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| ORIGIN OF ITEM: | This item is contained in the Committee’s work programme |
| BRIEF FOR THE COMMITTEE: | To review the progress of implementing the recommendations of the review of teenage pregnancies in Croydon |

1. EXECUTIVE SUMMARY

In the autumn of 2009, the Health Scrutiny Committee undertook a review of the Teenage Pregnancy Strategy in Croydon as a consequence of the limited progress being made in reducing the local under-18 conception rate. The aim of the review was to seek assurance that the appropriate statutory agencies were working together effectively to reduce the number of teenage conceptions in Croydon.

Evidence was collected through a series of informal meetings with associated organisations and services. A joint meeting in public was held of the Children, Learning & Leisure and the Health and Adult Social Care Scrutiny Sub Committee’s on the 16th November 2009, where additional evidence and information was gathered.
from key local organisations to support this review. A report summarising the evidence and conclusions was produced in January 2010, along with a number of key recommendations for action by Croydon Teenage Pregnancy Strategic Partnership Board (TPSPB).

A response to the recommendations made as part of the Scrutiny Review of Teenage Pregnancy was submitted by the TPSPB and agreed by cabinet in June 2010.

2. Croydon Teenage Pregnancy Strategy

2.1 National and Local Context
The ten year National Teenage Pregnancy Strategy came to an end in December 2010. Associated under-18 conception figures for 2010 will be released by the Office of National Statistics (ONS) in February 2012.

The relevant government ministers for this area of work are Sarah Teather –Minister for Children and Families and Anne Milton –Minister for Public Health. Both these ministers have indicated that whilst the further reduction of England's teenage conception rate remains a priority for the current government, they do not wish to set further national targets in this area. Rather than expressing their ambition in terms of a numerical target, Ministers' aims in relation to teenage pregnancy have been described in terms of promoting and encouraging work at a local level to ensure a ‘sustained downward trend in teenage pregnancy rates, using international evidence and the lessons learned from areas where teenage pregnancy rates have fallen fastest, to accelerate progress.’

In response to the localism agenda, Ministers do not wish to impose targets on local areas, or dictate that they prioritise reducing teenage pregnancy rates, although they have made clear the important link with reducing child poverty and health inequalities. Consequently, it is up to local areas to decide whether to have specific targets to support local performance management arrangements. Reports from some areas indicate that where they are considering local reduction targets, they are looking for a sustained downward trend of around 3% a year. Some areas are also considering using 3-year averages, rather than single years, as the basis for monitoring progress.

The Department of Health is currently consulting on a proposed Public Health Outcomes Framework, which includes a proposed indicator on the under-18 conception rate. If this indicator is in the final Public Health Outcomes Framework, the expectation is that the proposed statutory Health & Well-being Boards in each area will be responsible for: monitoring whether rates are going up or down; looking at how they compare with other similar areas; and taking appropriate action if the rate is going in the wrong direction. The under-18 conception rate is also one of the proposed main 'impact indicators' in the DfE Business plan.

In the meantime, reduction of local under-18 conception rates remains a priority for NHS Croydon and Croydon Borough Council, and it continues to be one of the seven key priorities within the local Children and Young People’s Plan. The Croydon Teenage Pregnancy Strategic Partnership Board are currently reviewing priorities for ongoing development and delivery in 2011-12, focussing on prioritising continuation of those interventions that will ensure the greatest impact and improvement in associated outcomes.
2.2 Croydon Teenage Pregnancy Conception Rate Data

Under 18 Conception Statistics for Croydon: 2009
Provisional data released by the Office of National Statistics in February 2011, shows that Croydon’s conception rate for 2009 has dropped from a rate of 55.4 conceptions per 1000 15-17 year old women during 2008 to 45.7 per 1000 during 2009. This equates to 295 conceptions during 2009 and shows a drop of 71 conceptions from 2008 figures. The overall percentage of conceptions leading to termination during 2009 were 54% which is a decrease from the 2008 figure of 59%.

As a consequence Croydon has seen it’s under-18 conception rate drop by 22.7% from the 1998 baseline, and shown a drop of 17.5% from 2008 rates. Overall, Croydon has shown a greater reduction in it’s conception rates than the average for both London and England and Wales since 1998.

Under 18 Conception Statistics for England: 2009
The provisional 2009 under-18 conception rate for England was 38.2 per 1000 girls aged 15-17. A decrease of 5.7% from the 2008 rate and the lowest rate for almost 30 years. Since 1998, the under-18 conception rate has fallen by 18.1%.

Regional variations in progress from 2008-09
The under 18 conception rate has decreased in all regions between 2008-09. The largest decreases were shown in London and the South East with a reduction of 8.8% and 8.9% respectively. The North East continues to have the highest under-18 conception rate at 46.9 per 1000 in 2009.

London’s conception rate dropped from it’s 2008 rate of 44.6 conceptions per 1000 15-17 year old women, to 40.7 conceptions in 2009. This shows a reduction of 8.8% from the 2008 rates and a reduction of 20.3% from the 1998 baseline. Overall a total of 6 boroughs in London saw increases during 2009, with the largest increase being seen in Tower Hamlets and the largest decrease being seen in Camden. The average
decrease in London in 2009 was by 7.3%. Croydon showed the six largest decrease in London, out of the 32 London boroughs.

**Under-16 Conception Statistics for Croydon:**
Data released at the end of 2010 by the Office of National Statistics, showed that the under-16 conception rate for 2006-8 was 10.9 per 1000 girls aged 13-15 years of age and equalled 208 conceptions during that period. Of those conceptions approximately 67% resulted in a termination. Whilst this is small decrease from the 2005-7 position when the under-16 conception rate was 11.2 per 1000, it is still considerably higher than the London and England and Wales rates which are 8.7 per 1000 and 8.0 per 1000 respectively. Consequently, considerable improvement is still needed to reduce the conception rate amongst this age group.

![Under 16 conception rate 1998-2008](image.png)

**Ward Level Statistics for Croydon**
The most recently available ward level data released by the Office of National Statistics shows that for the period 2006-2008 that there was a worsening of conception rates in the south and south west of the borough, with increases being shown in the Coulsdon East, Coulsdon West, Kenley, Purley and Sanderstead wards.

Additional increases have also been seen in New Addington and Fieldway. New Addington showed the largest increase in conception rates in the borough since 2005-7, with conception rates in New Addington rising by 49% during 2006-8.

There has also been a slight worsening of conception rates in the North of the borough, with small increases being seen in Selhurst, Upper Norwood and West Thornton. Improvements have however been seen in Thornton Heath and Woodside.
2.3 Teenage Pregnancy Health Scrutiny Review Recommendations – Progress Report

2.3.1 Recommendation 1: Strategic Leadership

Improvements to the membership of the Teenage Pregnancy Strategic Partnership Board (TPSPB) have been made during 2010-11. Previous gaps in representation from the Schools Improvement and Performance Service have been addressed as well as local voluntary representation. Approaches have been made to local Secondary head teachers for a representative and it is expected that the head teacher from NMBEC will represent head teachers on the TPSPB.

The TPSPB continues to meet on a quarterly basis and the Teenage Pregnancy Executive meeting every 4-6 weeks.

Young people continue to be involved in the development and delivery of local Sex and Relationship Education (SRE) and teenage pregnancy initiatives in Croydon. Currently there is a pool of approximately 18 Young Peoples Assessors who have been trained to assess the accessibility and appropriateness of local health services (including sexual health services) for young people. The Young Peoples Assessors carry out mystery shopper exercises as part of the ‘You’re Welcome’ agenda.

Furthermore, young people remain involved in the delivery of training and seminars for local practitioners and participate in local research and consultation exercises to enhance service improvement. A recent example of this includes a piece of research that was carried out in the autumn of 2010 to evaluate and make recommendations for improvement in relation to the provision of specialist antenatal and postnatal services for young parents in local Children Centre’s. A total of 96 questionnaires were returned by young parents as part of this process and an additional 55 young parents participated...
in local focus groups in order to explore and make recommendations for appropriate improvements in service planning and delivery.

Croydon TPSPB appointed a Teenage Pregnancy Champion as recommended by the Health Scrutiny Committee, in 2010. The postholder was Caroline Taylor, Chief Executive of NHS Croydon. This post is currently vacant due to the recent departure of Ms Taylor in February 2011. The TPSPB are currently reviewing this role in light of widespread reorganisation across the local authority and NHS Croydon.

2.3.2 Recommendation 2: Sex and Relationship Education (SRE) in Schools

Primary Sex and Relationship Education
The impact of Croydon’s primary sex and relationship education (SRE) Scheme of Work (SoW) was evaluated in July 2010. 83% of schools who responded (65% of all primary schools in Croydon) are using Croydon’s SRE SoW either completely or in part. The majority of schools who responded felt well supported, more confident in delivering SRE and had an increased awareness of relevant issues for teaching staff since receiving training. Schools also reported access to better resources since using the SoW, through the free SRE primary resource boxes accessible from NHS Croydon Health Promotion library. The majority of schools also agreed that the profile of SRE had been raised in their school since they introduced the SoW.

Secondary Sex and Relationship Education
A recommended Key Stage 3 (Years 7, 8 and 9) SoW for PSHE education, which includes SRE has been identified and recommended to all secondary schools. In July 2010, the Teenage Pregnancy Strategic Partnership Board offered to provide this resource free to secondary schools if they received associated training in SRE. 16 (out of 21) Secondary schools and all 4 Pupil Referral Units accepted this offer. Training is currently being organised and delivered to each school. A KS4 (Years 10 and 11) SRE SoW is currently being developed, which includes signposting to local support services. The three secondary schools which have piloted the draft SoW feel that they provide a good curriculum in sex and relationship education for their pupils. The SoW is now in its final draft.

Training and Development
Training is provided to governors through the LA Governor Training Programme and to whole governing bodies. In the last year 23 governors have been made aware of their responsibilities in SRE and how the SRE SoWs can support them in their roles. Training is provided to teachers through the LA teacher CPD programme and through the staff meetings and inset days. In the last year, 130 school staff have received training in SRE and in the use of Croydon’s SRE SoWs. In addition over the last year, 177 parents have attended parent workshops in schools to increase their knowledge around what is happening in SRE in schools and how they can become more confident in talking to their children about relationship issues. The new national PSHE CPD course is offered with SRE as an option.
Working with Faith groups
Work has begun with Croydon’s Standing Advisory Council on Religious Education (SACRE) and the community Faiths Together group to develop a values framework for SRE. Both groups have been positive to this, however due to meeting timing issues and the weather disruption in November and December last year, a draft has not yet been completed.

Other
With the change in government, there are now no School Improvement Partners for schools

Work with local colleges
Considerable improvement has been made in relation to the support and provision of sexual health services, SRE education and outreach in each of the local colleges since capacity was increased in the Teenage Pregnancy Team in 2009. As a consequence each college now has two sexual health drop-ins being provided weekly, formal and informal SRE sessions and outreach being provided as part of freshers fairs, drug, alcohol and sexual health education programmes etc. Approximately 3000 young people have received some form of formal or informal SRE during 2010-11 in local colleges. Increased priority has also been placed on reaching those young people aged 14-16 who are attending local colleges on a part-time or full-time basis.

2.3.3 Recommendation 3: Sex and Relationship Education provision in the Integrated Youth Support Service (IYSS)
The review ‘Shaping Up’ is in Phase 2 of its implementation, but in the new financial year it will be operating with a reduced budget following the effect of the Comprehensive Spending Review. The Integrated Youth Support Services will target those young people who are more vulnerable and encourage and support the ‘Big Society’ to develop the ‘universal’ provision.

The Integrated Youth Support Services will be a partnership between the Council and the voluntary sector. Tackling the issues associated with teenage pregnancy will be a theme that will run through all the ‘strands’ of its approach. The new IYSS team will have a core of skills and knowledge that will enable issues of sex and relationships to be dealt with across the whole ‘youth offer’. Workforce development will ensure that staff are appropriately trained. The ‘hubs’ will provide a comfortable and appropriate environment to discuss sex and relationship issues with young people. The IYSS will build on the work of the clinical sexual health sessions currently being delivered at one of the youth centres and look to develop similar work at the other ‘hubs’ as they are brought ‘on stream’ later in the year. Work is already taking place within the Youth Early Support (YES) strand to ensure that issues associated with the identification and support of young people at risk of teenage pregnancy is built into the CAF (Common Assessment Framework) process which will mean much earlier and more successful intervention to prevent teenage pregnancy occurring.

The Turnaround Project based at the Turnaround Centre is working with a high proportion of young men who are considered to be at a high risk of becoming young fathers. Programmes are being developed to work effectively with this group to reduce the level of unplanned teenage conceptions.
2.3.4 **Recommendation 4: Work with the voluntary sector**

The TPSPB continues to have robust commissioning and monitoring systems in place for those services it commissions from the voluntary sector. Quarterly data updates are expected from all services and partners engaged in the delivery of the local strategy and updated in the quarterly Performance Monitoring Dashboard for TPSPB review.

Information and guidance continues to be available to local voluntary sector organisations as to how they can monitor and improve provision in light of emerging trends and developments. Additional themed advice and information is available to local agencies and practitioners as part of the local Teenage Pregnancy seminars held twice a year. Local organisations are also able to contact the Public Health Strategic Lead – Young People for individual advice and support.

Updates in relation to local performance have been provided to local partner organisations for dissemination to relevant managers and practitioners. Information has also been provided to CVA for distribution to local voluntary sector groups.

Contact has also been made with the local LINKs Working Groups for maternity services and sexual health specifically in relation to teenage pregnancy and young people’s sexual health.

2.3.5 **Recommendation 5: Targeted work with at risk groups**

Targeted work with at risk groups of young people and work in high rate wards remain a key priority of the TPSPB.

**Epidemiology and intelligence**

National and local statistics and research continue to inform the development of the local Teenage Pregnancy Strategy. From locally developed proxy indicators, it can be shown that the birth rate for under 18’s has reduced between 2008 and 2009. Additional reductions in the number and rate of conceptions ending in termination have also been seen during 2009, for both young women aged under 18, but also those aged 18-19 years of age. The termination rate amongst under 18 year olds during 2009 was 24 per 1000 and shows a 17% reduction from 2008 rates. Similarly the termination rate amongst 18-19 year old women was 48 per 1000 during 2009, and showed a 20% reduction from 2008 rates. Provisional figures from ONS and local data sources suggest that this reduction in local termination rates will continue in 2010.

There has also been a 4% reduction in the repeat termination rate amongst under-19 year olds between 2008 and 2009.

Whilst the number of conceptions leading to a birth is reducing in Croydon, we are seeing an increase in the percentage of mothers aged under-20 years of age from Black or Black British populations, whilst reductions have been seen in the percentage of births amongst women aged under 20 years of age from White populations.
Discussions have been had with NHS Croydon Public Health Intelligence Team in relation to the possibility of improving the specificity of local BME conception data. Termination and birth data is currently collected and analysed in line with census classifications. It would require considerable investment for revisions to current IT and assessment tools, as well as essential staff training to implement further enhancements and is not recommended at this time.

**Local Targets and Performance Monitoring**
The TPSPB continues to revise local targets and associated actions on an annual basis. The TPSPB has also developed a Dashboard which contains a broad array of performance indicators from which the Board can assess the overall performance of the local Teenage Pregnancy Strategy. These performance indicators cover a broad range of output and outcome data. Performance reports and updates of the TP Dashboard are produced on a quarterly basis and reviewed at each TPSPB meeting.

**Identification of Young People at risk**
Improvements in local CAF and panel arrangements are currently underway since the recent recruitment of a new Integrated Working Manager. Arrangements are also being put in place for the development of local Early Intervention Teams, whereby additional improvements should be seen over coming months in the early identification and assessment of those young people at greatest risk of teenage conception and poor sexual health.

**Interventions**
Croydon TPSPB continues to analyse the make up of those groups of young people who have a conception before the age of 18. As a consequence, specific wards, ethnic groups and particular vulnerable groups of young people are targeted for the delivery of teenage pregnancy prevention programmes (TP3). During 2010-11, 440 vulnerable young people underwent these 6-8 week TP3 programmes.

Certain schools and targeted settings are also being prioritised for the delivery of additional services and support. The eight additional sexual health drop-in clinics developed in 2009-10, continue to be delivered where there is a high – level of need such as in local colleges, the Turnaround Centre and local youth centres in high-rate wards. Since these sexual health drop-in services started in the autumn of 2009, a total of 1657 young people have attended these services.

Additional services have also been commissioned in 2010-11 to target specific areas and groups of young people e.g. the Croydon Talkbus has been commissioned to deliver outreach services in high-rate wards.

Considerable priority has been placed by the TPSPB to not only improve and enhance the range of sexual health services available to young people, but also to ensure that young people are familiar with and feel confident in using these services. Evidence is available that as a consequence of the increase and improved quality of SRE being delivered in local schools, colleges and non-school settings increases are subsequently being seen in the numbers of young people attending sexual health services locally.
Croydon TPSPB has also prioritised the development and uptake of targeted contraceptive provision for vulnerable young people aged under 25, though increased priority is being placed on those young women discharged from termination services who do not have a contraceptive plan and pregnant teenagers and young parents aged 19 and under. Recruitment of a domiciliary contraceptive nurse post was made in November 2010, whose role is to provide an outreach based contraceptive service. Although this service is very new, significant numbers of referrals are currently being made.

In addition, Croydon TPSPB have undertaken a number campaigns to promote the increased awareness and understanding of Long Acting Reversible Contraceptive (LARC) methods amongst local young people. Borough wide campaigns were developed in 2009-10 and 2010-11 and involved a wide variety of multi-agency partners. Local young people were also involved in the design, development and dissemination of these campaigns.

Additionally, training around targeted prevention and education of young people has been delivered to local practitioners through a variety of ways, including the delivery of themed seminars and a wide variety of SRE and teenage pregnancy related training courses. Attendance to these training events remain popular with on average 150 delegates attending the twice yearly seminars and an average of 12-20 practitioners attending the training programmes that are run regularly throughout the year.

Research undertaken in relation to the investigating the factors that influence the level of repeat terminations amongst teenage women in London was published in 2010 and has been reviewed to ensure any relevant recommendations are considered and implemented where possible in Croydon. In addition, some additional local research is planned to be undertaken in 2011 as part of Croydon’s broader Sexual Health and HIV Strategy.

2.3.6 **Recommendation 6: National Teenage Pregnancy Strategy – implementation of key factors**

It should be noted that Croydon TPSPB are addressing all of the 10 key factors identified by the national Teenage Pregnancy Unit (TPU) to help reduce local under-18 conception rates. These 10 key factors have been developed and identified by the TPU based on extensive research and evidence, and it is therefore not expected that these factors will change substantially in the future.

Of these 10 key areas specific focus and improvement was agreed by the TPSPB in the following areas during 2009-11, due to particular improvement being needed in these key areas.

- Strategic governance and accountability;
- Strong delivery of SRE/PSHE by schools and colleges;
- Targeted work with at risk groups of young people, in particular LAC and young people leaving care;
- Workforce development and training on teenage pregnancy and SRE issues in mainstream partner agencies;
- Integrated Youth Support Services (IYSS) with a clear remit to tackle big issues such as teenage pregnancy and young people’s sexual health;
- Young People focused contraception and sexual health services.
Croydon TPSPB are currently reviewing their progress in all of the 10 key factors, with a view to making recommendations for development during 2011-12. Recommendations will be based on maximising sustained and continued improvement in the reduction of the local under-18 conception rate, whilst also taking account of the associated risks and challenges that may be faced given the significant level of organisational change and reduced funding across the public sector.

2.3.7 Recommendation 7: Parents and Foster Carers
The value and role of parents and foster carers is recognised as an important component of any successful Teenage Pregnancy Strategy. Croydon is committed to improving the involvement and empowerment of parents and see this as intrinsic to the development of local early intervention initiatives and part of the Child: Family: Place agenda. The TPSPB has been working with local partners to ensure the needs of teenage parents and parents of teenagers are considered and included as part of these plans and emerging frameworks.

As part of the Teenage Pregnancy Strategy work has been undertaken over 2009-11 to assist head teachers in improving the awareness and understanding of parents around SRE issues being taught in schools. This has helped to dispel myths and address specific concerns that parents may have in relation to this element of the curriculum.

In relation to the particular needs of foster carers, specialist training around SRE and teenage pregnancy issues continue to be offered on a termly basis and advertised via the LA – Foster Carer’s Training Brochure.

Additional work is currently being picked up with both the LAC and Leaving Care Service to ensure additional focus is made on improving prevention initiatives within children’s social care and to improve the support available to LAC – teenage parents.

2.4 Financial

2.4.1 This report is not seeking any additional financial investment in services. Currently the Teenage Pregnancy Strategic Partnership Board will be reviewing the impact of all existing interventions to reduce local teenage conception rates, with a view to making recommendations about the future continuation of associated commissioned services and posts from 2011/12 onwards.

2.4.2 In line with other budgets within the local authority, the Teenage Pregnancy Local Implementation Fund was reduced in-year during 2010-11 by 24% which equated to a reduction of approximately £66K. The specific impact of this reduction in funding on individual interventions and services was considered by the Board and appropriate mitigation agreed.

2.4.3 The Teenage Pregnancy Local Implementation Fund for 2011-12 will be £180K, which equates to a reduction of 34%. 
2.5 Equalities

2.5.1 There are no direct equality impacts as a result of this report, although the work to improve data collection to develop a better understanding of the risk factors and demographic profile of young women who are most likely to become pregnant (and, if possible, the profile of the young men) will assist in the targeting of activity to reduce local teenage conception rates.

Appendices
Appendix 1: Recommendations from the Report of the Scrutiny Review of Teenage Pregnancy in Croydon

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BACKGROUND DOCUMENTS:

8. Recommendations

R1 That the Teenage Pregnancy Strategic Partnership Board (TPSPB) review the structure and composition of its Board to:
   1.1.1 Ensure that it has the necessary strategic leadership required to influence partner organisations across the Borough to successfully deliver the activities detailed in the teenage pregnancy reduction strategy.
   1.1.2 Ensure that the young people, schools, colleges and the voluntary sector are appropriately involved in the delivery of the strategy.
   1.1.3 Appoint a Senior Champion to promote and highlight the work of the Board across the Borough.

R2 The TPSPB should encourage the Council to use its powers and influence as the Local Education Authority, and its ability to challenge, to:
   2.1 Ensure all schools provide consistent Sex and Relationship Education (SRE) including clear signposting to these services.
   2.2 Ensure SRE training is provided to teachers and to governors and that schools release teachers to attend accredited courses.
   2.3 Use School Improvement Partners (SIPs) to monitor SRE provision in schools.

R3 The TPSPB should work with the Council to embed SRE as a core element in its Youth Service, as the service works with many young people in the ‘at risk’ group especially boys and young men.

R4 The TPSPB should work more closely with the Voluntary Sector by:
   4.1 Monitoring more closely the work it commissions from the Voluntary Sector.
   4.2 Ensuring information from the Voluntary Sector is analysed to help the TPSPB target its work.
   4.3 Giving guidance to the Voluntary Sector so that voluntary organisations can monitor their own work with regard to Croydon’s Teenage Pregnancy Strategy and can advise partner agencies on emerging trends and developments.

R5 Targeting those most at risk is considered to be the most effective use of resources, so the TPSPB is requested to:
   5.1 Set and deliver relevant and up-to-date targets
   5.2 Ensure information flows back to the TPSPB from all the organisations involved in SRE and Teenage Pregnancy work.
   5.3 Ensure data on teenage conceptions is analysed more swiftly rather than the current two-year delay.
5.4 Identify ‘at risk’ groups by looking at the factors and characteristics of teenagers – girls and boys – who conceive to focus the work of the Council and its partner agencies.

5.5 Examine the reasons why a significant number of teenage mothers go on to have subsequent teenage pregnancies.

5.6 Devise clear interventionist procedures for when the information available dictates intervention as an effective option.

5.7 Ensure that information systems are designed to spot emerging trends and thus activate appropriate intervention strategies.

5.8 Inform the Government Office for London that Croydon’s targets appear to be unrealistic because they don’t take account of the number of Unaccompanied Asylum Seeking Minors and the number of looked-after children placed in foster care in Croydon from outside the borough.

5.9 Review the arrangements for advising teenage parents on the options for Further Education particularly those who are supported in the home environment.

R6 The number and roles of school nurses should be reviewed by the TPSPB to take into account the demands of SRE and the part they may play in informing and advising those at risk, so as to create a more comprehensive partnership with the schools they serve.

R7 The TPSPB should ensure the ten key factors recommended to influence the incidence of teenage conceptions are fully implemented in the borough before the factors are refreshed nationally, unless it is clear that this would be counter-productive to the refresh.

R8 The value of the role of parents and foster carers should be recognised and form an important part of the activities and targets of members of the TPSPB. In particular:

8.1 Consideration should be given to extending fostering for teenage mothers in care beyond the current age in appropriate cases.

8.2 The contribution made by the Leaving Care Service to the prevention of teenage conceptions, particularly second pregnancies, should be re-assessed and steps taken to make it even more effective.

8.3 Information and advice on parental responsibilities should be more clearly signposted, and more freely available, especially amongst target groups.