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**ROCHDALE  
TEENAGE  
PREGNANCY  
STRATEGY**

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**April 2009**

## **PART A: SECTION 1**

### **Principles and values**

Rochdale has a rich history of joint working across the statutory and voluntary sectors and the Teenage Pregnancy Strategy is built this model of co-operation to ensure flexibility and responsiveness of services for young people. Tackling teenage conceptions is a complex task and requires a diversity of actions from a broad range of providers. Work over the last 8 years in Rochdale has reduced teenage conceptions by 20.9% however progress must be accelerated if Rochdale is to meet the 2010 target of a 55% reduction.

This strategy acknowledges the fundamental need to be young person centred and to recognise the diversity of young people's cultures, values and experiences. Consultation with the full range of young people is essential in ensuring that the strategy responds to their needs and should be ongoing and clearly incorporated into the decision making processes. Young people who are most vulnerable to being excluded are encouraged to engage through the development of specific structures and proactive recruitment from under-represented groups. The strategy is pragmatic in recognising the realities of young people's experience and the importance of providing support and services that are relevant and accessible.

The strategy acknowledges that the issue of teenage conception affects certain groups of young people and certain areas of the Borough more than others. There is a commitment to target interventions and resources at those areas and groups most affected and recognition of the need to address issues of deprivation and social exclusion in a broader sense.

Teenage Pregnancy is not an issue that can be addressed effectively through short term interventions. The strategy's concern has been to develop long term, sustainable responses that involve the cultivation and redirection of mainstream services.

Interventions and developments included in the strategy will be evidence based where possible, but, at the very least, based on professionally agreed good practice and positive feedback from young people who will be consulted wherever possible. All proposals will demonstrate robust monitoring and evaluation systems that will be assessed on a regular basis.

## Joined up action

Local co-ordination, planning and strategy development is now managed by a Joint (Teenage Pregnancy and Sexual Health) Strategy Group with senior level representation from a range of agencies and input from colleagues with specific expertise. At a strategic level the Joint Strategy Group relates to the Children's Trust which brings together Senior Officers from the Health Trust, Health Authority and Local Authority. Individual members of the Joint Strategy Group have the responsibility to disseminate information to their managers and colleagues. The Joint Strategy Group membership is drawn from the following agencies:

- Rochdale NHS Trust:                   The Bridge Sexual Health Centre  
  HMR NHS  
  Contraceptive Services
  
- Rochdale MBC:                         Maternity Services  
  Schools Service  
  Children's Centre Services  
  Children's Social Care Services  
  Youth and Community Service  
  Housing Services  
  Healthy Schools
  
- General Practice
- Bury and Rochdale Health Authority: Public Health
- Voluntary Sector                       Gabriel Court

These structures ensure that the development of the strategy and its implementation are closely tied into the plans of individual service providers and that teenage pregnancy issues are addressed in all the major strategy documents and forums. Day to day co-ordination is provided by the Strategy Manager currently funded through the ABG allocation. The Joint Strategy Group sees this as an essential role and is committed to its continuation provided that resources can be identified.

## Links with other Policies and Strategies

<b>Policy/Strategy</b>	<b>Nature of Links</b>	<b>Examples of synergy</b>
<b>Children and young people's plan</b>	The reduction in teenage conceptions in line with the government target is included in the 2008 Children and Young People's Plan (Key Priority 1.2.9)	Chair of "Making a Positive Contribution" Group sits on Joint Strategy Group
<b>14-19 Strategy</b>	1. Shared target for NEET young parents	TP Strategy Manager sits on 14-19 participation group. Transition Mentor for YMTB course funded through NEETs Hotspot money and reports to 14-19 group
<b>Youth service Plan 2008/9</b>	1. Jointly funded and managed Youth Arts and Alcohol and Sexual Health worker posts in 2007/8 Rolling programme of Chlamydia screening training delivered to staff in conjunction with TP and sexual health services Committed to an increased number of youth service staff being trained in sexual health promotion and condom distribution in 2008/9 Committed to an increase in the number of young parents known to and support by the youth service in 2008/9	Planned jointly run campaigns as part of the National Chlamydia Screening Programme alongside TP and with Sexual health services support for staff training. Principal Youth Officer sits on Joint Strategy Group. Senior Youth Officer involved in Alcohol and Sexual health meetings with Healthy Schools, TP Strategy Manager and Voluntary Sector. Senior youth officer chairs "Supporting young parents" group
<b>ConneXions</b>	1. Young parents identified as a key group needing support through ConneXions 2. Young Parents NEET are ConneXions target group 3. ConneXions allocate 3 days per week of PA 1 time to teenage parents	ConneXions PA to play a central role for young parents ensuring access to appropriate services
<b>Healthy Schools Partnership</b>	1. Healthy Schools Coordinator is a member of the Joint Strategy Group 2. Healthy Schools supports the implementation in schools 3. Joint work around identifying good SRE practice in Schools 4. Joint work around consultation with year 10 students around alcohol and sexual health	Healthy Schools have received Beacon Status and have completed a joint project with the TP Strategy through the funding this attracted. Increased number of schools took part in 2007 Year 10 Survey including catholic schools
<b>Teenage Parents Next Steps</b>	1. Indicators and outcomes for teenage parents agreed 2. Links with Teenage Pregnancy written into plans for supporting teenage parents after the closure of Sure start Plus 3. TP Strategy Manager sits on Supporting Teenage Parents Subgroup 4. Teenage Parents Midwife funded until 2009 by TP Strategy and mainstreamed by 2010	TP Strategy Manager is heavily involved in the project management of the transition of services from Sure Start Plus to Children's Centre Services in 2008.
<b>Sexual Health Strategy</b>	1. Joint Strategy Group for TP and Sexual Health 2. TP Strategy Manager and Joint Strategy Group members involved in drawing up the Strategy 3. Teenage Pregnancy a major element in the Strategy	Joint Strategic Needs Assessment planned for 2008/9. Jointly run campaigns as part of the National Chlamydia Screening Programme.
<b>New Deal for Communities (Heywood)</b>	1. Bid approved for Youth Arts/ Sexual Health Work in Heywood in 2008	Major opportunities for accessing hotspot community through arts projects with young people

In addition the Joint Strategy Group maintains close links with the Aiming High and Pride of Place Strategies, and the North West Sexual Health Network through individual members raising the issues and feeding back to Task Group Meetings.

## **AIM:**

**To reduce the number of conceptions in Rochdale to females under 18 by 55% on the 1998 baseline by the year 2010**

## **STRATEGIC VISION:**

***By 2010...***

All young people will have access to education, information and advice appropriate to their needs, and will be involved in the development, implementation and evaluation of services.

All young people will have access to contraception and broader Sexual Health Services delivered at times and in places that best meet their needs. There will be a combination of targeted and generic services.

Support services for young parents will be delivered in a seamless, consistent manner that ensures that each young parent has a specific, tailored package of support that allows him/her to meet his/her potential.

Service providers will work closely together, to consistent policies and will ensure that the prime concern of services is the health and well-being of young people

## **TEENAGE PREGNANCY STRATEGIC OBJECTIVES:**

To improve and enhance:-

- Education, information, advice and guidance around sex and relationships
- Contraceptive and sexual health services for young people
- Support to teenage parents
- Strategy Sustainability, post 2010

### **Consultation**

Consultation with young people concerning the development of services and information will be ongoing throughout the strategy and included in the action plan. All projects undertaken through the strategy will need to demonstrate how young people are involved in design and evaluation. Particular emphasis will be placed on consultation with excluded young people and ethnic minorities.

### **Monitoring and evaluation**

All initiatives carried out through the strategy will need to demonstrate how they will monitor and evaluate their effectiveness. Ensuring that this process is carried out will be the responsibility of the Joint Strategy Group through the Strategy Manager.

## **PART A: SECTION 2**

### **STRATEGIC DIRECTION**

#### **1. National Media Campaign**

##### **Strategic Vision**

National and local campaigns encouraging the use of service and the adoption of safer sex behaviours will be delivered in targeted and innovative ways. Young people will be involved in all aspects of the design and delivery of local campaigns.

##### **Action Plan 2008 – 2010**

Most functions of this area of the action plan are picked up in the information section later in the document. The Joint Strategy Group is committed to the dissemination of the national campaign messages and these will be incorporated in all of the information projects identified. The involvement of young people in the design and dissemination of materials is a priority.

## **PART A: SECTION 3**

### **Assessment and analysis of Local Services**

#### **Distribution of Teenage Pregnancies in Rochdale**

Teenage Pregnancies in Rochdale are highest in those areas of the Borough which have the highest levels of deprivation and the lowest educational attainment. These areas are the centre of Rochdale, Middleton and the centre of Heywood. This is true for both under-16s and under-18s though for the latter rates in the centre of Rochdale are much higher. There is a move away from geographical targeting in the TP Strategy towards targeting those groups of young people who are most vulnerable to early pregnancy (although in many cases this may be in specific geographical areas). For example, we know through our programme of research with year 10 students that white girls who have low aspirations and drink alcohol frequently are more likely to have sex without a condom than other groups. The needs of white boys and Asian young people in relation to accessing sexual health services and information need to be addressed. Other groups of young people such as those who are looked-after, have committed a crime, or who have been excluded from school should also remain at the focus of interventions, and the advent of Targeted Youth Support is an ideal opportunity for issues of sexual health and alcohol use to be addressed. Accessing the parents of the most vulnerable young people remains a challenge but cannot be ignored as a likely route (identified in the year 10 survey) for young people to access information.

#### **Deep Dive Exercise**

The deep dive exercise carried out by the Teenage Pregnancy Unit in 2005 identified the following five issues as essential components of an effective teenage pregnancy strategy:

- Strong delivery of SRE/PSHE by schools
- A well resourced Youth Service, with a clear remit to tackle big social issues, such as young people's sexual health.
- The existence of a discrete, credible, highly visible, young people friendly sexual health/contraceptive advice service, with a focus on health promotion as well as reactive services.
- Targeted work with at risk groups of young people, in particular Looked After Children.
- Workforce training on sex and relationships issues within mainstream partner agencies.

The Teenage Pregnancy Strategy objectives for 2008-2010 are to improve and enhance:-

- Education, information, advice and guidance around sex and relationships
- Contraceptive and sexual health services for young people
- Support to teenage parents

In addition one of the major concerns of the Teenage Pregnancy Strategy is Sustainability of the existing functions, post 2010, at which time the funding will cease to be ring-fenced. Consequently the updated Action Plan for this time period will focus on these areas.

## **PART B: ACTION PLAN**

### **I. Education, information, advice and guidance around sex and relationships**

#### **Strategic Vision**

All young people receive sex and relationship education that is relevant to their needs, delivered in a range of settings including schools, youth provision and residential homes. There must be a particular focus on the education needs of those most vulnerable to isolation and exclusion, with an emphasis on the needs of young men and ethnic minority young people. An Information and Training Strategy should be put in place ensuring accuracy and consistency of information to young people and workers across a range of agencies. Providers of sex education in should be in receipt of appropriate training to ensure quality and consistency

#### **Action Plan**

The 2007 Year 10 Survey of 2240 young people suggests that young men and asian young people still have lower levels of sexual health knowledge and do not have sufficient access to information and services. The Joint Strategy Group recognises that the sexual health education needs of young people need to be addressed by a range of services and the action plan reflects the involvement of a range of agencies in the statutory and voluntary sectors. The same principles that underpin the SRE guidance are appropriate for young people in other settings and to ensure consistency of approach. The emphasis will be on targeting resources at those most vulnerable either as a result of their circumstances or geographical location.

## **II. Better Contraception Services**

### **Strategic Vision**

All young people have access to appropriate, accessible and confidential contraception services. Services will ensure accessibility for the most vulnerable young people, young men and young people from ethnic minorities and will be developed in line with the You're Welcome Criteria.

Young people will be involved in the design, review and evaluation of specific Contraceptive Services.

### **Action Plan**

The audit of services recognised that Rochdale is relatively well served in terms of the number of clinics available to young people. The challenge for the action plan is to ensure effective geographical spread and to increase the take up of services by specific groups. Hence the emphasis is on a development in Heywood, an additional clinic possibly on Kirkholt and a joint project with the Rochdale PCG to address the needs of Asian young people in the centre of Rochdale. In addition the action plan contains proposals for the better and more targeted advertising of services to improve take up. The need to increase the availability of emergency contraception is also addressed.

### **III. Better Support for Teenage Parents**

#### **Strategic Vision**

There should be provision of accessible, high quality local services for young, pregnant women, and young mothers and fathers to make responsible and informed decisions from early in pregnancy. Effective coordination and timely provision of individually tailored support for young mothers and fathers, in order to maximise their potential as young citizens and as parents should continue to play a major role. Stronger collaboration and co-operation between all the agencies involved, providing a continuum of care and support for young parents will be imperative to ensure the smooth transition of services after the cessation of Sure Start Plus in September 2008. Supportive services from statutory agencies, education, Housing, employers and local communities to minimise the risk of social exclusion arising from early parenthood are essential as is appropriate, affordable and flexible child care provision

#### **Action Plan**

Rochdale was originally approved as a Sure Start Plus area and received an allocation of £125,000 per year. Funding for Sure Start Plus will cease from September 2008 and so the transfer of the functions previously carried out by Sure Start Plus is accommodated in the current Action Plan. Outlined below are the areas of need which were previously addressed through Sure Start Plus and which will be transferred to Sure Start Children's Services, followed by the remaining gaps in provision which are to be picked up by the Teenage Pregnancy Strategy.

#### **Services to be offered via Sure Start Children's Services**

Sure Start Children's services will provide support to teenage mothers and fathers and their children. The services fall into 3 project areas; although these are described and costed separately there are obvious links between all three.

## 1. Young Parents Support Workers

The Young Parents Support Workers will act as catalysts for change and will work as facilitators for service development.

The post holders will work towards a range of **targets and milestones:**

- work alongside Teenage Pregnancy and Sure Start Children's Services Managers to develop and implement the local strategy for prevention of teenage pregnancy and better support for teenage parents
- Ensure appropriate information / publicity about services for young parents is available for young people and local service providers
- Identify appropriate means to collect and analyse relevant data for monitoring purposes
- Increase the % of pregnant teenagers in contact with health services at 12 weeks
- Increase in % of teenage parents returning to education and achieving NVQ level 1 or equivalent
- Quarterly report to Joint Strategy Group
- Annual report to Partnership and other stakeholders

## 2. Teenage Pregnancy Midwife

- The Teenage Pregnancy Midwife post is to be continued using funding from the Teenage Pregnancy Strategy Grant until March 2009. After this time it is anticipated that this will be picked up by a bid put into HMR PCT as part of the Local Development Plan.

The Teenage Pregnancy Midwife will work towards achievement of a range of **targets** and milestones, including nationally set Teenage Pregnancy health targets and locally derived targets as follows:

- Increase in % of teenage parents in contact with health services at 12 weeks
- Reduction in % of teenage mothers smoking during and after pregnancy
- Reduction in rate of low birth weight babies
- Increase in % teenage mothers breastfeeding at 6 weeks
- Increased identification and support for teenage mothers with postnatal depression
- Early identification of domestic violence / family breakdown
- Reduction in unplanned / repeat conceptions

### **3. Education of Teenage Parents**

The educational aspirations and achievements of young mothers is still of concern. The Young Parents Support Workers are to work alongside the ConneXions Service and other appropriate services to facilitate teenage parents' return to education, working with schools, colleges and other agencies to ensure adequate support is available. Off-site education for disaffected school age students will be provided via the Pupil Referral Unit, with crèche facilities provided through C2L funding. Work to support schools to help pregnant young women and young mothers to remain in mainstream education will continue wherever possible. A Young Mums to Be (YMTB) course will offer flexible educational opportunities to young mums aged 16 and over, and will be provided through Children's Centre Services.

## Commissioning Research

Over the three years of the action plan specific pieces of research will be undertaken in house or commissioned in response to local need. Initial priorities are around a better understanding of the education needs of Ethnic Minority Young People and barriers to young men engaging with sex education or services. This will be delivered through the provision of a part-time post funded through the Teenage Pregnancy Grant.

**\*Relates to the following targets:**

Local Area Agreement: Be Healthy: NI53; Enjoy and Achieve: NI 78,79,80,81,82,91; Make a Positive Contribution: NI 110, 113, 117; Local Economy: 161-166; PSA 2,8,9,10,11,12,14,18,21; DCSF DSO – Ensure Young people are participating and achieving their potential to 18 and beyond; Children and Young people's Plan: 1.2.9: Local Monitoring Data Set (LMDS) for Teenage Pregnancy



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