	253	24 th	24 th	15.8	24 th	19.8	23 rd	30.0	21 st	40.0	19 th	33.3	17 th
Leigh Central	259	5 th	6 th	54.1	13 th	46.3	15 th	67.0	9 th	83.7	4 th	83.7	3 rd
Leigh East	213	14 th	12 th	70.4	6 th	89.2	4 th	70.4	6 th	51.9	10 th	44.4	10 th
Lightshaw	265	18 th	18 th	75.5	4 th	34.0	19 th	28.9	23 rd	29.0	23 rd	25.7	22 nd
Newtown	183	3 rd	3 rd	136.6	1 st	82.0	5 th	82.6	3 rd	82.6	5 th	73.4	4 th
Norley	205	1 st	1 st	117.1	2 nd	112.2	1 st	100.0	1 st	90.9	2 nd	100.0	1 st
Orrell	181	19 th	20 th	38.7	19 th	27.6	21 st	55.3	13 th	44.2	14 th	16.6	24 th
Swinley	191	20 th	22 nd	36.6	20 th	26.2	22 nd	46.7	16 th	42.1	16 th	18.7	23 rd
Tyldesley East	295	23 rd	19 th	30.5	22 nd	40.7	17 th	30.3	20 th	33.3	22 nd	39.4	14 th
Whelley	176	7 th	13 th	62.5	11 th	51.1	13 th	46.1	17 th	73.7	6 th	69.1	8 th
Winstanley	294	21 st	23 rd	34.0	21 st	44.2	16 th	28.6	24 th	34.3	21 st	28.6	20 th
Worsley Mesnes	295	10 th	11 th	44.1	18 th	64.4	7 th	68.7	7 th	72.5	7 th	34.4	15 th

Appendix 2 – Comparison of Conception Rates with our statistical Neighbours

Authority	Under 18 Conception Rate 1998	Rank out of 14 Authorities	Under 18 Conception Rate 2002	Rank out of 14 Authorities
Gateshead	57.5	7	44.4	14
North Tyneside	61.2	5	55.9	3
South Tyneside	65.6	3	52.3	7
Blackburn with Darwen	58.2	6	52.3	8
Bolton	51.8	14	52.6	6
Tameside	55.2	12	52.7	5
Wigan	54.9	13	55.5	4
St Helens	55.8	11	45.5	12
Barnsley	61.4	4	52.2	9
Doncaster	75.0	1	63.3	1
Rotherham	57.4	8	48.2	11
Wakefield	57.0	9	44.8	13
Stoke-on-Trent	69.8	2	62.6	2
Dudley	56.5	10	49.6	10

APPENDIX 3 - FINANCIAL TABLES		
LOCAL IMPLEMENTATION GRANT	2003/04	2004/05
Grant allocation		
Agreed under spend carried forward from previous year	£17,906	£66,010
Local Implementation grant allocation	£180,000	£221,000
Sure Start Plus carry forward from 2003/04 to 2004/05	N/A	N/A
Total grant income	£197,906	£287,010
Expenditure		
Expenditure on co-ordination measures	£62,813	£65,010
Expenditure on additional services provided to implement the local teenage pregnancy strategy		
Media & communications	£5,208	£18,000
SRE	£50,600	£62,000
Contraception, advice, and information services	£10,219	£97,000
Support for Teenage Parents	£3,056	£45,000
Other		
Total	£69,083	£222,000
Total Expenditure on Sure Start Plus	£0	£0
Total Expenditure	£131,896	£287,010
Balance due from local authority	£66,010	N/A
ADDITIONAL RESOURCES TO SUPPORT TEENAGE PREGNANCY STRATEGY		
Source of additional mainstream funding	2003/04	2004/05
PCT	£105,000	£105,000
Local authority	£32,130	£31,820
Housing	£162,743	£162,743
Voluntary sector		
Sure Start	£20,000	£15,000
Connexions	£30,000	£30,000
Neighbourhood Renewal Funding		
Single Regeneration Budget		
Local Public Service Agreement		
Other funding	£32,130	£31,820
TOTALS	£382,003	£376,383

APPENDIX 4 – Social Exclusion Action Plan

The report included a 30-point action plan based on three broad categories, which is included in appendix x of the report:

- **The National Campaign**
 1. The national campaign involved establishing clear goals and targets
 2. Setting up a national/ regional structures to monitor progress.
 3. Set up and Advisory Group to advise the Government
 4. Ensure implementation at a local level
 5. Support Co-ordinators
 6. Monitor progress
 7. Promotion and Communication of the strategy through a funded national media Campaign
- **Better Prevention**
 8. New Guidance on Sex education in schools
 9. Link Sex education to a broader framework of personal education
 10. Teacher training and accreditation in SRE
 11. Inspection by OFSTED
 12. Help Parents to talk to their children about sex and relationships
 13. Clearer guidance for all health professional on contraception for under 16's
 14. New NHS criteria for effective and responsible youth contraception and advice services
 15. National help-line
 16. Get young people to seek advice.
- **Better Support**
 23. Getting under 16's back into education
 24. Getting 16&17 year olds back into education
 25. Advice for over 16's claiming benefit
 26. Help with childcare
 27. Advice and support for pregnant under 18's
 28. Sure start plus – personal support for pregnant teenagers and teenage parents under 18.
 29. Social Housing – support for under 18 lone parents
 30. Extending the principle in 29 above to the private rented sector

Appendix 5 – Annual report Scores

	2002/03	2003/04	
Category of the Report	Judged to be	Judged to be	Comments from the TP Co-ordinator.
Local Context	Poor	Poor	Poor context is largely due to the fact our rates are going up, as are our abortion rates. Under 16's is higher than the national average. Public health is advised to look at trends.
Co-ordinator arrangements	Satisfactory	Good	More cross agency working particularly with the PCT. Welcomes the CYPF structural and service delivery arrangement.
Media Communications	Good	Good	Encouraging – comment regarding including young people in the service evaluation.
Better Prevention – Education	Satisfactory	Satisfactory	The partnership board should monitor the impact of capacity issues and potential LEA budget cuts and take steps to minimise or off-set these as far as possible.
Sex and Relations – Services	Satisfactory	Satisfactory	Concerns about high staff turnover. ECP (Emergency contraceptive pharmacy scheme) is still not operational.
Supported Housing	Poor	Very Good	Shown great improvements since last year – tasks and milestones set out in the forward action plan are to be commended.
Education Training	Satisfactory	Satisfactory	Demonstrates clear targets. Good links with Connexions but Clarity around data collection and performance management.
Childcare	Poor	Poor	Commentary in the annual report is very general and hard to accurately assess. No evidence to show current position versus need.
Support for Pregnant teenagers/ Young Parents	Satisfactory	Good	Improved – reintegration officer is having an impact.
Action Plan	Satisfactory	Satisfactory	No change here – but there needs to be an improved use of data and clear analysis of data to target services and developments

APPENDIX 6

Press Release on Involving Parents in SRE (Sex and Relationship Education)

Parents are getting a Buzz from the Birds and Bees

It's a day that many a parent will face with dread...

That memorable moment when their child gets to 'that inquisitive age' and starts asking all sorts of awkward questions.

But for the parents at Low Hall Primary School in Platt Bridge, the thought of hearing those immortal words 'mum where do babies come from?' no longer fills them with fear. And it's all thanks to a unique new project, which has seen THEM going back to the classroom to learn all about the Birds and the Bees.

The groundbreaking five-week course has been developed by the school, Wigan's Healthy Schools Team and the borough's Teenage Pregnancy Unit.

It is believed that the Birds and the Bees will give parents the confidence to discuss serious issues such as sex with their children. In the long term, it could also help to reduce the borough's rate of teenage pregnancy.

Low Hall headteacher Jim Holian, helped devise and run the course, he said:

"Wigan has one of the highest teenage pregnancy rates in the country and in line with the government thinking we are trying to tackle the issue through early intervention.

"Research suggests that the common practice of working with teenagers is not always effective because by then it is often too late. With this in mind we have pooled our resources to offer sex education to the parents of children who will eventually be teenagers."

During the five-week course, parents learn about everything from teenage pregnancy rates, puberty, the importance of relationships and sexually transmitted diseases.

Mr Holian said the first five-week course had proved so popular that there is a waiting list for the second one. Mr Holian said:

"The group is learning how to guide their children through the difficult period of adolescence with our help. We had far more parents wanting to do this course than we had places available so we will be running it again."

He added:

"It's a serious subject but we try to have a laugh with it, although as the only male involved, the jokes are usually on me, but I'll just have to be brave!"

Speaking about their experiences on the course, Low Hall mum Julie Jackson said:

"It was really informative and has enabled us to gain a better understanding of the whole picture. It will help us to set our children up for life."

While mum Paula Mayers added:

"It really makes you sit up and think. It has made me more confident and ready to answer those awkward questions that I know will be coming from my children aged six and nine."

Wigan's Teenage Pregnancy Strategy Co-ordinator Alan Sherwood said:

“It is important that parents take an active role in their child’s growth and development and in Wigan we are seeing that parents are very keen to do this by getting as much information as possible.

“This course is already proving to be a huge success and if all goes well we will be introducing it to schools throughout the borough in the fullness of time.”

APPENDIX 7 Financial Comparison of Teenage Pregnancy Funding

Funding in 2003/04	LA 1	LA2	Wigan	LA3	LA4	LA5	LA6	LA7	LA8	LA9	LA10	LA11	LA12	LA13
LIG Funding	£429,000	£531,000	£180,000	£127,000	£115,000	£98,000	£136,000	£156,000	£161,000	£243,000	£303,000	£207,000	£273,000	£204,000
Sure Start Plus	£82,000							£43,000	£43,000	£125,000	£66,666	£66,700	£125,000	£43,000
PCT	£583,000	£301,851	£105,000	£35,000							£275,000	£15,000		£10,000
Local Authority	£62,500	£287,855	£32,130	£20,000			£153,000				£211,000			
Housing	£250,110		£162,743								£13,817			
Voluntary sector	£77,000										£12,000	£3,000		
Sure Start	£30,000	£40,940	£20,000	£120,000							£14,811			
Connexions	£68,000	£62,217	£30,000								£55,000			
Neighbourhood Renewal Funding	£77,000	£119,150	0									£107,000		£63,000
SRB		£63,116												
PSA		£27,000					£70,000							
Other	£40,000	£16,000		£88,000		£21,000					£46,125			
Total	£1,187,610	£1,454,129	£529,873	£390,000	£139,000	£119,000	£359,000	£199,000	£204,000	£368,000	£997,419	£398,700	£398,000	£320,000
Reduction in conception rate since 1998	Reduced by 4%	Reduced by 12%	Increase +1%	Reduced by 16%	Reduced by 23%	Reduced by 7%	Reduced by 10%	Reduced by 9%	Reduced by 20%	Reduced by 10%	Reduced by 16%	Reduced by 16%	Reduced by 21%	Reduced by 23%

Appendix 8

Acknowledgements

From Wigan Council

Mr Alan Sherwood – Teenage Pregnancy Co-ordinator
Ms Karen Piggot – Strategic Manager Education
Mrs Michelle Davies – Re-integration Officer
Mrs Sue Elliot – Strategic Manager for PSHE
Mr Stephen Jones – Chief Executive
Mr John Cowen – Deputy Director of Education
Mr Tom O'Dwyer – Strategic Manager for Children in Public Care

From Positive Futures

Mrs Deborah Brownlee – Chief Executive
Mr Ray Potts – Senior Manager

From Ashton Wigan and Leigh Primary Care Trust

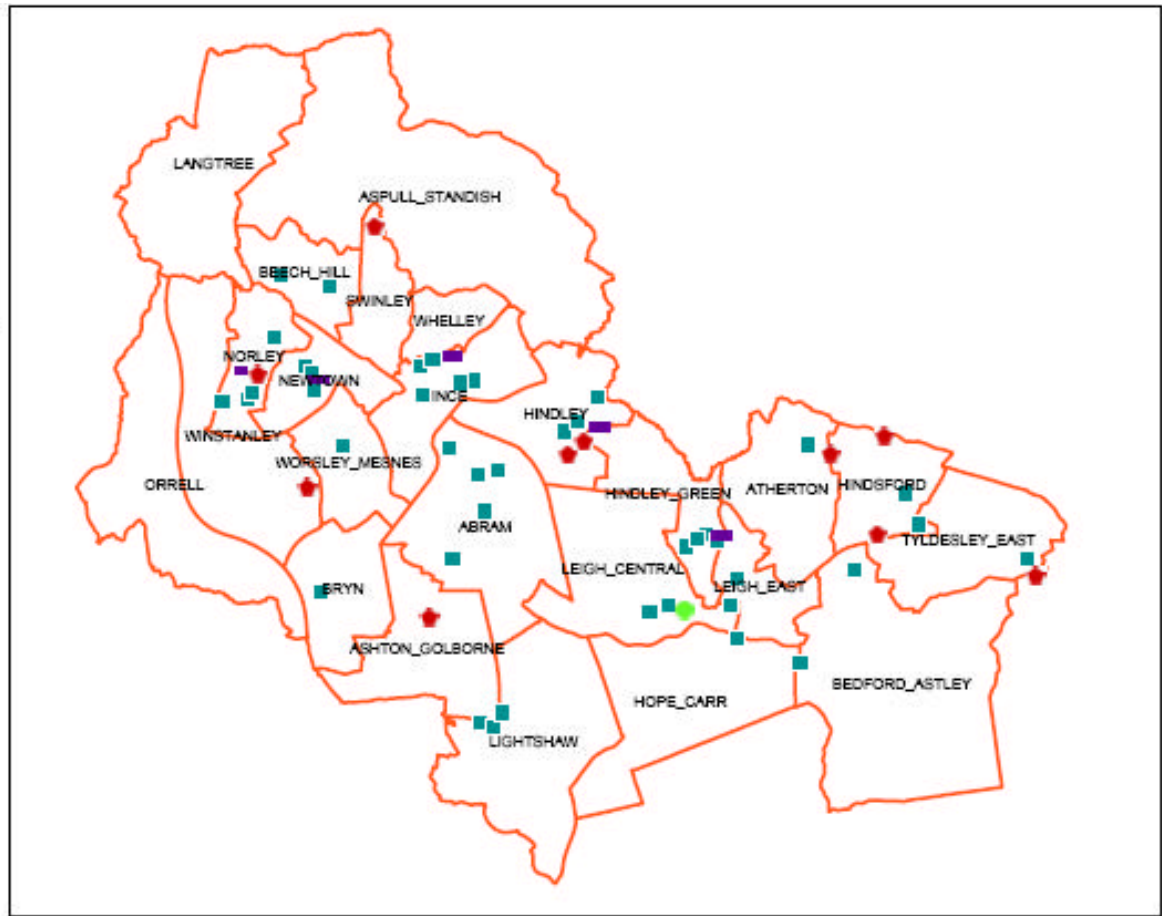
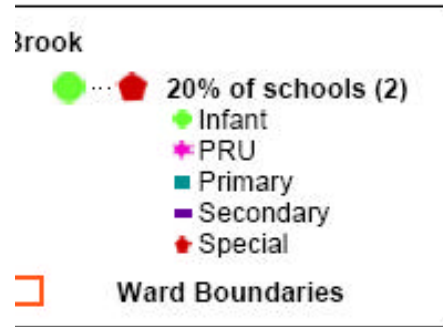
Dr Julie Hotchkiss – Director of Public Health
Mrs Cath Foxon – Specialist Health Promotion Officer
Mr John Ward – Assistant Director
Mrs Chris Rattigan – Manager of the School Nursing Service

From Brook

Jo Lloyd – Manager of Brook
The Peer Educators from Brook

Focus Group Participants

Thanks also go to the Secondary schools and the Youth Service for arranging to set up the focus groups and also to the pupils and young mums who participated.



SCALE 1 : 164,739

