Report of the Scrutiny Review of Teenage Pregnancy in Croydon

15 December 2009

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1. Scope of Review

1.1 The aim of this review was to seek assurance that the appropriate statutory agencies are working effectively together to reduce the number of teenage conceptions in Croydon.

1.2 The review was initiated in mid 2009 by the Children, Learning & Leisure and the Health & Adult Social Care Scrutiny Sub-Committees who agreed to work together on the issues raised by teenage conceptions in Croydon. Evidence was collected through a series of informal meetings in the autumn leading to a joint meeting in public of the two committees on 16 November 2009 chaired by Councillor Maria Gatland. At that meeting the Joint Committee heard from the key organisations in Croydon and from two external experts.

1.3 This report summarises the evidence received and sets out the conclusions the Joint Committee reached and its recommendations.

2. Introduction

2.1 In 1999 a Teenage Pregnancy Strategy was launched by central government. The strategy had specific targets:

(i) to achieve a 15% reduction in the under 18 conception rate in England by 2004.
(ii) to achieve a 50% reduction by 2010.
(iii) to establish a long-term downward trend in the under 16 conception rate.
(iv) to improve life chances of teenage mothers particularly by integrating at least 60% into education by 2010.

2.2 Nationally the responsibility for implementing the strategy was given to a Teenage Pregnancy Unit (TPU) within the then Department for Education and Skills (DfES). This Unit is now part of the Department for Children Schools and Families (DCSF) 'Every Child Matters' (ECM) Programme. The TPU was to be advised by an independent advisory body called the Independent Advisory Group on Teenage Pregnancies. Each local authority was given a target for under 18 conception rates. Each local authority was to prepare a ten-year strategy which was to be based on guidance issued nationally.

2.3 The national Teenage Pregnancy Unit (TPU) produced guidelines on which Croydon's 10 year Teenage Pregnancy Strategy is based. It has been developed by a multi-agency partnership led by Croydon Council and the Primary Care Trust (NHS Croydon) to tackle the causes and problems associated with teenage parenthood. Its implementation is managed in Croydon by the Teenage Pregnancy Strategic Partnership Board (TPSPB).

3. Why preventing Teenage Conception is important

3.1 Tackling teenage pregnancy (conceptions among girls aged less than 18 years) is crucial to improving the health and well being of the population.

3.2 Teenage parents and their children face significantly worse health and education outcomes as follows:

- 22% more likely to be living in poverty at 30, and much less likely to be employed or living with a partner.
- 20% more likely to have no qualifications at age 30.
- Three times the rate of post-natal depression and a higher risk of poor mental health for three years following birth.
- Three times more likely to smoke throughout their pregnancy, and 50% less likely to breastfeed, with negative health consequences for the child.
- Children of teenage mothers have a 63% increased risk of being born into poverty and are more likely to have accidents and behavioral problems.
- The infant mortality rate for babies born to teenage mothers is 60% higher.
- The majority of teen pregnancies are unplanned and half end in abortion.

3.3 Research shows that social deprivation factors including low income, poor parenting, ignorance, low educational attainment and low aspirations are consistent contributory factors in higher rates of teenage conceptions. If left unaddressed the cycle of poverty, low expectations and early parenthood is transmitted to another generation.

3.4 According to research the groups of young people most at risk are:

- Girls and young women from low income families – ten times more at risk if family from Social Class 5 than from Social Class 1.
- Young people in or leaving care.
- Some Black and Minority Ethnic (BME) Groups.
- Homeless young people.
- Young offenders.
- Children of teenage parents.
- School excluded, truants and young people under performing in schools.
- Young people who have sexual abuse and/or mental health problems.

3.5 In terms of Croydon specific information:

- Croydon has a younger population compared to London and England. It also has one of the highest proportions of children and young people among London boroughs.

- There are approximately 90,000 children and young people in Croydon, the largest population of children and young people of any London Borough.
- In 2006, it is estimated that children and young people (0-19 years) account for approximately 25% of the population. This is 5% higher than in the 2001 census.
- Like much of London, Croydon is very ethnically diverse.
- In 2007, over a third of Croydon's population (38%) classified themselves as belonging to a BME community.
- Approximately 45% of children and young people aged 0–15 years in Croydon are from BME groups compared to approximately 46% in London and 17% in England.

3.6 Tackling teenage pregnancy is a key priority in the Local Area Agreement 2008-11. For almost a decade Croydon PCT (now NHS Croydon) and Croydon Council have been working to reduce teenage conceptions and meet the target of a 50% reduction in conceptions by girls aged less than 18 years by 2010 (from the 1998 baseline). While the rate has fallen since 1998, the rate of decline is insufficient for the target to be met.

3.7 There are high numbers of Looked After Children (LAC) in the borough with 1073 LAC under the responsibility of Croydon Council at 31 March 2009. Of this figure, 388 were indigenous children to Croydon. Croydon also has responsibility for 685 LAC who are unaccompanied asylum seeking children, placed in the 25 private and voluntary homes that also exist in the borough.

3.8 The number of LAC in residential homes currently stands at 274. 6.5% of the total LAC population have been in three or more placements. School absenteeism is also higher amongst LAC than the general school population (8.8% at September 2009 as opposed to 6.31% nationally). There are also significant numbers of excluded young people within the area, as Croydon currently has 5 Pupil Referral Units (PRU's).

3.9 Research has identified that young offenders are an identified risk group for teenage conceptions, and Croydon has a relatively high young offending population. In Croydon around 3% of young people are known to be involved in the criminal justice system each year. 80% of these offences are carried out by young men, with the peak age of offending for young people in Croydon being 16 years. Young people offend for many different reasons and there are numerous risk factors closely associated with offending. Research has found that many offenders had multiple risk factors. For example:

- 33% were not in education, employment or training (NEET).
- 15% were either homeless or in unsuitable accommodation.
- Nearly half of all offenders had drug or alcohol problems.
- Looked After Children were 3 times more likely to offend.
- Over a third of young offenders have mental health problems.

- An over-representation of children from ethnic minority communities at key stages of the youth justice system.

3.10 All these risk factors correspond with the risk factors for those at risk of teenage conceptions.

4. Key Lines of Enquiry

4.1 To understand why Croydon was not meeting its targets despite having a much praised strategy the Joint Committee held a number of meetings with officers from Croydon Council's Children, Young People and Learners service (CYPL), Croydon NHS and with some groups of young people, schools, Pupil Referral Unit (PRU) and the voluntary sector. Following a literature review the Joint Committee tentatively decided on key lines of enquiry consistent with the scope of the review.

- Are school nurses and health visitors trained in Sex and Relationship Education (SRE)? If so, to what standard?
- Are teachers in schools SRE trained? If yes, to what standard?
- What sort of SRE is being delivered in schools? By whom?
- Is SRE delivered consistently across primary and secondary schools?
- Who checks quality?
- Is the need for boys to understand their responsibilities being addressed?
- Are there any specific and identifiable issues regarding BME communities and faith schools?
- Croydon's Teenage Pregnancy Strategic Partnership Board (TPSPB) and the Teenage Pregnancy strategy and action plan how is this progressing? What are the challenges? What is going well, not going well?
- Who are the key people involved in delivering the strategy? Who is leading the Teenage Pregnancy Strategy? Who is the Teenage Pregnancy Strategy Champion?
- Is the work of the TPSPB effective *(evidence based; targeted intervention based on risk factor analysis; trained staff; accredited standards; uniform commitment from all players; strong delivery leadership)?*

5. Meetings with Stakeholders

5.1 A number of separate meetings were held with various stakeholders.

Young People

Looked After Children (7 September 2009)

5.2 Members of the Joint Committee met with five young mothers who were, or had been, looked after by the local authority. Two were, or had been, unaccompanied asylum seeking minors.

5.3 Looked After Children (LAC) form an identifiable risk group. A teenage pregnancy data matching exercise for 2008/9 showed from a sample of births in Croydon that nearly one in five were to young women who were either currently or previously being looked after by Croydon or reported by other authorities as being looked after. The TPSPB reports that there are concerns about underreporting of teenage conceptions within Croydon's social services.

5.4 The meeting confirmed that teenage conceptions result from many complex emotional and social factors. However, the meeting also highlighted the need for very early, targeted intervention. The Joint Committee acknowledged that some teenage mothers are good parents, but found that research has linked teenage pregnancy to low educational attainment, social deprivation and low aspirations. This was illustrated by a statement from one of the mothers that *"it is not the worst thing in the world to be a teenage mum"* who did not appear to understand the detrimental affect on the life chances for herself and for her child that arise from teenage parenthood.

5.5 Drugs and alcohol had played a part in one of the five pregnancies, and only one of the five felt that they could have discussed contraception with the man responsible for the pregnancy.

5.6 The standard of SRE delivery in school was illustrated by statements that the talks in Year Five had been about relationships rather than about sex. The need for more integrated working was shown by evidence that there was no clear signposting to contraceptive advice and that the school nurse had not been helpful when asked about getting contraception. It was not clear how much advice and information about sexual health and contraception is given to unaccompanied asylum seeking minors (UASMs) at the Home Office Screening Centre.

5.7 A question on which the Joint Committee has yet to receive an answer is the number of UASMs who are pregnant when they arrive in Croydon.

Youth Parliament (8 October 2009)

5.8 The Joint Committee had asked to meet with young people from schools and colleges in the borough who were members of the Youth Parliament. The UK Youth Parliament is a democratically elected organisation that represents the views of people aged 11-18 in the United Kingdom. It was formed in 1998 and consists of 600 Young MPs aged 11-18. The Youth Parliament organises events and projects, runs campaigns and lobbies decision makers on issues of importance to young people.

5.9 The young people that the Joint Committee met were from the UK Youth Parliament Action Team. They reported that they felt they had received better SRE in Primary school rather than in Secondary school. They felt that the SRE element in Personal Social and Health Education (PSHE) was often ignored in schools. Nor did they feel that clear information about contraception and sexual advice was made available to them in

schools. In this respect they appeared to echo the views of the Looked After Children.

5.10 It appears that young people want this information delivered to them in a much clearer way without embarrassment. They said they would prefer if the information was delivered by an outside agency rather than their teachers who are embarrassed when delivering the subject. The Joint Committee discussed a number of strategies being used including school visits from teenage mums. The young people questioned the effectiveness of teenage mums visiting the schools. They also questioned the effectiveness of the 'Talk Bus' at their schools or in the Whitgift Centre or any other place where their peers could observe them. They would prefer an element of anonymity when visiting those outreach services. Their very location was off-putting.

5.11 The Joint Committee was left with the impression that sometimes termination was seen as a form of contraception as young people were not confident of seeking information about contraception services. Asked whether young people had been consulted on the effectiveness of the teenage pregnancy strategy, the young people stated that they had never been consulted in any way about the effectiveness of the strategy.

5.12 An emerging factor from the Joint Committee's discussions with young people is that young people are very clear about how, when and where they would go to access services. The Joint Committee did not see evidence that the services in Croydon were designed using this intelligence. In fact, the Joint Committee heard how services were delivered by mobile units in locations where young people gather in large numbers but where some young people would not use them. The Joint Committee was concerned about this lack of connection between what young people were saying and the way that services aimed at young people were being delivered.

Schools

5.13 Members of the Joint Committee also visited two Schools and a PRU, namely Coloma Convent Girls' School, The Archbishop Lanfranc School and Cotelands PRU.

Coloma Convent Girls' School (12 October 2009)

5.14 Coloma Convent Girls' School is a voluntary aided, all-ability, Catholic school for girls in Shirley. The School caters for girls aged 11-16. The school is conducted as a Catholic school. The school is a high achieving single sex school with a strong leadership ethos and supportive parents. Coloma will be one of the sponsors of the proposed Quest Academy in Selsdon and plans to extend the same ethos to that school.

5.15 The Joint Committee understands that as Coloma is a faith school, SRE is not delivered as part of PSHE outside of the National curriculum science order. Any SRE taught was values driven and encouraged abstinence

until marriage. The school considered that early sexual activity was a symptom of young people having too little structured activity to occupy their time. The school aimed to organise a large number of diversionary activities. The school recognised the value of high educational attainment and developing high aspirations for young women. The school also recognised that there were low achievers in every school and developed programmes around self-esteem delivered for lower academic achievers. There was no training for teachers or governors on those aspects of SRE not included in the science curriculum.

Archbishop Lanfranc (13 October 2009)

5.16 The Archbishop Lanfranc School is a comprehensive, all-ability secondary school in Thornton Heath. The school is a specialist sports college, is non-denominational and has a significantly higher proportion of boys than girls.

5.17 The Archbishop Lanfranc is a co-educational school with a diverse population and high numbers of LAC. It has a reputation as a caring and supportive school.

5.18 Members heard that teachers and governors are not trained in SRE. The school taught PSHE to all pupils as a universal service and did not have a special programme for high-risk pupils. Members also heard that there was no flow of information about any emerging trends from the School back to TPSPB Board.

Cotelands PRU (9 September 2009).

5.19 Cotelands is a pupil referral unit (PRU) that also provides education for teenage parents. It also provides education for pupils with emotional difficulties or mental health problems that have resulted in their refusing to attend mainstream schools. Most pupils are aged 14-16 but the unit continues to support more vulnerable pupils in Year 12 to help them to complete examination courses or move into further education, training or employment. In addition, a teenage pregnancy reintegration officer, based at the unit, supports the personal development and well being of several teenage parents to the age of nineteen. An on-site nursery provides full day care for children up to the age of three and makes it easier for girls to continue their education when they have had their babies. The PRU was classified as ‘good’ by Ofsted with some outstanding features.

5.20 The Joint Committee had a very informative meeting where the head teacher was able to give her views of what was needed to make a difference. She stressed the need for access to high quality education particularly in areas of deprivation. Cotelands is on the John Ruskin Campus so teenage parents can see their peers in further education and can also take part in further education. While SRE may reduce conceptions, by itself it does not do anything to raise pupil aspirations. What is needed are teachers with high expectations for pupils reflected in programmes for raising self-esteem for young girls. Also, much earlier intervention is needed for families identified as at risk. The point was also

made that local authorities may need to consider raising the age at which young mothers leave care by extending the leaving care service. It is unfortunate that care is universally reduced just at the time when some young mothers need it most because for some mothers it was appropriate to keep them in care for longer. This finding reinforced the Joint Committee's views about the need for targeting resources.

Voluntary Sector

Drop In Centre (21 October 2009)

5.21 In the course of the investigation, Members visited the Drop In Centre and met Kim Bennett and Sonia Garnett. The Drop in Centre is funded by Croydon Youth Service, Children and Adolescent Mental Health Services (CAMHS), TPSPB, Think Tank (Healthy Croydon) and other independent trusts such as Relief in Need and the Church Tenements Trust. The centre has one particular project called "SHARP" (**S**exual **H**ealth **A**ccess and **R**esource **P**roject). This is funded by the Kings Fund until 2010. The project aims to equip local Black African, Caribbean and British young people with the skills and knowledge needed to manage their sexual health needs and improve the responsiveness of local community services in meeting young people's needs when additional advice and support required.

5.22 The SHARP team deliver sexual health training to build the capacity of community resources by supporting leaders and volunteers in community and faith groups to discuss sex and relationships issues with young people. The Drop In Centre said they needed more guidance from the TPSPB, although some of its funding did came from work commissioned by the board. They also mentioned difficulty in gaining access to schools to deliver programmes or training.

5.23 The Drop In Centre had no clear links back to the TPSPB, and there was little flow of information in either direction. They also felt that the uncertainty of funding made for uncertainty in their work. The service suffered from a lack of a clear working relationship with the TPSPB.

6. Joint Committee Meeting 16 November 2009

6.1 Having thus established some clear lines of inquiry, the Joint Committee met on 16th November 2009 with a range of witnesses specifically invited to illuminate those lines of enquiry. The witnesses were grouped as follows: Head Teachers, external experts (Government Office for London, Teenage Pregnancy Independent Advisory Group), nurses, voluntary sector, Mayday hospital, NHS Croydon and Children, Young People and Learners (Croydon Council).

Head Teachers

6.2 One of the questions posed to head teachers was "who is responsible for delivery of the Teenage Pregnancy strategy in Croydon"?

6.3 The first head teacher was Mrs Martin from Coloma Convent School. She said that this responsibility is shared between parents, schools, the health authority, community workers, church, voluntary groups and elected members and officers. A similar response was given by Jo McCarthy, the deputy head teacher from the Archbishop Lanfranc school. When pressed as to whom she would go to for advice on SRE, she responded that she would go to whoever was most knowledgeable. The head of Cotelands was clear that the responsibility was with the TPSPB.

6.4 The Joint Committee asked about SRE in schools and whether teachers and governors were trained in SRE. The training for Coloma was geared to ensuring good relationships. The training was in house and not specifically on SRE. All the heads said that a large range of reading material was available. A governor at Coloma had been trained in PSHE and came in regularly to see how things were going. Also two heads of PHSE at the Archbishop Lanfranc had been SRE trained in the last two years. At Cotelands, SRE training was in built into the school system, and there was a full time teenage pregnancy coordinator on the staff. An SRE programme was delivered at least once a week by trained staff.

6.5 Head teachers then made additional comments to the Joint Committee which were helpful. Coloma made the point that the emphasis is on loving the pupils, respecting them and raising their self esteem and aspirations. The need for adequate diversionary activities was re-emphasised in diverting young people away from risky behaviours. The fact that it was a single sex school did not mean that the girls were more or less at risk. In 15 years at the school the head teacher had information of only one abortion and two pregnancies.

6.6 Cotelands explained that in their experience there was no common profile to teenage mothers, although they found that there was a disproportionate number of Looked After Children and children whose mothers had been teenage parents themselves. The school stressed the need to address low self esteem and bemoaned the absence of positive activities for young people. The work of the school was geared to building high aspirations as sex education by itself does not eradicate poverty or low self esteem. The school had also noticed that one in ten births were second pregnancies. The school tries to tell young parents to capitalise on the support they have as support stops at age nineteen.

6.7 The Archbishop Lanfranc school stressed the importance of identifying the risk groups earlier and working with those risk groups.

External Experts

6.8 The Joint Committee was fortunate in having the evidence of:

- Norah O'Brien, Regional Teenage Pregnancy Co-ordinator from Government Office for London (GOL); and
- Hansa Patel-Kanwal from the Teenage Pregnancy Independent Advisory Group (TPIAG).

The Teenage Pregnancy Independent Advisory Group was set up in 2000 to advise the Government on its Teenage Pregnancy Strategy and to monitor its implementation. The group consists of 12 members, each with specific expertise in key areas. The group has an ongoing dialogue with government departments and works with teenage pregnancy groups around the country. The Teenage Pregnancy Independent Advisory Group publishes annual reports, to which the Government makes a formal response. The group also publishes occasional reports on specific topics and responds to Government consultations related to teenage pregnancy issues.

6.9 The Joint Committee heard from the experts individually, and the main points from both are summarised below.

6.10 Croydon has a good strategy but it needs to be implemented. A thorough exercise to identify the key factors that lead to success in reducing teenage conception has been carried out. One of the factors is strong leadership. The other factors are the ten points set out in table 2 of the briefing provided by the Council and NHS Croydon (Appendix B). When the Joint Committee asked which of these ten factors were key, it was told that there was no one overriding factor but all the factors acting together.

6.11 When asked why the strategy was not working in Croydon, the external experts ventured that there appeared to be a lack of capacity within both the NHS and the Council. There had been several changes of jobs, which are disruptive of progress, and there is a need for a really visible senior champion. The TPSPB had a solid vision, but they need to get SRE right in schools and to encourage greater take up of the PSHE training on offer.

6.12 The Joint Committee heard that guidance was issued last year on how lead Members can engage effectively on the issue. There were also plans to refresh the strategy nationally.

6.13 The Joint Committee raised the impact of the unaccompanied minors on Croydon's performance and whether the refreshed strategy and targets would take into account Croydon's specific problems.

6.14 The external experts stated that they would raise the issue at regional and national levels. The UASM issue makes the position more difficult for Croydon and they hoped to see a shift in how targets are set. Their evidence is that it is within the local traditional communities where the issue persists not in the newcomers. There is a need for everyone in all groups to be honest about the scale of the UASM problems.

6.15 Croydon needs to be clear about its evidence base. Croydon is unique in terms of its demography and some parts of the borough have longstanding problems with teenage pregnancy not related to migration. In looking at Croydon's statistics the external experts were concerned to understand who were the "black other" or "Asian Other" categories. To respond adequately, such terms need to be as specific as possible.

6.16 In relation to Looked After Children, the experts' experience was that a skilled and competent workforce was needed. There is evidence that organisations with good PHSE had better outcomes with LAC. Professionals working with LAC are also the most stretched and deserve support and training.

Mayday Healthcare NHS Trust

6.17 The Joint Committee heard from Nick Hulme, the Chief Executive of the Trust. There are about 5,000 births a year at Mayday Hospital. The hospital has a dedicated Teenage Pregnancy Team with a "getting to know you" programme and post birth support. The hospital also has good links with Health Visitors.

6.18 The Joint Committee asked about information sharing. The answer was that information was only shared when it was relevant. They have strict confidentiality rules and unless there are safeguarding concerns information would not normally be shared. However, high level information is passed to the TPSPB through the Mayday representative on the Board in order to improve services.

6.19 One of the hospital's roles is to advise on pregnancies and conceptions. There is the potential to use high level information to help reduce second and subsequent pregnancies amongst teenagers and to signpost to advice and contraception services.

School Nurses

6.20 The Joint Committee heard from Karen Buonaiuto and Natalie Chilingirian. They described the challenges of working as a school nurse and explained their work in various locations in the borough including the Drop In Centre in Norbury Manor.

6.21 The Joint Committee was told that there were difficulties in recruiting and retaining school nurses. For this reason, nurses are not based in schools but work remotely. Currently there are 5 school nurses, some undergoing accreditation for SRE as part of PHSE training. There is a shortage of school nurses with accredited training in Sex and Relationship Education (SRE). SRE is only a small part of School Nurses' duties and sometimes priority has to be given to other issues e.g. the flu epidemic and HIV work.

6.22 One male school nurse has been recruited and will be taking part in PSHE training.

NHS Croydon

6.23 The Joint Committee heard from Caroline Taylor, Chief Executive, and from Kate Naish, Public Strategic Lead for Vulnerable Young People and Teenage Pregnancy. They were accompanied by Dr Sarah Nicholls, consultant in Public Health. The Joint Committee was very grateful for the full written briefing and was keen to have some aspects of the briefing clarified.

6.24 NHS Croydon saw themselves as the lead accountable body for Teenage Pregnancy in Croydon. They acknowledged that the TPSPB had struggled to reduce teenage conceptions. The Partnership acknowledged there had been difficulties in the working between NHS Croydon and the Council but now believed partnership working had much improved. The Partnership may not have given it strong focus at Chief Executive or Director levels but now there was a different emphasis with the Children's Trust. The Partnership will have to improve focus and performance on teenage pregnancy. They recognise that there is no single action that will make a difference. The latest teenage pregnancy action plan has a number of actions and they are not trying to identify that single action which will make the difference, as there isn't one.

6.25 The Joint Committee asked how confident NHS Croydon was in the elements of the new sharper focus. NHS Croydon said they could not be confident until it saw the outcomes, but it had identified six priority areas. The composition of the TPSPB was reinvigorated in September 2009, and the weaknesses and gaps which were identified have been addressed. NHS Croydon now feel that the TPSPB has the right membership.

6.26 The Joint Committee asked how the new emphasis was reflected in commissioning plans. NHS Croydon provides or commissions a range of services for young people such as access to contraception. The Joint Committee heard that there was work on a new drop-in centre in Norbury and that £600,000 worth of additional services had been commissioned, informed by local need. The total annual spend is now nearly £1million. The Joint Committee was then advised of the services commissioned by this budget.

6.27 The Joint Committee asked why, given the shortage of resources, the TPSPB did not target the areas with the highest needs? The reply was that NHS Croydon seeks to maintain a balance between universal and targeted services. The work that they do is increasingly targeted. There is a balance to be achieved as teenage pregnancy occurs everywhere. NHS Croydon is trying to work out when to target and when to provide universal services.

6.28 The Joint Committee also heard that staffing issues in the teenage conceptions team at NHS Croydon had now been resolved.

Croydon Council

6.29 Finally the Joint Committee heard from Croydon Council. Councillor Tim Pollard, Deputy Leader (Performance Management) & Cabinet Member for Children, Young People & Learners was present with Barbara Peacock, Director, Care & Development, Children's Services and Barbara Herts, Interim Senior Manager, Children, Young People & Learners.

6.30 The Council had jointly prepared the briefing at Appendix B with NHS Croydon. The Joint Committee asked about data collection and in particular about disaggregation of indigenous Looked After Children (LAC)

from LAC who were Unaccompanied Asylum Seeking Minors (UASMs). Data on teenage conceptions has at least an 18 month delay and needs to be more robust, and the data was not disaggregated. Croydon has very high number of Looked After Children, about 500 at any one time, many from other authorities. This has increased over the last ten years. 86% of the UASMs are boys. There is a strong link with the Home Office and Croydon has created a dedicated team to work with the screening unit.

6.31 The Joint Committee asked for the Council's views on whether the target remained realistic. It was admitted that Croydon has unique features, including the large numbers of private fostering in the borough. An additional nurse had been secured for LAC.

6.32 The Joint Committee heard that Schools need to do more on governor training. There was concern that more could be done at Primary schools e.g. no governor trained at some schools and 23% of primary schools had yet to achieve 'Healthy Schools Status'. However, the greater concern was that secondary schools needed to do more, particularly with regard to the Healthy Schools Programme as only 41% had achieved 'Healthy Schools Status'. The Joint Committee asked whether it was true that some secondary schools were not cooperating with the teenage pregnancy programme. This was not true. The Council accepted that it needs to share the learning and good practice more widely. Some secondary schools had not taken up SRE training and as a result some SRE training had been removed for secondary schools.

6.33 The Joint Committee asked about the role of the youth service in SRE. The Youth Service employs a number of part-time youth workers. Many youth workers do not receive training in SRE, and there is a low take up of training opportunities in this area. The Joint Committee heard that youth workers were in contact with many 'at risk' groups, especially boys and young men.

6.34 When asked who the teenage pregnancy champion was, the Council replied that there are many champions each with a small part to play. The issue was about doing 100 things 1% better, not one thing 100% better.

7. Conclusions

7.1 At the Joint Committee meeting on 16th November, not only were new issues raised, but, more importantly, many of those identified during the visits and research of the preceding weeks were confirmed. For example, the need for strong, overt leadership and direction, and for a review of the membership of the TPSPB. For example the vacancy for the Voluntary Sector member of the Board has not been filled and this has given rise to a lack of understanding by the Voluntary Sector of the Board's policies and actions. A particular worry is that the voices of young people are not catered for in the Board membership. It has been announced that a refresh of the current national teenage pregnancy strategy is imminent, but the ten key factors should be confirmed as implemented as a matter of urgency. The Board must ensure that the government is aware of the impact on Croydon's statistics of unaccompanied asylum seekers, so that future targets may be more realistic.

7.2 The responsibility for SRE in schools should rest with parents, schools and governors working together in consultation with the Board and the community. It is quite clear that not all schools are providing SRE and, whilst it is recognised that there is no power for the LEA to intervene formally, there is a duty on the LEA to exercise its influence in this area. It is not clear how many schools are providing SRE training for teachers and governors, and a comprehensive service to schools should also include a better School Nurse service (which was described by one nurse as 'challenging'). It is fair to state however, that the NHS has recently recruited other additional staff who are already making an impact, and that the Board does have a strategy, as does the Council, but it is the manner in which it is, or is not, being carried out that is the main concern.

7.3 It is also not clear to what extent schools liaise with parents, governors, young people or the community on the provision of SRE. Training in SRE was not apparent for youth workers, social workers or Education Welfare officers and the strong link with Safeguarding is not recognised. There is a strong requirement to embed the teenage pregnancy strategy across all departments and agencies dealing with young people and vulnerable families. It is felt that the Children's Trust may have a role here.

7.4 The collection, dissemination and sharing of data was another common concern which will inhibit proper and effective intervention and targeting of young people and vulnerable families at risk. Too much information remains with the body that records it, especially schools, and information sharing needs to be encouraged across all agencies dealing with young people and families at risk. It is accepted that whilst a degree of universal provision of the services of the Board must exist, there is a strong view that in many cases targeting may be a more effective use of resources but that is totally dependent on data collection and analysis. Hence the need to analyse all information, including those described as 'Others', and to make the system efficient enough to identify emerging trends much earlier.

7.5 The prevention or discouragement of second conceptions is also dependent to a great extent on identifying and targeting a risk group that is smaller and more manageable, as well as on the existence of any appropriate data. There seem to be gaps, especially in respect of pregnant unaccompanied minors, and some work needs to be done on assessing how effective it may be to keep young mothers in care beyond the current age limits. The introduction of hostel-type accommodation may reduce the costs to the public purse of teenage motherhood, with the additional benefit of reducing the expectation of some young mothers of the provision of flatted accommodation.

7.6 Finally, the role of parents in creating the right home environment within which young people may make sound life decisions is crucial. They must be given a role on the Board and the opportunity to access its services. All children and young people have a right to SRE at an appropriate age and parents, foster carers, teachers and every worker in the youth field all have a duty to ensure that it is available to them.

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.

APPENDIX A

Membership of Croydon Teenage Pregnancy Strategic Partnership Board August 2009

Chairs

Barbara Herts	Interim Director of Policy, Planning & Commissioning CYPL	Barbara.herts@croydon.gov.uk
Dr Sarah Nicholls	Locum Public Health Consultant	Sarah.nicholls@croydonpct.nhs.uk

Croydon PCT

Jessica Brittin	Interim Director of strategic Commissioning	Jessica.brittin@croydonpct.nhs.uk
Portia Kumalo	Assistant Director Children's Services	Portia.kumalo@croydonpct.nhs.uk
Alice Benton	Head of Primary Care Commissioning and Performance	Alice.benton@croydonpct.nhs.uk
Dr Alyson Elliman	Consultant in Family Planning & Reproductive Health	Alyson.elliman@croydonpct.nhs.uk
Dr Ellen Schwartz	Locum Consultant in Public Health	Ellen.schwartz@croydonpct.nhs.uk
Julie Adesanya	Designated Nurse for NHS Children	Julie.adesanya@mayday.nhs.uk
Kate Naish	Public Health Strategic Lead – Teenage Pregnancy & Vulnerable Young People	Kate.naish@croydonpct.nhs.uk
Jane McAllister	Assistant Director, Children's Partnership Commissioning	Jane.mcallister@croydonpct.nhs.uk
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Mayday Hospital

Sue Stock	Community Midwifery Lead – Midwifery Services	Sue.stock@mayday.nhs.uk

Local Authority

Janet Ellis	Head of Services for Social Work & Safeguarding	Janet.ellis@croydon.gov.uk
Mary Austin	Interim Head of Service, Early Years & Parenting	Mary.austin@croydon.gov.uk
Alan Hiscutt	Supporting People Manager	Alan.hiscutt@croydon.gov.uk
Sharon Walton	Strategic Support Officer	Sharon.walton@croydon.gov.uk
Pat Jefferson	Head of Service - Primary	Pat.jefferson@croydon.gov.uk
To be confirmed	Head of Service – Secondary	
Jackie Ross	Head of Services – SEN/Learning Disabilities	Jacqueline.ross@croydon.gov.uk
Simon Townend	Head of Integrated Youth Support	Simon.townend@croydon.gov.uk
To be confirmed	PSCHE Coordinator	
Sue D'Arthreau	Children's Trust Workforce Development Lead (Attends at meetings where Workforce Development Tabled only)	Sue.d'authreau@croydon.gov.uk

Voluntary Sector

To be confirmed		

APPENDIX B

Croydon NHS
Primary Care Trust

CROYDON COUNCIL
www.croydon.gov.uk

Health Scrutiny Committee –Teenage Pregnancy Briefing Paper
16th November 2009

Report : Review of Teenage Pregnancy in Croydon

Lead Director	Director of Children, Young People and Learners – Croydon Borough Council; Director of Public Health – NHS Croydon
Lead Officers	Kate Naish: Public Health Strategic Lead – Vulnerable Young People and Teenage Pregnancy Barbara Herts: Director Commissioning, Performance and Partnerships

Governance:

Status	For review and scrutiny

Rationale:

NHS Croydon and Croydon Borough Council are the joint leads for the development and delivery of the local Teenage Pregnancy Strategy. This paper is intended to provide an update on progress being made in delivery of the local strategy and to inform discussion by the Health Scrutiny Committee.

Recommendation

That Scrutiny Members use this briefing to inform their questioning of witnesses and in framing their recommendations.

1. BACKGROUND

1.1 Why is teenage pregnancy important and what are the risk factors?

England has a high rate of teenage parenthood compared with other countries in Western Europe. Although young people can be competent parents, children born to teenagers are more likely to experience a range of negative outcomes in later life.

Teenage parents and their children have raised risks of poor education, social and health outcomes, for example:

- The risk of infant mortality is 60% higher than average

- The risk of a low-birth weight baby is 25% higher than average
- Teenage mothers are more likely to smoke during pregnancy, less likely to breast feed, more likely to suffer post natal depression;
- Only 30% of 16-19 yr old parents are in Education, Employment and Training (EET), compared to 70% of their peers.
- Children of teenage parents tend to have lower educational attainment and higher rates of economic inactivity in adult life.
- Children of teenage parents are up to three times more likely to become a teenage parent themselves, increasing the likelihood of a cycle of social exclusion.
- Teenage mothers have an increased risk of poor emotional health and well-being and teenage parents and their families have a high risk of experiencing poor economic well-being.

There is also an economic argument for investing in measures to reduce teenage pregnancy as it places significant burdens on the NHS and wider public services.

1.2 Teenage Pregnancy - causal and risk factors

There is not a single cause of teenage pregnancy. It is a highly complex issue influenced by personal, social, economic and environmental factors. However, the Government's Teenage Pregnancy Unit (TPU) used the findings of research to categorise key risk factors under three overarching headings. If a young person has multiple risk factors their risk increases significantly.

Table 1: Risk factors for teenage conception

Risky behaviours	Education related	Family background
• Early onset of sexual activity • Poor contraceptive use • Mental health /Conduct disorder/involvement in crime • Alcohol and substance misuse • Teenage motherhood • Repeat abortions	• Low education attainment • Disengagement from school • Leaving school at 16 with no qualifications	• Living in care • Daughter of a teenage mother • Socioeconomic • Ethnicity • Parental aspirations

The National Teenage Pregnancy Strategy aims to reduce teenage pregnancy and increase participation of young mothers in education, employment and training, and supported by an evidence base and established best practice guidance. Local action is required to impact on both the broader determinants, for example school attendance and attainment, and direct influences, for example delivery of sex and relationships education (SRE).

There are many myths and misconceptions about why young women become pregnant and often wrongly cited as being simply due down to ignorance or intention. Teenage pregnancy is however an extremely complex issue, affected by young people's knowledge about sex and relationships and their access to advice and support; and influenced by aspirations, educational attainment, parental, cultural and peer influences, levels of emotional well-being and lack of self-esteem.

Data analysis identifies strong associations between teenage pregnancy and certain risk factors and provides evidence as to why it is essential that targeted interventions are needed for young people who are exposed to these risk factors, while maintaining universal provision of PSHE and access to confidential advice for all young people. In addition, it has been shown that where young women experience multiple risk factors, their likelihood of teenage parenthood increases exponentially.

It is clear from research undertaken that the wide range of personal, social, economic and environmental risk factors associated with teenage pregnancy are all factors that need to be addressed if areas are to be truly successful in reducing their local teenage conception rates.   In Croydon, we want to look at young people's life journey's at an early stage so that we can intervene earlier.

1.3 National strategy and the Croydon context

The Government's Teenage Pregnancy Strategy represents the first coordinated attempt to tackle both the causes and the consequences of teenage pregnancy. The TPU is based within the Department for Children, Schools and Families (DCSF) and works across government departments to plan and deliver the strategy at the national level.

The strategy's targets are:

- Halve the under-18 conception rate by 2010 (compared with the 1998 baseline), and establish a firm downward trend in the under-16 rate. Local authority areas have been assigned targets for reductions between 40% and 60% to underpin the achievement of the national target. The target for Croydon is a 50% reduction. Government are currently reviewing their targets for local authorities.
- Increase the proportion of teenage parents in education, training or employment to 60% by 2010, to reduce their risk of long-term social exclusion

As part of the 2007 Comprehensive Spending Review, reduction of the under-18 conception rate was included as an indicator for tackling negative outcomes within PSA Delivery Agreement 14: Increase the number of children and young people on the path to success.

The strategy is relevant to all five Every Child Matters outcomes and the conception rate target is included specifically as a key indicator for the Be Healthy outcome.

In 2005, the National Teenage pregnancy Unit and the Independent Advisory Group on Teenage Pregnancy, undertook a number of 'deep dive' reviews to identify the key features of local strategies in areas where rates had reduced significantly and compared and contrasted their experience with what was happening in statistically similar areas where rates were static or increasing. The key factors contributing to success are set out in Table 2.

Table 2: Successful Teenage Pregnancy Strategy Factors

No.	***Summary of strategy characteristic***
1	A strong senior champion who is accountable for and takes the lead in driving the local strategy, along with active engagement of all the key mainstream delivery partners who have a role in reducing teenage pregnancies –health, education, social services, youth support services and the voluntary sector.
2	There is a systematic approach to knowing the local population and its needs in relation to teenage pregnancy
3	Effective and accessible communication programme and media strategy in place
4	Accessible contraception and sexual health services are tailored for young people
5	Strong delivery of sex and relationships education (SRE) and personal, social and health education by schools and better knowledge and skills amongst young people in relation to sex, relationships, and sexual heath risks
6	Specific preventative interventions target a range of vulnerable groups, especially looked after children improving aspiration, attainment at school and attendance
7	Workforce training on SRE in mainstream partner agencies and better support for parents and professionals on how to engage with young people on relationships, sex and sexual health issues
8	There is a well resourced Youth Service providing things to do and places to go for young people with a clear focus on addressing key social issues affecting young people, such as sexual health, substance misuse, drugs and alcohol
9	Aspirations and self-esteem of young people is raised, particularly those most at risk of teenage pregnancy and teenage parents
10	Action is delivered to support parents of teenagers through a clear Family Support and Parenting Strategy.

In order to make a lasting and positive impact on teenage pregnancy rates, Croydon through the Children's Trust is making sure that all of the above measures are being fully implemented and mainstreamed within their Children and Young Peoples Plan.

As a consequence, Croydon Teenage Pregnancy Strategic Partnership Board has reviewed it's local teenage pregnancy strategy using revised Self-Assessment Processes released by the Teenage Pregnancy Unit in June 2009. It has subsequently refocused its action plan to improve weaknesses in a number of key areas and is working in the following fronts to reduce

teenage pregnancy. During 2009/10 will focus on improvement in 6 key priority areas which are:-

1. Strategic governance and accountability
2. Young people focused contraception and sexual health services.
3. Strengthening sexual health work in schools and colleges, and providing more challenge and support to schools, governing bodies and SIPS.
4. Targeted work with at risk groups of young people, especially Looked After Children
5. Workforce development and training on teenage pregnancy and sex and relationship issues in mainstream partner agencies, including review of the Family and Parenting Support Strategy and targeted programmes.
6. Joining up Targeted and Integrated Youth Support Services (IYSS) with a clear remit to tackle big issues, such as teenage pregnancy and young people's sexual health, drugs and alcohol.

In addition, Croydon will be re-examining it's performance data, alongside data on behaviour, attendance, exclusions and young people who are NEET. Feedback from other local authorities suggests that its important to look at performance data alongside other indicators such as school attendance and achievement.

2. CROYDON UNDER-18 CONCEPTION STATISTICS

Conception statistics are compiled by combining information from birth registrations and abortion notifications. They do not include miscarriages or illegal abortions. Because conception data are compiled in part from birth registrations (which can legally be registered up to 6 weeks after the birth), raw data are not available until 11 months after conception. Time is needed to collate and compile the data, so statistics are published 14 months after the period to which they relate. Under-18 and under-16 conception data are available at Local Authority (LA) level. The proportion of conceptions leading to abortion are included in the data.

2.1 Conception Data

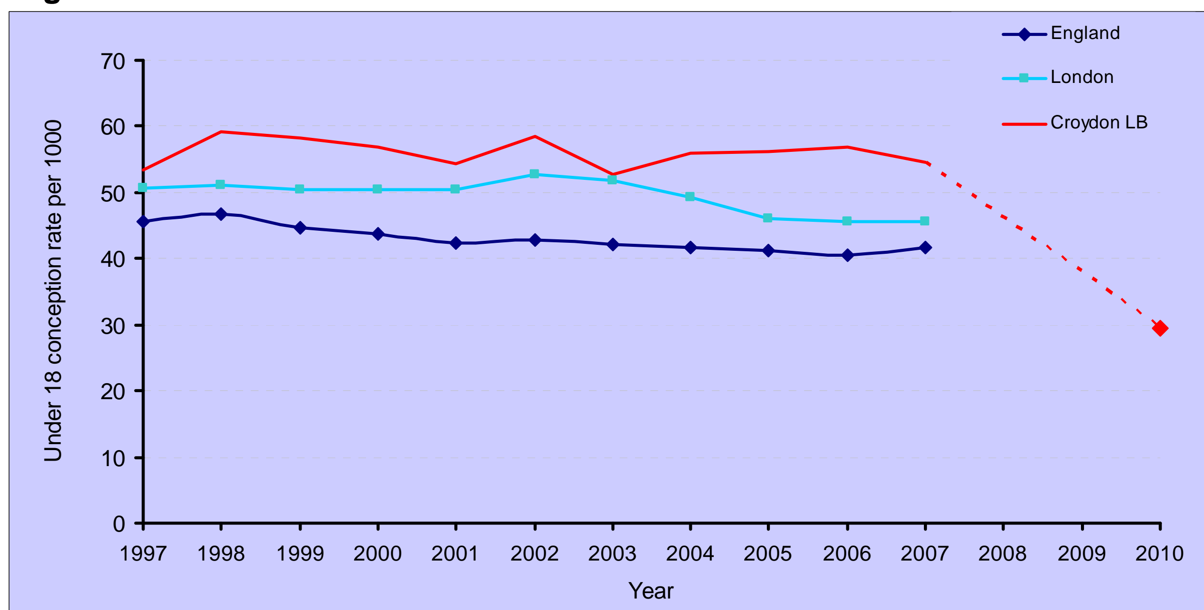
Figures released from the ONS shows the London average conception rate for 2006 was 45.6 per 1000 and England conception rate was 41.7 per 1000. This compares with Croydon's teenage conception rate for 2007 (2008/9) which was shown to be 54.6 per 1000 girls aged 15-17 years of age. This equates to 365 conceptions during 2008/9 which was a reduction of 12 conceptions from 2007/8. In 2007, 60% of under 18 conceptions in Croydon resulted in termination of pregnancy, compared to 63% in London and 51% in England.

These statistics show an improvement in performance from 2006 (56.9 conceptions per 1000 girls aged 15-17 years of age), with an overall reduction

of 7.6% from the 1998 baseline. LAA target for 2009/10 is 30% reduction form the baseline, with a rate of 41.1/1000 conceptions.

Figure 1 illustrates that the Croydon rate is higher than the London and England average and the rate of improvement since the establishment of the national strategy has been slow (7.6% reduction compared to 10.7% in London and 10.7% in England).

Figure 1: Under 18 conception rate 1998 to 2006: Croydon, London, England



Source: National Statistics

The data indicates that progress has been made in reducing the conception rate at national, regional and local levels, although the rate of reduction to date is not sufficient to meet the target to reduce the rate of conception by 50%. In London the average rate of reduction in Inner London boroughs is four times greater than that in Outer London boroughs and this is thought to partly relate to demographic changes across London.

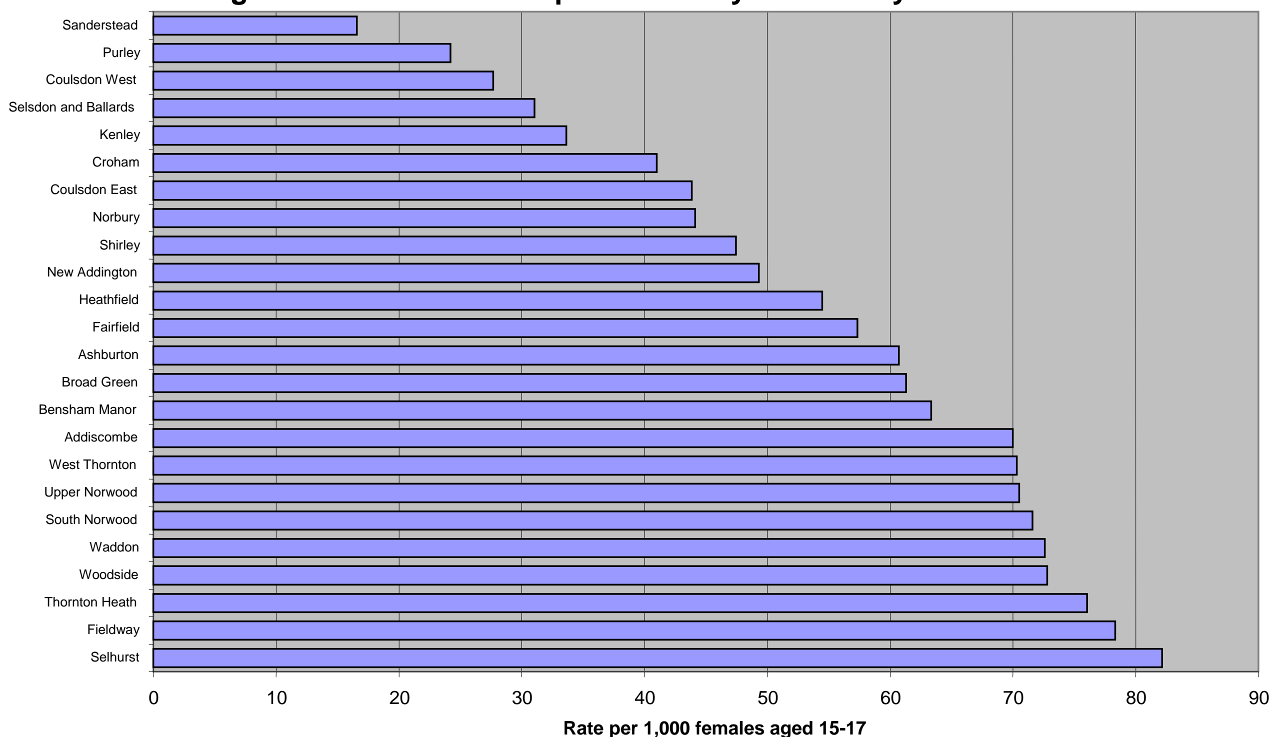
There are clear geographical ‘hot-spots’ for teenage conception rates in the North and South East of the Borough, with the highest rates in Selhurst (82.1/1000 in 2004-06), , Fieldway (78.3) and Thornton Heath (76.0) and Woodside (72.8) The rate of teenage conception is closely correlated with social deprivation measured at ward level. During the period 2001 to 2006 the most significant changes at ward level have been seen in New Addington, where rates have fallen, and Waddon, where rates have increased.

From the most recent ward-level data available (2004-6), fourteen Croydon wards are represented in the 20% of wards in England and Wales with the highest under-18 conception rates. In order of rate, these hot-spot wards are:

1. Selhurst
2. Fieldway

3. Thornton Heath
4. Woodside
5. Waddon
6. South Norwood
7. Upper Norwood
8. West Thornton
9. Addiscombe
10. Bensham Manor
11. Broad Green
12. Ashburton
13. Fairfield
14. Heathfield

Figure 2: Under 18 conceptions rate by ward: Croydon 2004-2006



Additionally, Pan-London analysis shows the pattern in the North Croydon is part of a larger cluster of high rates across South London. There is a strong association between area social deprivation at ward level and teenage conception rates within Croydon. The main outliers are New Addington and Broad Green where rates are lower than expected given the level of social deprivation. However, at Local Authority level, Croydon is an outlier compared to other areas i.e. the Croydon rate is higher than most local authorities with similar levels of deprivation.

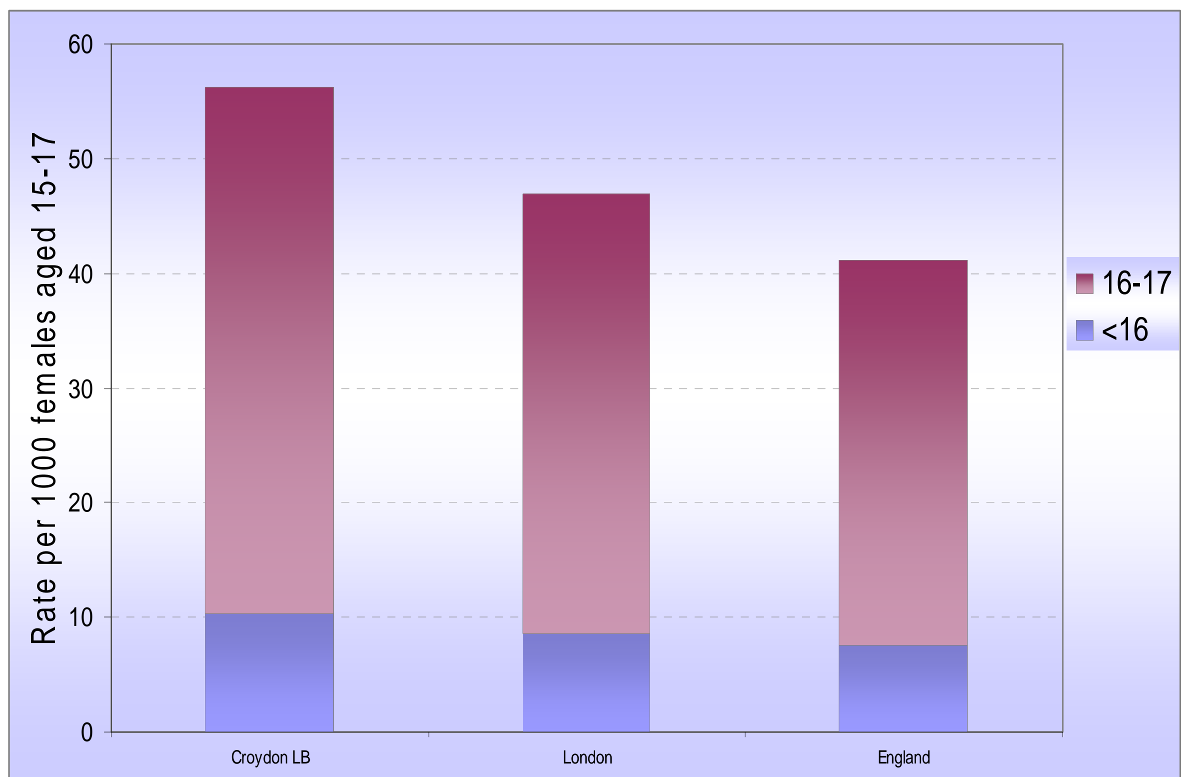
The most up to date under-16 conception data available from ONS for 2003-5 shows that the conception rate amongst 13-15 year olds is 9.5 per 1000. This is higher than the London and English average at 9.2 and 7.7 per 1000 respectively. Between 1998-2000 and 2005-7 the conception rate has reduced by 12.5% in young people aged under 16. However, this reflects a

noticeable increase over the last two years when local rates have increased since 2001-3. Anecdotal information from key frontline practitioners would suggest this is currently rising with increased numbers of referrals being seen by the local Reintegration Officer and Young Peoples Midwifery Teams amongst under 16's.

Figure 3: Under 18 conception rate by age group 2004-6

Under 18 conception rate split by age group, 2004-06

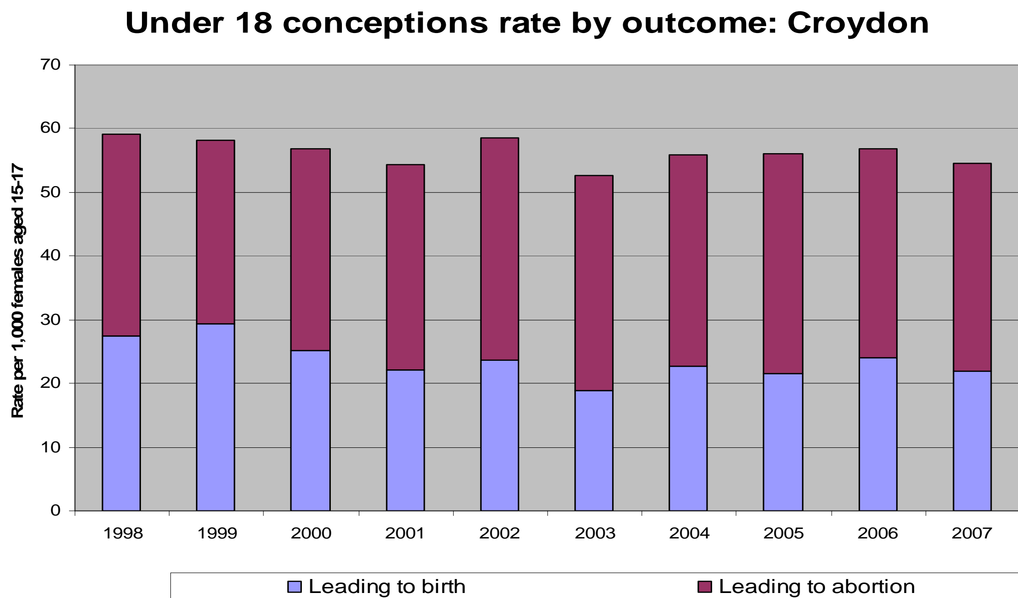
	<16	16-17	<18
Croydon LB	10.3	46.0	56.3
London	8.6	38.4	47.0
England	**7.6**	33.5	41.1



2.2 Terminations

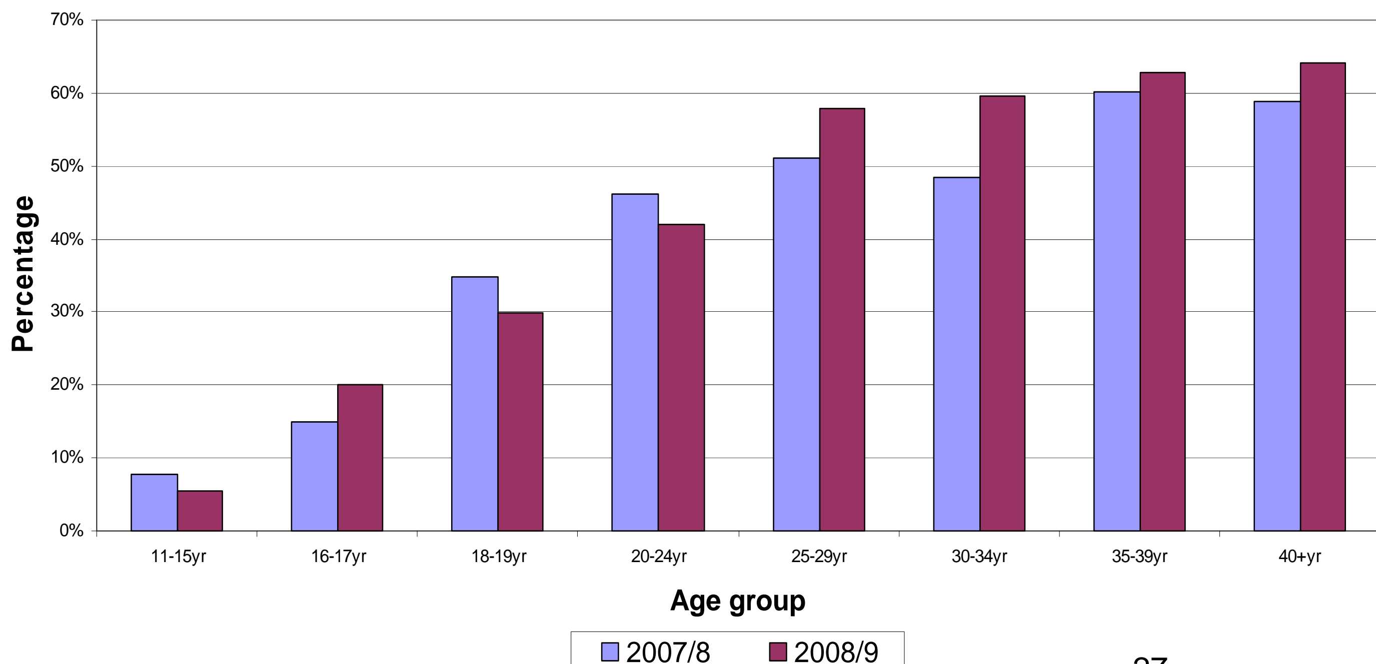
Recent data (May 2009) released from the Department Health shows that Croydon has seen a small decrease in the under-18 abortion rate between 2007 and 2008. The under-18 termination of pregnancy rate was 29 per 1000 during 2008 which showed an improvement from 31 per 1000 for 2007. This equates to a 6.5% reduction and higher than the national average of 4.5%.

Figure 4: Under 18 conception rate by outcome: Croydon



Local data has shown that during 2008/9 the highest termination rates for under-18's were seen in White British, Black African and Black Caribbean ethnic groups. There was a decrease in terminations amongst White British group from 2007/8 to 2008/9 and an increase in Black Caribbean ethnic groups.

Additionally, we have seen during 2008/9 an increase in repeat terminations amongst 16-17 year olds to 20%, and a small decrease in repeat terminations amongst 18-19 year olds to 30%. These figures are still extremely high and higher than the national average. During 2008-9, 26% of terminations of pregnancy were 2nd or subsequent procedures amongst under 18 year old women. This reflects a 13% increase since 2007-8.



2.3 Births

Local birth notification data shows that there were 145 births to U-18 year olds during 2007. Currently the number of conceptions leading to births for 2008 is incomplete and will not be available until the end of November.

One in ten births conceived before the age of 18 were to young women who had a child already. From births data available for 2008, it was shown that 38 young women aged 18 or under had 2 or more previous pregnancies.

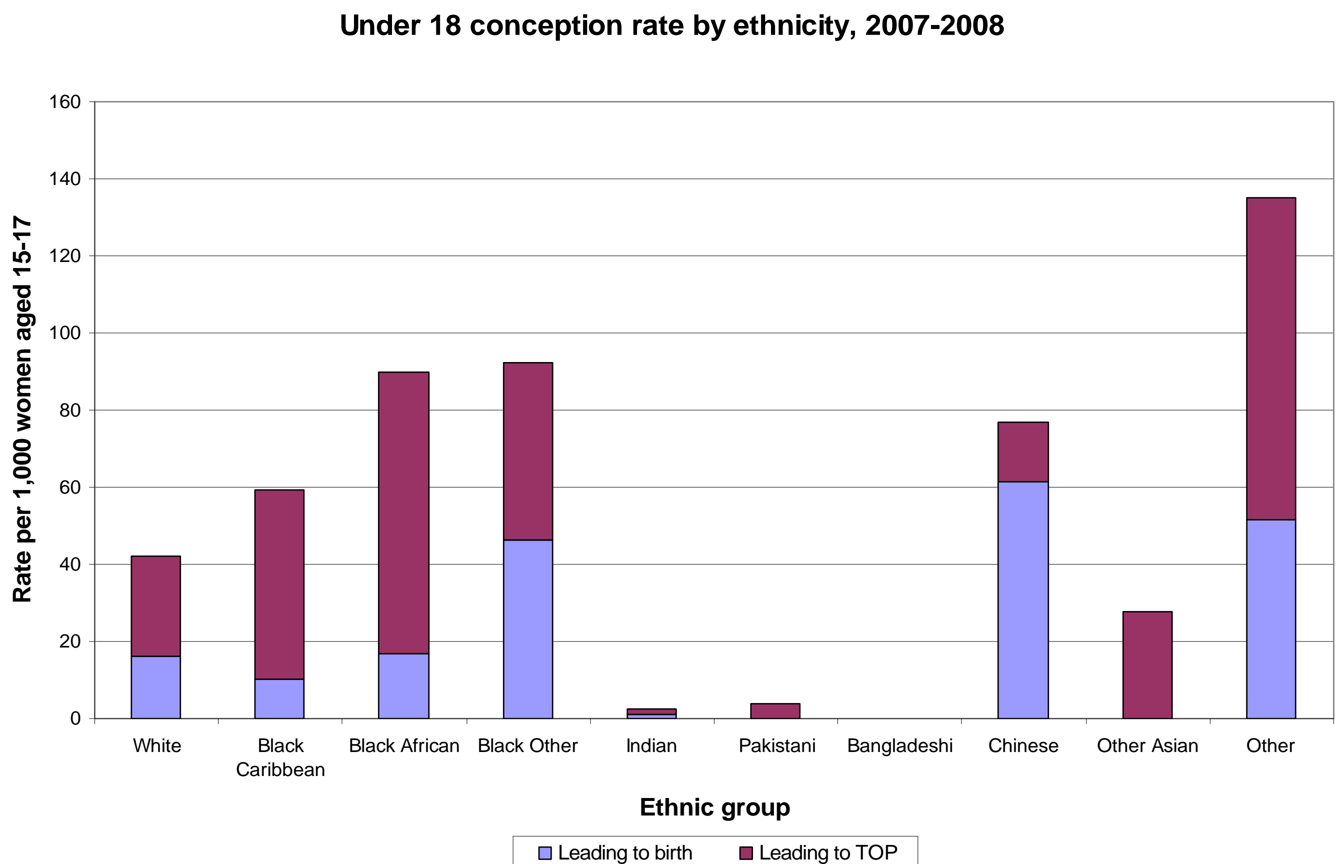
The highest rates of live births to young people in Croydon are in New Addington and Fieldway, indicating high relative need for support services for teenage parents and their families in these areas

Recent data released from DCSF shows that Croydon has 345 young mothers aged under 20 in the borough as of March 2009.

2.4. Ethnicity

Currently, under 18-conception rates are highest in mothers from Black African and Black Other ethnic groups, and lowest in mothers from Asian ethnic groups.

Figure 6: Under 18 conception rate by ethnicity, 2007-8



However, the largest numbers of both births and terminations are among White ethnic groups. Young women from Black Caribbean and Black African groups were over-represented among teenage terminations, while young Asian women were notably under-represented. Young women from Black African and Black Other ethnic groups were over-represented among teenage births, with the lowest numbers again in the Asian groups.

2.5 Looked After Children

National research has shown that conception rates are higher in looked after children and young people leaving care (LAC) than the rest of the population. Looked after children and young people are over-represented in births to under 18 year old mothers. Between 1999 and 2006, the rate of 16-17 year olds looked after by Croydon Council increased by 250%, the greatest increase of any London borough. This increase is partly explained by a disproportionate increase in unaccompanied asylum seeking minors compared to other boroughs.

Croydon has a notably unique profile of looked after children with a smaller proportion of children under 10 and a higher proportion of abused or neglected adolescents brought into care than other authorities. It is particularly notable that the numbers of children under 10 in care in Croydon has fallen by around 40 children in the last four years. There are ethnic differences between policy groups with more children from Mixed backgrounds in the young entrant's policy groups than might be expected although small numbers mean that this finding should be treated with caution.

Croydon also has a higher proportion of boys among looked after children than in other authorities which reflects the high proportion of adolescents and the dominance of boys in the 11 to 14 age band where they were 66% in 2008

Croydon is the home to the Home Office screening centre for asylum-seekers. In partnership with the Home Office, Croydon provides placements for all unaccompanied asylum-seeking children who arrive at this screening centre. Over the period from April 2008 to August 2008 this has averaged around 30 new arrivals under 18 per month.

The numbers of unaccompanied asylum-seeking children looked after by Croydon has more than doubled over the last four years from 325 in 2005 to 696 in 2008. Croydon has a considerably higher proportion of than any of its statistical neighbours. At the end of 2007-8, Croydon was looking after approximately 15% of all the UASC looked after in the UK (Home Office Asylum Statistics: 1st Quarter 2008) and nearly a fifth of all UASC looked after in England (DCSF statistics: March 2008).

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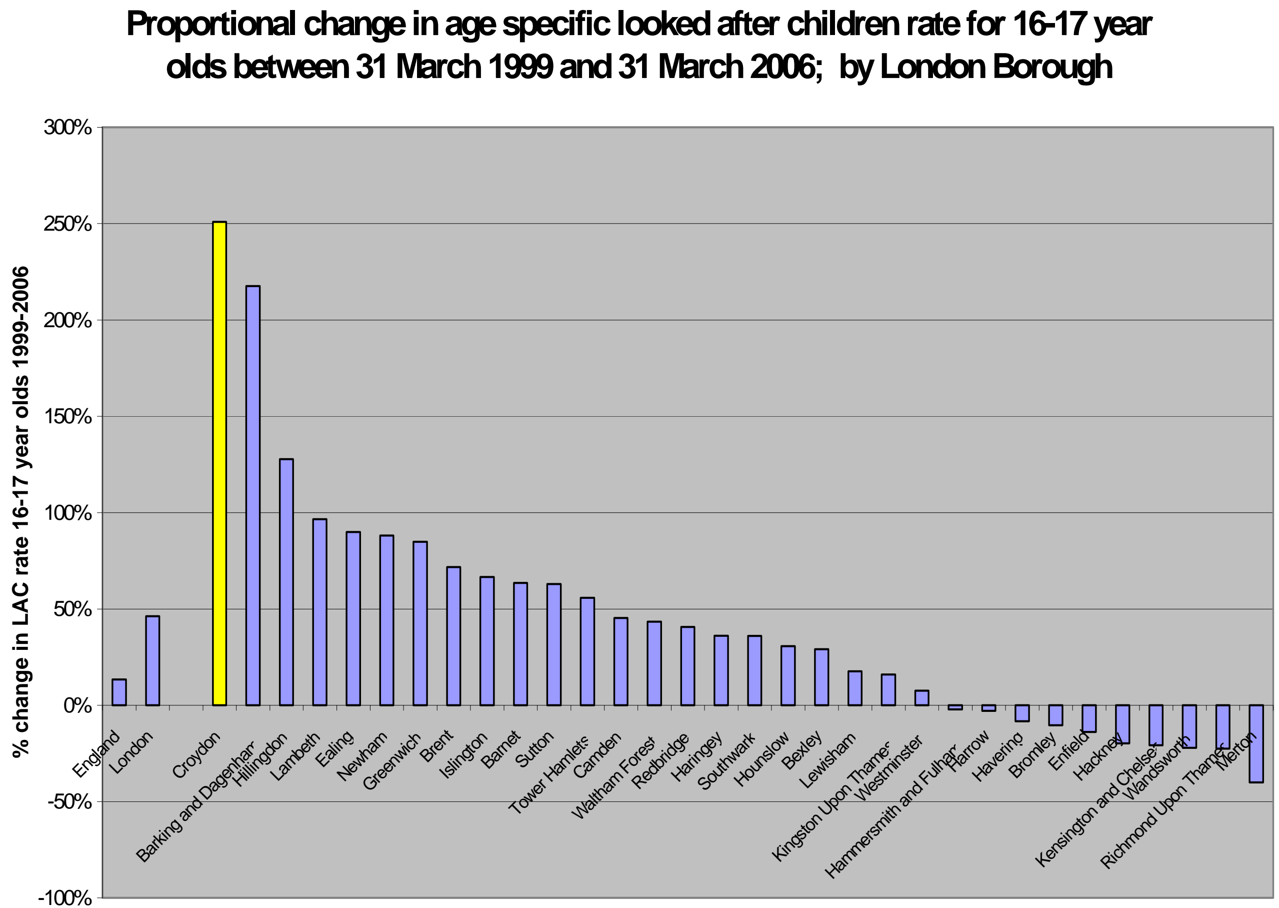
Figure 7:



From a Teenage Pregnancy data matching exercise carried out in 2008/9, it was shown from a sample of births, nearly one in five were to women who were i) currently or previously looked after by Croydon or ii) were reported by referring professionals as being looked after by other Authorities and placed within Croydon. Different approaches are therefore required to meet the needs of these groups

During 2008/09, Croydon identified 9 mothers who were looked after on 31st March 2009. There are concerns though that there is under reporting within Croydon's Children's Social Care Service as these figures do not reflect information from frontline practitioners.

2.6. Education

A data matching exercise was conducted in 2008-9 across the PCT, Council and Connexions to establish the school of last attendance of local teenage mothers. Unsurprisingly, schools in the north of the Borough had higher numbers than in the south. The school of known last attendance could not be matched in 4 in 10 cases.

3. Croydon Teenage Pregnancy Strategy

3.1 Local Prioritisation within Croydon Borough Council and NHS Croydon

Reduction of the under-18 conception rate is included in the LAA as one of the agreed Children and Young People's targets. It is also one of the seven key priorities for Croydon Children's Trust.

Within NHS Croydon the under-18 conception rate target is one of the top ten priorities included in NHS Croydon's Commissioning Strategy and Local Delivery Plan (2007-12) and progress is assessed as part of the annual Care Quality Commission Health Check.

As Teenage Pregnancy is one of the seven key priority areas of the Children's Trust, the Trust is making sure that all stakeholders are aware of steps being taken to reduce the teenage conception rate and that agreed improvements are being implemented within local services. The Children's Trust is working hard to ensure effective and appropriate engagement of all key mainstream services and agencies. These include all relevant Departments in Croydon Borough Council (including Children, Young People and Learners), as well as NHS Croydon, Mayday Health Trust and the voluntary sector.

Despite delivering recognised good practice in many aspects, teenage conception rates in Croydon remain persistently high and the Borough has been highlighted by national Government as one of 21 areas with high or increasing rates. Locally there are geographical 'hotspots' and key target groups include specific Black and Minority Ethnic (BME) groups, looked after children and young people not in education, employment and training. Local delivery has been assessed against national guidance and the 2009/10 action plan has stepped up action to improve local delivery.

It has been broadly accepted at a national and regional level, that Croydon has an extremely well-thought out and effective Teenage Pregnancy Strategic Plan and it has systematically been reviewed in line with local and national data and intelligence. Local performance data and associated statistical information have also been utilised to identify key strengths and weaknesses in order to inform effective planning and commissioning at a local level.

As highlighted previously, Croydon's Teenage Pregnancy Strategy was reviewed against the many standards of best practice contained in the revised Teenage Pregnancy Self-Assessment Processes released by the Teenage Pregnancy Unit in June 2009. Croydon has subsequently refocused its action plan to improve weaknesses and gaps in the 6 key areas of focus for its 2009-10 Teenage Pregnancy Action Plan, identified as part of this assessment process. It is impossible to list all the weaknesses within the scope of this briefing paper, but some of the key issues include the incomplete implementation of the agreed Teenage Pregnancy Action Plan during 2008-9 on the ground. Not all actions were carried out as agreed in certain associated service areas. This was mainly due to historic capacity issues in particular

services and poor governance arrangements which have since been corrected. Consequently, the Strategic Governance arrangements for the Teenage Pregnancy Strategy have been considerably improved during 2009/10 to address this. Capacity challenges are being addressed as a matter of priority in both the LA and NHS, through the recruitment of additional staff, reorganisation of services, additional investment and the prioritisation of training of key mainstream groups such as social workers, IYSS practitioners and community nurses. Challenge to schools has also been weak in the past, however with the recruitment of a new Director of Education and improved leadership for schools, this will be picked up as a high priority during the remainder of 2009-10 and addressed through new SIPS arrangements. Improvements in Sex and Relationship Education and Teenage Pregnancy associated objectives and outcomes have also been prioritised as part of the Integrated Youth Support Service developments that are currently taking place.

3.2 Croydon Teenage Pregnancy Strategic Partnership Board

The Teenage Pregnancy Strategic Partnership Board (TPSPB) is responsible for the development, implementation and monitoring of the local teenage pregnancy strategy. The Board meets on a quarterly basis and is co-chaired by the Director Commissioning, Performance and Partnerships CYPL (Barbara Herts), Croydon Council and Consultant in Public Health (Sarah Nicholls), NHS Croydon. The membership of the TPSPB has recently been reviewed to ensure greater accountability. The TPSPB was re-launched in September 2009 and has senior level representation from all the associated service areas across the LA and NHS Croydon necessary to improve the development and delivery of the local Teenage Pregnancy Strategy. The Board is directly accountable to the Croydon Children's Trust Board.

A multi-agency Teenage Pregnancy Data and Intelligence group was established during 2008, and a number of meetings were held which involved data leads from across NHS Croydon and Croydon Borough Council, including social care, public health, education and Connexions. A comprehensive review of local data was undertaken, including a local data sharing exercise. The results from these initiatives formed a significant component of the local JSNA, where Teenage Pregnancy was one of the three in-depth areas of focus undertaken last year. A number of additional mapping exercises are due to take place over the coming months to examine teenage conception rates alongside school attendance, exclusions from school, young people who are NEET and Looked After Children. This will improve local intelligence around education and social care data which will hopefully allow the TPSPB to ensure that any additional improvements in local service planning and delivery can be made in 2010/11.

A high level Teenage Pregnancy Indicator Set was developed in 2008/9 to monitor local teenage conception outcomes and Croydon Teenage Pregnancy Action Plan delivery targets. Updates began being collected on a quarterly basis as from October 2008. This outcomes framework is currently being enhanced in line with best practice guidance released by the Teenage

Pregnancy Unit in June 2009. An outcomes based accountability framework will then be delivered to ensure effective progress in turning the curve and understanding where performance is best and weak.

In June 2009, a Teenage Pregnancy Senior Management Group was established to meet on a monthly basis to monitor progress of the TPSPB and provide support to the Public Health Strategic Lead –Vulnerable young People and Teenage Pregnancy in order to unblock key difficulties or issues in relation to the implementation of the Teenage Pregnancy Action Plan. This small group has had five meetings since June and have been leading on the development of the Teenage Pregnancy Action Plan and commissioning issues, as well as undertaking a review of the membership of the TPSPB in relation to roles and seniority.

Members of the SMG are ensuring that regular reports are being made to the LA-Senior Management Team, Children's Trust Executive Group and NHS-Management Team. Exception reporting is occurring to the LA-SMT and regular engagement with Lead Member on these issues.

The co-ordination and development of the local strategy is overseen by the Public Health Strategic Lead- Vulnerable Young People and Teenage Pregnancy, who is based in the PCT Improving Health Directorate.

3.3 Review of local Teenage Pregnancy Strategy 2009-10

Tackling the range of factors that increase the risk of teenage pregnancy, as set out in Table 1, requires a concerted approach delivered across the Local Strategic Partnership. The LAA includes a variety of indicators in the following areas that are critical to influence the factors underlying the teenage pregnancy rate:

- Improving school performance and educational attainment
- Reducing school absence and exclusions
- Increasing the number of young people in employment, education and training
- Creating diversionary opportunities and reducing youth offending and gang related crime

Teenage pregnancy is a cause of social and health inequalities, and the impact falls disproportionately on specific groups including young women, certain BME groups, looked after children and others at risk of social exclusion. Meeting the needs of specific groups is at the core of the strategy. Local and national data have been used to target approaches and monitor service uptake and outcomes by specific group.

The Croydon TPSPB has also utilised the revised National Teenage Pregnancy Self Assessment Toolkit released by the national Teenage Pregnancy Unit in June 2009, to conduct a detailed review of current priorities and structures to support the achievement of the PSA under 18 conception target. As a consequence, it has been agreed that during 2009/10 the

Croydon Teenage Pregnancy Strategic Partnership Board will focus on improvement in 6 key priority areas which are:-

7. Strategic governance and accountability
8. Young people focused contraception and sexual health services.
9. Strong delivery of SRE/PSHE by schools and colleges
10. Targeted work with at risk groups of young people, in particular Looked After Children
11. Workforce development and training on teenage pregnancy and sex and relationship issues in mainstream partner agencies.
12. Integrated Youth Support Services (IYSS) with a clear remit to tackle big issues, such as teenage pregnancy and young people's sexual health.

These priorities were discussed and agreed as part of the DCSF and DOH Ministerial Event held in June 2009. These key priorities form the basis of the 2009-10 Teenage Pregnancy Action Plan as summarised below.

Table 2: Actions being taken by Croydon: Action plan summary 2009/10

Action plan area	Summary of key actions
1. Strategic Governance and Accountability	• Develop local TP Senior Management Group • Review membership of TPSPB and associated Task Groups • TP Strategy Lead placed in Children's Trust Commissioning Structures • Improve engagement of all key partners and their understanding of local TP issues and their agencies contribution to the achievement of the national target. • Local Teenage Pregnancy Indicator set revised in line with national guidance released in June 2009. • Undertake TP education and Social services based mapping exercises to improve local intelligence and data on vulnerable young people in Croydon in order to enhance work being overseen by TPSPB.
2. Young People focused contraception and sexual health services	• Recruit Commissioning Lead for Sexual Health and Public Health Consultant with responsibility for Sexual Health • Undertake local sexual health review and JSNA. • Recruit a You're Welcome Co-ordinator to oversee development of You're Welcome Standards with initial priority focus on sexual health and primary care services. • Re-launch local Condom Distribution and Condom – Card Scheme • Develop Sexual Health local enhanced services in pharmacies • Commission qualitative needs assessment of young peoples views in relation to development of additional services in North of the borough • Termination of Pregnancy Tender recommissioned with clear expectations and data requirements in relation to teenagers and young women • Develop domiciliary contraceptive service to new mothers under-19 and those young women under-18 who have had a termination. • Launch weekly sexual health clinics in all 3 colleges • Enhance Croydon Community Contraceptive Health service capacity to increase advice and provision of LARC to young women.
3. Strong delivery of Sex and Relationship Education	• Increase No of schools accredited with National Healthy School Status to 95% by Dec 2011 • Increase teachers and associated practitioners on National PSHE CPD Programme.

Action plan area	Summary of key actions
SRE/PSHE by schools and colleges.	• Develop resources and CPD opportunities to complement recommended PSHE Scheme of Work for new KS 3 & 4 Curriculum • Provide additional CPD opportunities for governors in SRE • Develop Healthy College Programme in partnership with local colleges • Recruit additional Healthy Schools –SRE Specialist to increase local capacity • Continue to commission Teenage Parent Peer education Programme for school and non-school settings • Increase number of community nurses on SRE/PSHE certification programme • Develop a holistic health drop-in pilot at NMBEC • Research the prevalence of alcohol misuse and risky sexual behaviour amongst Yr 11 pupils in Croydon.
4. Targeted work with at risk groups of young people, in particular Looked After Children and young people leaving care.	• TP Thresholds embedded into local Integrated Working Board and CAF arrangements. • Extend intensive SRE in small group settings, through delivery of Teenage Pregnancy Prevention Programmes (TP3) to at risk groups of young people. • Launch weekly sexual health drop-ins in YOT and Leaving care and Independent Service. • Ensure all LAC health assessments; care and pathway plans address age specific SRE issues. • Develop an SRE Policy Guide for Children's Social Care staff • Develop a LAC Sexual Health Guide for looked after children. • Maintain management and specialist support to SHARP Project • Commission young people's sexual health advice and information sessions in high rate wards with targeted groups of young people.
5. Workforce Development and training on teenage pregnancy and SRE issues in mainstream partner agencies.	• Undertake a training needs assessment of the Children and Young Peoples Workforce in relation to SRE and TP issues • Uptake of TP & SRE Training by partner services monitored. • Deliver two TP/SRE based information seminars for local managers and frontline practitioners per year. • Maintain on-going development and delivery of TP and SRE related training courses as part of NHS Croydon Public Health Training programme

Action plan area	Summary of key actions
	• Maintain bespoke in-house training programmes delivered for specific service groups.
6. Integrated Youth Support Services (IYSS) with a clear remit to tackle big issues, such as teenage pregnancy and young people's sexual health.	• SRE, TP and sexual health issues firmly embedded into local IYSS and IAG policy, including curriculum developments for LOOPs and Open Access. • Ensure increased identification of at risk young people through all six strands of IYSS. • Improve database system to report on young parent engagement with IYSS services. • IYSS to participate in delivery of local borough wide sexual health campaigns. • Launch sexual health drop-ins in Samuel Coleridge Taylor and Waddon Youth centres. • IYSS to participate in local condom distribution scheme. • Include SRE, TP and Sexual health development in the Youth Participation Strategy and Team Plan.

3.4 Delivery of the local Teenage Pregnancy Action Plan

The Teenage Pregnancy Strategy is delivered as a partnership involving Children's Trust Partners: Children's Departments, NHS Croydon and the voluntary sector. Partners include children's social services, education, the Integrated Youth Support Service, early years and parenting support services, sexual health and contraceptive services, primary care services, NHS and LA commissioners, NHS Croydon Health Improvement Department, Maternity Services, Children's Universal Services, Child Protection and Safeguarding Team, CYPL, Croydon Drop-in, Croydon YMCA and Off the Record.

3.5 Croydon Teenage Pregnancy Strategy -Current Progress

<u>3.5.1 Young People Focused Contraception and Sexual Health Services</u>

NHS Croydon has very recently identified a Public Health Consultant with responsibility for sexual health. In addition, recruitment of a Sexual Health Commissioner has also been agreed and currently underway. These two posts will ensure significant improvements in local strategic support and capacity.

Agreement has recently been reached to ensure that sexual health will be one of the priority areas of focus for a JSNA during 2009-10. A comprehensive sexual health review is currently under way. The data analysis and findings will be used to inform the 2010-11 Strategic Commissioning cycle and service specifications. The JSNA will also be used to help inform the development of a local Sexual Health Strategy and the 2010-11 Teenage Pregnancy Action Plan.

It has also been agreed by NHS Croydon, that funding will be made available to employ a You’re Welcome Co-ordinator in order to assist in the implementation of the You’re Welcome Standards. Initial priority focus will be on improving service provision to young people from sexual health services and primary care.

The local Condom Distribution Scheme Policy and Guidance have recently been reviewed and approved, with the Croydon Condom Card Scheme was launched in September.

Croydon has also been working closely with the Government Office for London (GOL) around the pilot of a Medi-Vend Kiosk that provides condoms, pregnancy tests and Chlamydia Screening kits. The Medi-Vend Kiosk is located in HAP<25, a service which provides support and advice to homeless young people and has been in place since 7th September 2009.

Funding was secured for 2009-10 to offer a Sexual Health Local Enhanced Service (LES) within local community pharmacies. Nine pharmacies across the borough now offer Chlamydia screening and treatment, partner notification, emergency hormonal contraception (EHC) and free condoms to young people. This service went live as of 1st of April. There are plans to enhance this service in 2010-11 by including provision of free pregnancy testing and oral contraception. Additional STI testing and long acting reversible contraception (LARC) provision are also elements that are currently being considered for future development.

A qualitative needs assessment is currently underway in the North of the borough to help identify from young people what additional sexual health and contraceptive service provision is needed in the North of the borough. The findings are expected by December and will be incorporated into the JSNA process.

The local Termination of Pregnancy Service was re-commissioned in March 2009 and includes within the service specification and SLA clear expectations and performance data requirements in relation to the needs of young women aged under-19. Increase in the uptake of long-acting reversible contraception (LARC) and counselling to young women were 2 key areas identified for improvement within the specification. Choice of contraception provision for those who have undergone a termination of pregnancy (TOP) is being monitored by the TOP provider. In addition, it has been emphasised that provision of LARC needs to be promoted wherever possible and young women encouraged to consider this effective form of contraception.

Six additional young people’s sexual health drop-ins have been developed as of June 2009. These sexual health drop-ins for young people are located in each of the three local colleges, the Youth Offending Service and the Leaving Care and Independent Service. An additional two drop-ins are planned to be developed in two youth centres in high rate wards. It is expected they will be in place by November. The sexual health drop-in's provide a full-range of

contraceptive and sexual health services. Initial uptake of the drop-in's has been high and exceeded expectations.

Additional Long Acting Reversible Contraceptive (LARC) drop-in clinics specifically for young people have also been developed as of the beginning of October. A local LARC media campaign has also been rolled out with a variety of resources and publicity materials being developed to help improve uptake. Information events are also being held in all of the colleges and other targeted settings to help raise awareness of the effectiveness of LARC methods amongst young people.

A specialist young women's domiciliary contraceptive service to new mothers aged under-19 and those young women under-18 who have had a termination is currently being considered for funding by NHS Croydon. Particular focus will be placed on improving contraception uptake of those young women who have had a repeat termination or birth.

3.4.2 Delivery in schools and colleges

Currently, Croydon has 97% of all targeted schools (Special, PRU's, Primary and Secondary schools -including academies) on the National Healthy Schools Programme and Croydon has 70% of schools with National Healthy School Status (NHSS). This breaks down to:

- Out of 22 secondary schools, 9 (41%) of them have achieved NHSS and 3 are not on the programme.
- Out of 85 primary schools, 64 (75%) of them have achieved NHSS and 1 is not on the programme.
- Out of 6 Pupil Referral Units, 4 of them have achieved NHSS.
- Out of 6 Special schools, 6 of them have achieved NHSS

There are significant challenges in the development and provision of SRE in local schools. Some of the key challenges include:-

- A range of actions are being delivered to improve SRE in secondary schools. However, delivery remains inconsistent and of variable quality across Croydon schools and we are working to take action.
- Generally, PSHE remains a low priority in secondary schools and this is reflected in the low number of schools that have achieved NHSS due to their inability to meet the required PSHE criteria for NHSS.
- Secondary school teachers have not attended targeted CPD training e.g. SHADE, SRE CPD and as a consequence these opportunities have been discontinued. In addition, the uptake of the PSHE CPD is low amongst secondary schools.
- Teaching SRE challenges teachers and schools values especially in a multi-faith area such as Croydon.
- Changes in the secondary curriculum has confused the status and role of PSHE
- Quality of materials for supporting PSHE at secondary is erratic.
- SRE is a concern for certain faith schools

- Multi-agency working at KS3 and 4 could be further improved.
- Significant changes in the delivery of secondary education in Croydon, through the increase in academy provision places further challenge on the development of PSHE Programmes.
- Government guidance on well-being for schools released in 2008 stated that the provision of on site health services and delivering effective health education through well-planned PSHE are considered practical ways in which schools can promote the well-being of their pupils. Sexual health services (including provision of condoms, pregnancy tests and/or contraception) are provided in three in ten secondary schools in England. However no Croydon schools have these services currently in place.

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Despite these challenges there have been a significant number of local successes.

The National Healthy Schools Programme continues to be a key priority for the borough, particularly prioritising support to secondary schools and PRUs. 70% of all schools have achieved NHSS, which equates to 119 schools.

Considerable improvement has been made in relation to the recruitment of teachers and associated professionals on the PSHE Certification Programme for 2009-10. Croydon has a total of 11 teachers and 7 learning mentors' signed up for the Certification Programme during 2009-10. It is expected that up to 10 of these professionals will specialise in SRE.

The Primary SRE Scheme of Work (KS1 and 2) was launched in October 2008 and disseminated to all local Primary schools. This resource has been well resourced and teacher feedback has been positive and many are using the resources and accessing CPD opportunities. In 2008-9, Croydon participated in the London Spiralling Curriculum Development workshops and contributed to the development of the SRE Core Curriculum for London Resource. As a consequence, Croydon's Teenage Pregnancy Prevention Programmes and Primary Scheme of Work (KS1 & 2) were cited as examples of good practice to other boroughs and expected to be included as case studies in national guidance due to be released in early 2010.

Locally developed Teenage Pregnancy Prevention Programmes are increasingly being used in secondary schools.

Agreement has recently been reached and funding identified from the Council to recruit an additional SRE Worker as part of the Healthy Schools Team. This role is currently in the process of being recruited to. This role will have a particular focus on improving SRE developments with faith schools; increasing work on the provision of information to parents on SRE policy and teaching in schools; increasing opportunities for school governors training and supporting the development of a holistic health drop-in pilot that is currently being developed in one secondary school in the North of the borough.

The development of the local Healthy College Programme and Standards had stalled whilst national guidance was being developed. This area of work is

now being picked up and a Healthy College Co-ordinator is due to be recruited over the next few months to help the Healthy College Steering Group lead on this area of work. In the meantime, joint-working and local sexual health initiatives have been developed and maintained within all three local colleges.

All colleges were involved in the summer sexual health campaign and additional events were organised around the Want Respect campaign. Weekly sexual health clinics have been established in the three local colleges and uptake has been high. A two-week drug, alcohol and sexual health prevention programme was held earlier in the year in 2 of the colleges and a health fair in the third with high degree of input from the local Teenage Pregnancy Team.

Establishment of a pilot local holistic health drop-in for young people is currently being developed in NMBEC. All the necessary consultation, policies and guidance are currently being developed with a view to the service starting in spring 2010.

Cotelands Pupil Referral Unit continues to provide support and advice to pregnant school-aged girls and their families, through the role of the Reintegration Officer. This role works with the individual young women to ensure that appropriate support measures are put in place within the school she attends in order to help her continue her education whilst pregnant. For those individuals where this is not possible or where individual wishes to continue their education in a specialist centre, then the appropriate transfer to Cotelands can be made. The education provision for pregnant teenagers and teenage mothers at Cotelands PRU has been recognised as outstanding. Since Cotelands PRU relocated to John Ruskin college site, approximately 2 and half years ago, additional opportunities and joint working with John Ruskin college have been developed to ensure that young mothers continue their education post-16. To date, the Teenage Pregnancy Reintegration Officer has supported 23 under 16 year old teenage mothers in 2009-10.

Croydon also has a Teenage Pregnancy Connexions Personal Advisor who provides support to pregnant teenagers and teenage parents aged 16 – 19. Since this post was created four years ago, the number and complexity of referrals that this post-holder has seen has greatly increased.

With a newly arrived Director of Learning appointed, Croydon Borough Council intends to provide greater leadership, support and challenge to schools through our SIPS. Programmes of training for governors will be further enhanced, along with additional investment in SRE resources and consultancy support for targeted schools. It is the intention of Croydon TPSPB to ensure that all young people in Croydon, both boys and girls have access to high quality information about sex and relationships to develop the appropriate skills, confidence and values framework they need to make and carry through positive choices.

The Croydon School Improvement Board and behavior task force are established to accelerate improvement in pupil performance and schools and embed collaborative ventures and plans between the council, the National

Strategies, the Government Office for London, the London Challenge, Health Service and other partners and stakeholders working with the children and young people of Croydon.

These boards address the key priorities for Croydon that affect children and young people and are attended by directors, cabinet member and lead officers from all areas, including social care, looked after children, education, health and other linked services. Teenage pregnancy has appropriate representation on this board to enable embedding and linking behavior, attendance and exclusions strategic work to the broader Teenage Pregnancy Strategy.

3.4.3 Integrated Youth Support Services (IYSS)

Youth Service: current key actions and priorities for Croydon Youth Service are:-

- Launch targeted sexual health drop-in's in the Samuel Coleridge Taylor and Waddon Youth Centres.
- SRE to be delivered across youth service projects and provision as part of the youth service curriculum
- Youth Workers to participate in SRE, TP and Sexual Health training
- Girls work project working with young parents

Connexions: Connexions is currently leading on the development of information, advice and guidance (IAG) in Croydon. For Teenage Pregnancy this will mean: -

- SRE, Sexual Health and Teenage Pregnancy elements being incorporated into information, advice and guidance policy
- Sexual health and teenage pregnancy leads identified in all associated agencies and settings
- Teenage Parents Lead identified

Youth Early Support: the current YES Panel arrangements are working well to support young people who are referred and this foundation will be built on as part of the developing IYS approach. Current key actions are:-

- Dissemination of early identification and assessment tool to YES Panel Chairs
- TP thresholds to be embedded into the YES Panel arrangements with clear pathways to activities and services

Future Work -Integrated Youth Support Service

Croydon is developing a new approach to the delivery of youth provision and there is strong leadership for developing an integrated approach. The current proposal is to deliver six strands of youth provision (IAG, Turnaround, LOOPS, Open Access, Youth Early Support, Specialist) across five localities. All six strands will work together to deliver a seamless and effective service

for young people. This will include the identification of young people who have additional needs (including being at risk of teenage pregnancy) and ensure that these needs are met.

Key actions will include -

- Clear arrangements for referring YP to specialist contraception and sexual health advice in place and IYSS staff aware of local services and processes
- Developing monitoring systems to ensure that the needs of young people are effectively recorded and these are analysed to inform commissioning processes
- Sexual health and teenage pregnancy targets to be part of the IYSS performance delivery framework
- IYSS to participate in C-Card Scheme
- All six strands of IYSS to identify approach to tackling sexual health and teenage pregnancy

Additionally, work is currently being undertaken to explore the possibility of co-locating the NHS Croydon Teenage Pregnancy Team in the new Turnaround Centre as of 2010-11, to work alongside IYSS colleagues. This will ensure greater opportunities for joint working and integrated service provision.

There are a number of key opportunities to take Croydon forward into the future:

- There is good information and data and the new service will be bringing it all together to get a real picture and understanding of our local young people's population to develop commissioning. This will be an area of work that the Children's Trust will prioritise as part of the new Children's Trust Commissioning arrangements. In the meantime, The Teenage Pregnancy Strategy includes a number of pieces of research and mapping work that will help inform and enhance local strategic developments.
- Integrated Ways of Working – As a result of the restructuring of the Commissioning, Performance and Partnerships Division, integrated working has been strengthened and CYPL are working closely with the Children's Workforce Development Council to develop core standards across the whole children's workforce.
- Relationship with schools: As with many other agencies and partners, the IYSS is developing strong and robust relationship with local secondary schools, which will potentially impact on the development of local IYSS initiatives. The new leadership for schools will underpin this.

3.4.4 Targeted work with at-risk groups of young people

NHS Croydon's Teenage Pregnancy Team has recently increased in size with three new permanent members of staff who have been employed as part of a

Young Peoples Sexual Health Outreach Team. The three members consist of an SRE Training and Development Specialist, a Young Peoples Sexual Health Outreach Worker and a Young Peoples Sexual Health Nurse. The new team members came into post in April and May and since then have settled in well and quickly picked up areas of work that had slipped during 2008-9. Additional, sexual health clinics in colleges and other targeted settings (YOT, LCIS) have subsequently been put in place.

In addition, the number of targeted SRE Outreach and Teenage Pregnancy Prevention Programmes (TP3) being delivered has significantly increased since the new team members arrived in post and have greatly exceeded the targets set. Targeted groups of young people who have received SRE training so far include: Young People with Learning Disabilities; Looked After Children; refugees and asylum seekers; young people who are NEET; young offenders and young people in private children's homes. As a consequence 694 at risk young people have received targeted SRE and Teenage Pregnancy Prevention Programmes during the period April-August 2009. In addition over 1,500 young people received some form of SRE advice and outreach from the Teenage Pregnancy Team during April-August at various young peoples, community or school and college events.

The Teenage Parent Peer Education Programme has also been re-commissioned during 2009-10 to deliver peer education sessions to young people in schools and non-school settings

Additional targeted sexual health and information advice sessions have been commissioned and are currently being delivered in a number of high rate wards in the North of Croydon; Fieldway; to boys and young men and within the Connexions service.

The Refocus and Reform Safeguarding restructuring will strengthen support to vulnerable young people across all areas of their lives. Considerable work has taken place to improve and monitor performance data and this is presented to the Council's Performance SMT.

In the meantime, sexual health is addressed during LAC and LCIS reviews under the global heading of health needs. Additionally, social workers and foster carers are being encouraged to attend SRE and Teenage Pregnancy Training that is offered locally by the Teenage Pregnancy Team in order to increase their knowledge and awareness of SRE issues. An increase in the number of social workers attending training has been seen over the last year. Bespoke SRE and Teenage Pregnancy Training is also available to local foster carers on a termly basis, though unfortunately despite the extremely positive feedback from those that have attended uptake remains low.

Delivery of SRE Training for voluntary workers and individuals from faith groups from the Black African/Caribbean communities continues to progress well with high numbers of participants attending the 8-week course. The Phase 1 – Progress Evaluation Report was submitted to the Kings Fund in February who is funding this 3-year project. An enthusiastic and

complementary response to the work that has been undertaken so far was subsequently received from Kings Fund. The Public Health Strategic Lead – Vulnerable Young People and Teenage Pregnancy continues to co-chair the Project Steering Group and provide specialist advice and support to the project workers. Effective links are also maintained with the Project Team and other SRE Workers within the borough.

3.4.5 Workforce Development

It has been agreed that mandatory SRE and Teenage Pregnancy Training for professionals will be considered as part of the Children and Young People's local training needs assessment and Children and Young People's Workforce Development Strategy to be developed across the NHS and LA during 2009-10. Priority service groups will continue to include Integrated Youth Support Service practitioners, social workers, foster carers, Children's Universal Service Staff and midwives.

In the meantime, the Teenage Pregnancy Team continue to work hard to deliver local training programmes and as a result twelve SRE and TP related training courses have been delivered during February- August 2009, with 165 local Children and Young People practitioners having attended training. An additional seven other training courses have also been held for dedicated groups of practitioners developed as bespoke in-house training programmes.

The NHS Croydon Teenage Pregnancy Team ran a ½ day Seminar in March entitled Behind the Mask – raising self-esteem and promoting SRE in boys and young men with 156 delegates attending. This initiative was developed in order to help increase awareness and skills in this area of work and covered general SRE issues that should be taken into account when dealing with boys and young men. Pornography use amongst boys and young men and the impact on misconceptions and attitudes to sex were also covered as part of the seminar. Issues affecting looked after boys and young men, particularly unaccompanied minors were also covered as this group make a significant proportion of the local LAC population. The issue of gangs and sexual exploitation and the needs of young fathers were also included within the agenda.

The Teenage Pregnancy Team additionally, held a 1-day Contraceptive and Sexual Health Seminar in October with approximately 150 delegates who attended. The seminar was developed to provide an opportunity for local managers and frontline practitioners to become more familiar with local contraception, termination and sexual health data as well as gain a greater understanding of the most effective methods of contraception including LARC methods. The day provided an opportunity for delegates to also find out about newly developed sexual health services in Croydon and network with other professionals.

3.4.6 Work with Parents of Teenagers

Croydon is currently developing it's local Parenting Strategy and the needs of parents of teenagers and teenage parents will be included and identified as a priority as part of it's development. In the meantime, Parentline Plus has been commissioned to deliver training and support to parents of teenagers. Future developments are expected to be taken forward within universal parenting and family support delivery. Opportunities also exist for services to be developed as part of the Extended Schools Scheme. The Family Support and Parenting Strategy is being reviewed to ensure a more Think Family approach and to target preventative programmes to age groups in our priority hot spots.

3.4.7 Young Peoples Involvement

The Teenage Pregnancy Strategic Partnership Board has a strong commitment to consultation and involvement of teenage parents, young people, parents and staff in the development and delivery of the local strategy. Some examples include:-

- A number of youth participation and consultation events have been organised in the past, including one focusing on local sexual health services & SRE provision. A large number of young peoples attended and the feedback was used to inform local improvements to service.
- The Gettingiton website is currently being reviewed & updated in consultation and involvement of young people from SWL.
- Consultation and input was received from young parents and local professionals in the development and design of a local 'Support to Young Parents Directory'.
- Teenage Parents are routinely involved in the delivery of training sessions to local practitioners.

Local practitioners and operational managers are also involved in the three Teenage Pregnancy Task Groups that meet on a quarterly basis. Other ad-hoc time-limited working groups are also convened on specific initiatives e.g. development of local sex & alcohol prevention campaign

4. CROYDON'S KEY PERFORMANCE TARGETS

The teenage pregnancy strategy is formally monitored based on the percentage change in under 18 conception rates between the 1998 baseline and the most recently available calendar year data. Between 1998 and 2007 Croydon's rate reduced by 7.6%, compared with a 10.7% reduction in London and England.

Croydon has selected Teenage Conceptions as a priority indicator within the LAA and a trajectories set with the GOL and Strategic Health Authority for London.

Table 2: Croydon Local Area Agreement Indicator: Reducing teenage pregnancy (Under 18 conception rate per 1000)

1998 Baseline	2006 (actual)	2007 (actual)	2008 (actual)	2009 (plan)	2010 (plan)
56.1	56.1	56.9	54.6	41.1	38.3

The 2008 LAA target for Croydon was 49.0 per 1000. The actual rate was 54.6 per 1000. For 2009 the target is 41.1 per 1000.

For the 2008 Care Quality Commission Health Check the PCT was graded as Red (Failed) for teenage conceptions, based on the 2007 conception rate.

5. FINANCIAL

Up to 2007/08 Croydon has received a ring-fenced Local Implementation Fund (LIF) to support the development and delivery of the strategy. The value of the Croydon LIF in 2007/08 was £273,000. From 2008 teenage pregnancy funding has been included in the Croydon Local Area Agreement (LAA), Area Based Grant. Core funding remains £273,000, but additional funding has been made available from NHS Croydon and the Local Authority for the development of additional teenage pregnancy and sexual health services and associated posts as recommended and agreed by the TPSPB in June 2009.

6. CONCLUSIONS

Teenage Pregnancy is a very complex and socially sensitive field of study and is a key inequality and social exclusion. The reduced life chances of young parents and their children, the majority of whom come from the least affluent backgrounds, make a compelling case for providing support and there needs to be wider recognition that support for young mothers reduces risk factors. It is important to try and break the cycle of poverty, low expectations and early parenthood so that it is not transmitted to another generation. The costs of a rising teenage pregnancy rate are financial and further social division.

Teenage pregnancy is a very high priority for Croydon and there is strong leadership at the highest levels to ensure the strategy is delivering. The under 18 conception rate is higher than average reflecting high levels of local need, and the rate of decline is insufficient to meet the 2010 target. Government is currently reviewing its national targets and it is expected that there will be review of the original 2010 target. Croydon is in discussion with London Government Office about this and will be learning from strategies and best practice in other London Boroughs. In London the map of teenage pregnancy is changing with, on average, Outer London boroughs showing slower rates of decline than Inner London. Other local challenges include the high number of schools to support (the highest number in London) and the high numbers of Looked after Children, particularly unaccompanied minors that Croydon has and the impact this has on the local conception rate target.

In summary, both Croydon Council and NHS Croydon are working in strong partnership together to make a difference to the lives and futures of young people and ensure the priorities of the Children's Trust are delivered.

APPENDIX C

Sex and Relationship Education
Many of the Joint Committee's recommendations touch on Sex and Relationship Education. The Joint Committee found a very varied understanding of this aspect and sets out here some key point about SRE.

The sex education elements of the National Curriculum Science Order are mandatory for all pupils of primary and secondary school age. These cover anatomy, puberty, biological aspects of sexual reproduction and use of hormones to control and promote fertility. Secondary schools are required to provide an SRE programme which includes (as a minimum) information about sexually transmitted infections (STIs) and HIV/AIDS Other elements of personal, social and health education (PSHE), including SRE, are non statutory.

All schools must provide, and make available for inspection, an up-to-date policy describing the content and organisation of SRE outside of national curriculum science order. This is the school governors' responsibility.

Primary schools should have a policy statement that describes the SRE provided or gives a statement of the decision not to provide SRE. The *Learning and Skills Act 2000* requires that: young people learn about the nature of marriage and its importance for family life and bringing up children. Young people are protected from teaching and materials which are inappropriate having regard to the age and the religious and cultural background of the pupils concerned and parents have the right to withdraw their child from all or part of SRE provided outside national curriculum science Following a review[2], the Government announced in October 2008 that comprehensive SRE will be made compulsory as a part of a statutory PSHE curriculum *Government guidance on personal, social and health education (PSHE)* The aspects of SRE that are not included in the science curriculum are delivered through personal, social and health education (PSHE).The Government is committed to improving SRE as part of PSHE and citizenship, which is also supported by the National Healthy Schools Programme (NHSP). PSHE and citizenship are non-statutory at Key stages 1and 2. At Key stages 3 and 4 citizenship becomes statutory, although PSHE remains non-statutory. The Qualifications and Curriculum Authority (QCA) publishes guidance on the whole curriculum. A new national curriculum, published in 2000, outlined the non-statutory framework for PSHE and citizenship for all four key stages, which includes learning about sex and relationships. This was followed in 2005 by guidance on what is expected to be learned at every key stage.

Government guidance on SRE[9]
In 2000, the Department for Education and Employment (now the Department for Children, Schools and Families) published guidance on the delivery of SRE through the PSHE framework. The guidance aims to help schools to plan SRE policy and practice and includes teaching strategies, working with parents, and confidentiality.

- There should be an emphasis on developing knowledge, skills and attitudes and appropriate teaching methods.
- Primary schools should ensure that both boys and girls know about puberty before it begins.
- Teachers should develop activities that will involve boys and young men as well as girls and young women.
- Policies should be developed in consultation with parents, young people, teachers and governors.
- All schools have a duty to ensure that the needs of children with special needs and learning disabilities are properly met.
- Puberty, menstruation, contraception, abortion, safer sex, HIV/AIDS and STIs should be covered.
- The needs of all pupils should be met, regardless of sexual orientation or ethnicity.
- SRE should be planned and delivered as part of PSHE and citizenship.

The schools are a key partner in this relationship. It is mainly through schools that universal SRE (Sex and Relationship Education) is delivered. The Joint Committee wanted to know how committed the schools were to delivering SRE. It found a varied an inconsistent practice. According to the briefing provided to the Joint Committee by the TPSPB, not all Croydon schools had National Healthy Schools Status and there was poor take up in Primary schools (21 of the 85 schools had not taken it up).

Only 41% of secondary schools had the status and only 4 of the 6 PRUs have that status. The lack of commitment was particularly noticeable in Secondary schools. PHSE remains low priority in Secondary schools and there is low take up of targeted Continued Professional Development (CPD) training on SRE and the courses have been discontinued as a consequence. SRE is a concern for certain faith schools and the increase in the number of Academy Schools may have a detrimental effect on the programme as more schools fall out of local authority influence.

Not all schools could demonstrate that governors had been specifically trained on issues relating to SRE or Teenage pregnancy. The Joint Committee understood that accredited SRE courses were available to teachers but the take up was low and there was no compulsion and no sanction. The mainstream science curriculum appeared to take precedence over the non statutory SRE.

The Joint Committee asked about SRE and youth workers. It found that take up of SRE training amongst Youth workers was also patchy and that many youth workers had no instruction or accredited training on SRE. It was explained that Youth workers tend to work atypical and short hours during the week and that using that contact time for training was not seen as a priority. Youth services work with a variety of young people and are in an excellent position to help in identifying categories of young people who might be at risk and for targeting them. Proper training youth workers could contribute significantly to targeting those young people who are at risk.

The Joint Committee inquired abut the number and role of school nurses in delivering SRE. They are often seen as impartial persons by young people who may be seeking pro active or reactive advice. It is clear that there are not enough nurses to allow dedication to each school. The nurses are peripatetic and raise issues of continuity and relationship building.

The Joint Committee also heard that the SRE work is not the only role nurses have in school and that their time is easily diverted to other presenting and pressing health issues. Members asked about the availability of male nurses and were told that Croydon has just appointed its first school male nurse who is undergoing SRE accreditation training.

School nurses are in a very good position for identifying those who might be at risk.