



 Teenage Pregnancy &

 Parenthood Team

Health and Wellbeing Service Early Help

July 2014

**Current picture**

* Leeds has seen a year on year decline in teenage pregnancy rates since 2006; however rates per thousand remain higher than the national average and those of statistical neighbours.
* Chlamydia rates for young people in Leeds aged 15 to 24, have been steadily increasing since 2009 and are significantly higher than the national rate. In 2012, Leeds had a higher than national chlamydia testing rate of 15-24 year olds (27.7% of 15-24’s were tested).
* Syphilis rates are on the increase for all age groups and although there has been a decrease in Gonorrhoea and Genital warts for all age groups, rates are still significantly higher than the national average.
* STI reinfection rates for young men and women in Leeds are higher than the national average with young men having higher reinfection rates than young women.
* Pupil perception data taken from the 2012 Growing Up in Leeds Survey (now My Health, My School survey) shows that 24% of young people surveyed in years 9- 11 were having sex. A quarter of these young people said they didn’t know where to go for help or advice on sex and relationships. (See appendix 1)

**Background Information**

The Teenage Pregnancy and Parenthood team forms part of the Health and Wellbeing Service within the Early Help section of Children’s Services. The team aims to improve education and wellbeing outcomes for school age parents **and** their children, in partnership with multidisciplinary teams, and to work as part of a wider partnership to reduce teenage conceptions and improve sexual health through work with schools and settings in Leeds.

The team consists of eight members of staff (four full time/four part-time). This includes one team manager, one reintegration officer, four specialists learning mentors, one childcare coordinator and one parenting coordinator.

The work of the TPPT contributes to all three obsessions in the Children and Young People Plan: improving rates of attendance and NEET; reducing number of children going into care. In addition, it contributes to the improving healthy lifestyles priority including rates of sexual health, childhood obesity and preventing drug/alcohol misuse and tobacco use. It contributes to the Joint Health and Wellbeing strategy, the Sexual Health strategy and the Public Health Outcomes Framework. The work of the team is monitored through the Teenage Pregnancy and Parenthood Board, and the team is a key partner in the Teenage Pregnancy and Parenthood Partnership.

**Core operational partners** include Schools, Academies, PRUs, SILCs, Midwifery team, Connexions, Public Health colleagues, Family Nurse Partnership, Children’s Centres, Health Visitors, School nursing, Youth Service

**Additional partners** Sports Academy, The Market Place, Leeds Rugby Foundation, Try-zone, Women’s Health Matters, LCC Domestic Violence Team, Platform, Include.

**Supporting school aged parents**

The aim of the team is to ensure that the education of our young parents is not disadvantaged by pregnancy or parenthood. There is a strong correlation between attendance and attainment and clear links between poor attendance, NEET and youth offending (DfE, 2012)

The team monitors the school attendance of school-age parents closely; this enables early identification and intervention when problems arise. Where school-age parents are either poor or chronic non-attenders, we work closely with the pupil, school, family and attendance improvement service. Solution focused approaches are used to address barriers and increase attendance. Many of our young parents, who were poor attenders at referral, have, with support, gone on to achieve and make the transition into employment, education or training (EET).

The specialist service that is provided - during a period of significant transition for the young parent and family - is distinct from that provided by other services. The focus on achieving positive, non-threatening professional relationships with the young people is particularly valued by families and pupils and results in highly positive engagement. A facilitative professional relationship is also established with the school/setting. This leads to successful rates of re engagement in education, and improved attendance rates.

Improving attendance is crucial to improving attainment. A major success has been the narrowing of the attainment gap between school age parents and their peers, where school age parents have achieved a year on year increase in GCSE/equivalent point scores since 2000.

The Care to Learn scheme which currently funds childcare for eligible school aged parents can be a complex process involving the parent, the childcare provider and the school. The team currently has one part time childcare coordinator who is responsible for organising provision for all school aged parents therefore removing this potential barrier to education. Since joining the team in 2013 support has been provided to **55** school aged parents to access childcare funding and provision.

**One-one work – supporting school aged parents**

**Performance measures**

**How much did we do?**

* The TPPT provided one-one support for over **174 young people** during 2012-2014
* During 2013 -2014 the team have been able to identify specific risk indicators through the referral process. Below is a table to demonstrate the complexity of cases at referral.

**Risk indicators at referral**

**How well did we do it? Is anybody better off?**

**GCSE point scores**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **2010** | **2011** | **2012** | **2013** |
| TPPT average point scored 2010 - 2013 | 231 | 234.6 | 264.4 | 247.3 |
| Leeds average point scored 2010 - 2013 | 326.6 | 337.2 | 342.3 | 341.9 |

The above graph indicates a slight increase in the gap between GCSE point scores for 2013. At this time the team were piloting a new model of support which gave schools full responsibility for those school aged parents who were deemed to require less intensive support from the team. After consultation with key stakeholders the team have since reviewed this model and now work with **all** school aged parents.

**Attendance outcomes**

Pupils supported by the TPPT show a significant increase of 4.3% in attendance from referral through to exit. This is 3 times better than last year’s Leeds average increase (data has not currently been collated for this academic year).

**Case Study extracts**

**Case study A**

**Issues** –low attendance, risk of NEET, disengaged with services, social care involvement, CSE.

**Actions** – one to one support, liaised closely with school, worked with young person’s parent, arranged alternative provision, supported involvement back into cluster.

**Outcomes –** 24 % increase in attendance, gained an entry 3 certificate in two courses - Introduction to hair and beauty sector, Functional skills in mathematics - clear pathway established for post 16, no longer involved with social care.

**Case study B**

**Issues** – Low attendance, emotional health needs, isolated from peers young carer, risk of NEET.

**Actions –** intensive one to one support, referred to key health agencies, identified relevant provision initially home tuition team then a specific provider.

**Outcomes –** 36%increase in attendance, completed English, Maths and Science exams, clear pathway post 16, emotional well-being higher, established relationship with peers.

**Case study C**

**Issues** – low attendance, isolation, relationship break down with parent, victim of DV relationship. **Actions** – one to one support, strategy sessions on keeping safe, referred to local service for mediation, liaised with school to work out suitable timetable, referred to team childcare coordinator.

**Outcomes** – 72 % increase in attendance, completed GCSE English and maths resulting in a grade C, better more adjusted relationship with parent, no longer in a DV relationship.

**Young people’s comments**

“The TPPT have helped me to see the potential in what I can achieve and have inspired me to go on the right track.” (Young father, 17)

“I found they really helped me with everything I needed.” (Young mother, 15)

“I feel I would be in a very different place right now if it wasn’t for the TPPT. They helped me focus on the future for me and my little girl throughout and after pregnancy.” (Young mother, 17)

“Adele attended my CAF meeting and gave me, my mum, my school and the youth service all the information we needed. She made us feel like life wasn’t over! Adele also introduced me to others services which really supported me.” (Young mother, 16)

**Nominated teacher comments:**

“I have always felt supported by the team. I know I can contact them at any time and they always get back to me. My contacts have always shown empathy about my other duties and supported me through the changes. The support given to our young people is good and they really are there to ensure they get what they need. I appreciate the service and value it greatly.”

(John Smeaton Academy)

“This is the first time I have worked with the service and I feel that every effort is made to engage students in this process and ensure positive outcomes. I personally value the service enormously, this is the first time I have worked with a young mother and it is so helpful to have an outside person who is not home or school to ask advice, not just for the young people, but me too! I have felt like I can contact the service for advice and correct protocols for maternity leave etc. I have always felt that nothing was too much trouble.”

 (East Leeds Academy)

“Your support and expertise in this field makes all the difference to the support we can put in place for students as well as advising us as a school how to work with and support all parties involved.”

 (Mount Saint Mary’s)

“We feel that your service has been vital to the support of our two students, one who without your care and guidance would not have been in a position now to stay on into the 6th form to do A levels.

The other young lady in 6th form has been as equally well advised and through your support is coping well at school.

The advice and support you give to the school is of great value to us, it also gives us peace of mind that we have your expert services available to us at the end of the phone”.

 (Boston Spa School)

“The team have the expertise, knowledge and experience that we do not have in school. I endeavour to provide the best support we can for our teenage parents, but we do need specialist support to ensure that they get the very best care. Working together we can aim for the best possible outcomes for our teenage parents and reduce the risk of them becoming NEET. I feel that all cases in all schools need the specialist support of the teenage pregnancy team”

(Lawnswood High School)

“The service has been extremely useful in supporting our school with regard to teenage pregnancy this past year.  There is great value in the service as this is an additional support to what we can offer in school for vulnerable pupils. I feel able to approach the service for advice.  The service has always been available to speak to and is very prompt with their responses. We have successfully completed joint visits and have worked well together on cases.”

 (Rodillian Academy)

“The service has enabled the school to establish a strong connection with young people and the families of pregnant teenagers to help them to engage in education. There has been regular contact with young people to encourage attendance and to assess their learning needs. The learning mentor has established strong relationships with our students and their parents/ carers to enable outreach work to be done for those students who have difficulty with attendance. Young people have been supported throughout the pregnancy and beyond and have been given good advice and guidance. Your specialist mentor has gone that extra mile to provide support and outreach work, including home visits, financial advice and support, filling in forms, benefit advice and transportation to name but a few things. The service has been pro-active and has been determined to provide the best quality of provision for our hard to reach youngsters.”

 (Morley Academy)

**Reducing Teenage Conceptions and Improving Sexual Health**

**Evidence shows that good, early sex and relationships education can raise the age young people first try sexual activity can cut the rate of teenage pregnancies, STIs and abortions and can help children stay safe and develop emotionally.** In addition national research shows that access to services is one of the key interventions that contribute to reducing teenage conceptions. (DCSF & DOH, 2010)

The TPPT are involved in the development, delivery and co-ordination of a number of initiatives aimed at reducing teenage conceptions and improving sexual health.

**Performance measures**

**How much did we do?**

**Group work**

Over the past two years we have worked with various agencies including Leeds Rugby Foundation, Tryzone, Market Place, Platform and First Floor. The Tackled project is a positive example of our partnership work and is detailed below.

**Tackled Project**

Since 2011the team have worked in partnership with Leeds Rugby Foundation to deliver the Tackled programme which specifically focuses on improving the sexual health of boys and young men. The team have worked with targeted schools to deliver the 7 week programme which includes sessions on healthy relationships, masculinity, contraception, sexual health and the realities of teenage parenthood.

**Key Findings**

On average the young men reported a:

* 46% increase in their knowledge and understanding of relationships
* 52% increase in their knowledge of contraception
* 46% increase in their knowledge of STI’s
* 70% increase in their knowledge and understanding of issues relating to being a father.
* 60% increase in confidence levels

One of the participating schools carried out additional evaluation in order to measure the impact of the project on behaviour and pupil progression.

**Young people’s feedback**

“It has helped with my behaviour in school” (Year 10 South Leeds Academy)

“The programme has improved me as a person” (Year 11 Leeds West Academy)

“It made me realise that you don’t have to be bad in front of your mates” (Year 9 East Leeds Academy)

“It has made me think about how I treat people especially women” (Year 11 South Leeds)

**HYPS/C-Card scheme**

For the past seven years the team have worked in partnership with the school nursing service to deliver the HYP service. The HYP service offers onsite health advice and support (including sexual health) to young people in targeted secondary schools. The school nursing service are currently reviewing this model of delivery and we are awaiting a future proposal.

In addition the team offer all school aged parents on their caseload the opportunity to register for the C-Card scheme which entitles them to free condoms from a range of access points across the city.

**Supporting delivery of SRE in schools**

The recent Ofsted report ‘Not Yet Good Enough’ (Ofsted, 2013) highlighted that PSHE provision was not yet good enough in over 40% of schools. The TPPT seeks to support schools in the delivery of a key part of PSHE through offering support with delivering aspects of schools Sex and Relationships education provision.

The TPPT have supported **fourteen** secondary schools over the past two years providing staff training and direct delivery of core Sex and Relationships topics such as puberty, contraception, STI’s and pregnancy choices. **Ten** out of the **fourteen** schools are considered to be targeted schools for delivery of prevention programmes aimed at reducing teenage pregnancy.

The team have worked with over **3020** young people delivering classroom workshops and targeted group work programmes.

Following the governments introduction of supplementary guidance (SRE for the 21st century, 2014) the team have recently expanded their offer to schools to include topics such as body image, healthy relationships, teenage domestic abuse, ‘sexting’, impact of pornography and social media.

**How well did we do? Is anybody better off?**

**Young people’s feedback**

“I learnt that a man has no legal rights to be informed of a pregnancy.”

“I learnt what options I have and where I could go for help.”

“I learnt the legal time limit for an abortion.”

“I learnt about types of contraception that I wasn’t aware of.”

“I learnt about where I can go to for support.”

“I learnt more about some of the sexual infections you can get.”

“I learnt about the support you can get if you are being cyberbullied or have been sexting.”

“I learnt that people can take photos from your face book and put them on a different site.”

**Young people’s feedback**

“To always think about the consequences of my actions before doing them.”

“Yes. I won’t be getting into a sexual relationship until I’m ready.”

“It made me think to be more safe and use contraception.”

 “To be careful and remember no contraception is 100%.”

“Yes made me think I need to take sex more seriously.”

 “Made me think about how you should act within a relationship.”

“Made me think about using contraception and not to get too drunk.”

“I need to be careful and use contraception correctly.”

“Make me think about the future impact of sending naked pictures of yourself.”

“It has made me think more about the dangers of social media.”

**Teachers feedback:**

“Students feel more confident in the information as it has come from an expert.”

“Good range of knowledge delivered in a friendly, engaging manner.” (Temple Moor High School)

“The facilitator had great knowledge of the subject and was able to answer all questions from the students.”

“Delivered by an expert that the young people know works in the “real” world setting. Not just a teacher.”

 “Students can ask questions without embarrassment. Sometimes SRE delivered by teachers can place barriers within the session and subsequently students don’t get as much out of it.”

 (Farnley Academy)

“The facilitator definitely had more accurate, up to date knowledge. It gave me the opportunity to observe my group and work with them more effectively.”

(Lawnswood High School)

“The pupils enjoyed learning in a different way and really engaged with the staff.” (Cockburn College of Arts)

**Workforce Development/Training**

The team are currently committed to delivering a number of training courses that support workforce development for practitioners across the city.

**Speakeasy**

Researchers have found that sex and relationship education is more effective if both home and school are involved (Sex Education Forum 2011). Since 2009 the team have been responsible for co-ordinating and delivering FPA’s Speakeasy Facilitator course to practitioners across the city.

The Speakeasy training aims to provide facilitators with all the necessary knowledge, skills and materials to deliver an 8 week parenting programme which supports parents to address a wide range of issues with their children including puberty, contraception and staying safe.

Team members are also responsible for direct delivery of the Speakeasy course to groups of parents and foster carers.

**Working with Fathers**

The team have been nationally recognised for their work around supporting school aged fathers and have delivered presentations and workshops at national conferences. The team’s Reintegration Officer is currently supporting Leeds University with a research project focusing on improving services for young fathers.

The team are currently working in partnership with colleagues from the Early Start service and the Domestic Violence team to deliver ‘Father Inclusive practice’ training to practitioners across the Early Start service including family outreach workers, children centre managers and health visitors.

**Support to Schools & Clusters**

The team are currently working with colleagues in the wider Health and Wellbeing service to support the delivery of PSHE training for primary and secondary practitioners.

Cluster approaches to addressing teenage conception have been developed and the team have supported the development of a cluster model along with the delivery of training. This has included work with the Pudsey, ESNW and Farnley cluster.

In addition information and training workshops are provided for nominated teachers on a regular basis to ensure they are up to date with good practice around working with school aged parents.

**Issues**

* The team is currently funded through DSG funding which has historically been reviewed on an annual basis.
* Raising of the Participation Age - currently the team work with school age parents including 6th formers. All young people are now expected to stay in some form of education until their 18th birthday and this may potentially impact on staff capacity to deliver services.
* Improve partnership working - the team currently work in partnership with both Igen and FNP who both have a remit to work with teenage parents. With the expansion of these service there needs to be a clear referral and support pathway to enhance joint working, ensure all pupils get access to services available, and prevent any possibility of duplication of work.
* Performance measures –the team are currently working on improving and widening the data set to reflect a broader set of wellbeing outcomes which are known to be integral to supporting improved attendance and attainment.
* PSHE is a non-statutory subject which can have implications in terms of young people’s access to quality SRE provision and the necessary development of emotional competencies. This can present challenges when trying to engage schools/academies requiring targeted support.

**Future developments**

* The team are currently exploring their role in relation to supporting the emotional health and wellbeing needs of school aged parents. New processes are currently being piloted to measure levels of wellbeing which will be monitored and evaluated. CPD needs of the team are currently being identified in this respect, and there will be a particular focus on strengthening links with existing support pathways and cluster provision.
* Early intervention is key to reducing teenage conceptions and improving sexual health. The team are currently exploring the development of a support package which aims to provide one-one support for primary aged children perceived to be at ‘risk’ of early sexual activity. This will include guidance on potential ‘risk’ indicators.
* Over the forthcoming year the team are expanding their offer of classroom based support to include sessions on drugs, alcohol and tobacco. This will include the development of sessions that link to sexual activity.

**References**

Department of Health and DCSF (2010) Teenage Pregnancy Strategy: Beyond 2012 DCSF & DOH

Sex Education Forum (2011) Parents and SRE Sex Ed Forum

Department for Education (2012) Improving attendance at school DfE

Ofsted (2013) Not Yet Good Enough: personal, social, Ofsted

health and economic education in schools

**Appendix 1**

Percentage of responses to the question ‘Have you ever had sexual intercourse?’ (Leeds City by academic year, years 9 & 11, 2007/08 – 2011/12)

Percentage of responses to the question ‘Which year group were you in when you first had sexual intercourse?’ (Leeds City by academic year, year 11 students, 2007/08 – 2011/12)



Percentage of responses to the question ‘If you needed to, would you know where to go to get help or advice on sex and relationships?’

(Leeds City by year group, 2011/12)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| % | Year 5 | Year 6 | **Primary average (years 5 & 6)** | Year 7 | Year 9 | Year 11 | **Secondary average (years 7, 9 & 11)** |
| Yes | 58 | 72 | **65** | 73 | 77 | 78 | **76** |
| No | 42 | 28 | **35** | 27 | 23 | 22 | **24** |