

Oxfordshire Children's Trust Teenage Pregnancy strategy 2010-2011

Background

The national teenage pregnancy strategy was launched in 1999 and has two main aims. Firstly to reduce the number of teenage conceptions to young women aged under 18, and secondly to increase the number of young mothers in education, employment and training. As part of fulfilling this strategy Oxfordshire has aimed to improve sexual health services, education and information for young people and to improve the health and well being of young parents and their children. Over the last two years Oxfordshire's Children and Young People's Trust has made sure reducing teenage conceptions is a priority target and forms a core part of the support delivered to young people. The teenage pregnancy commissioning strategy was reviewed in 2007 and approved by the Children and Young People's Trust Board (CPYTB). This new strategy builds on the successes of the previous strategy and identifies gaps where further action is required.

As within the majority of local authority areas, high conception rates occur in the most deprived wards in Oxfordshire. There is a significant difference in rates between the most and least deprived wards. For example, some of Oxfordshire's Super Output Areas that are within the 20% most deprived in the country (IMD 2004), e.g. Blackbird Leys, Northfield Brook, Barton & Sandhills, and Banbury Ruscote are also where the highest teenage pregnancy rates exist.

In 2008 the Director for Children, Young People and Families and the Director of Public Health undertook a review of the Commissioning Strategy and the existing structures for implementation due to concerns about the 2007 increase in rates of under 18 conceptions. A leadership team was established to take forward delivery of a number of high priority actions. Progress against these actions has been reported to the CPYTB. In May 2009 a new Teenage Pregnancy Coordinator was appointed to cover the secondment of the current post holder. A key task for the new coordinator has been to undertake a thorough assessment of the delivery of the Commissioning Strategy for Teenage Pregnancy using available performance data and through consultation with a wide range of commissioners and service providers. The assessment identified strengths and gaps and lead to this revised action plan has been produced to improve delivery in line with national guidance and recommended best practice.

See Self Assessment Appendix 1

During the past two years the structure of the Children and Young People's Trust has changed to meet the needs of a more area based structure. This has subsequently led to a change in the original teenage pregnancy

partnership board. Four lead officers meet fortnightly to review progress on teenage pregnancy. Performance data is monitored through the performance sub group of the Children’s Trust and updates are fed into Area Trust board meetings.

Links to the Children and Young People’s Plan

Reducing teenage conceptions and supporting young parents are key elements of the Primary Care Trust’s ‘Breaking the cycle of deprivation’ strategy and of the Children and Young People’s Trust’s ‘Narrowing the gap for our most disadvantaged and vulnerable groups’ agenda. These in turn form a core part of the new 2010-2013 Children and Young People’s plan. It also links to reducing risk taking amongst young people, for example in the substance misuse strategies.

Current situation

Conceptions

Across Oxfordshire the latest (2007) teenage conceptions rate is 29.8 per 1,000 (or 350 conceptions), an increase from 27.5 per 1,000 (or 320 conceptions) in 2006. The national rate for England is 41.7. Oxfordshire’s rate has gone down since 1998 by -5.8%, but this is low compared to England, which has gone down by -10.7% and the South East which has gone down by -13.3%.

Figure 1 Regional and England comparisons

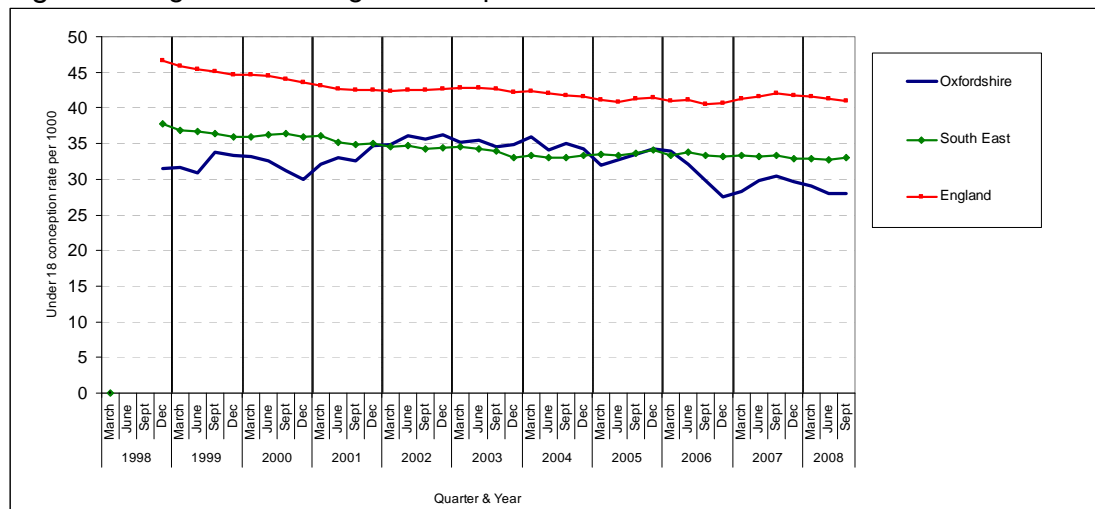


Figure 2 Oxfordshire quarterly rolling average

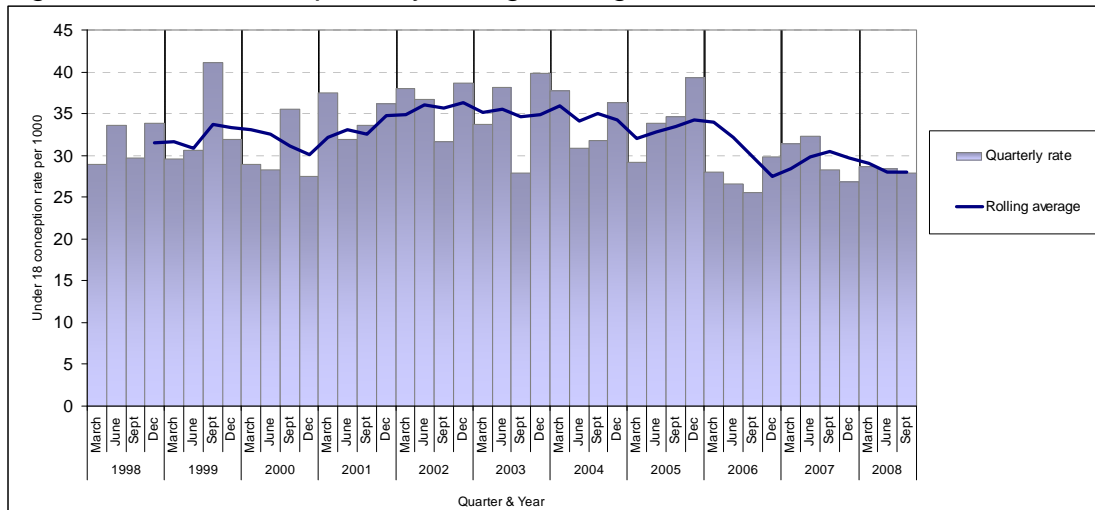


Figure 3. Statistical neighbour comparison

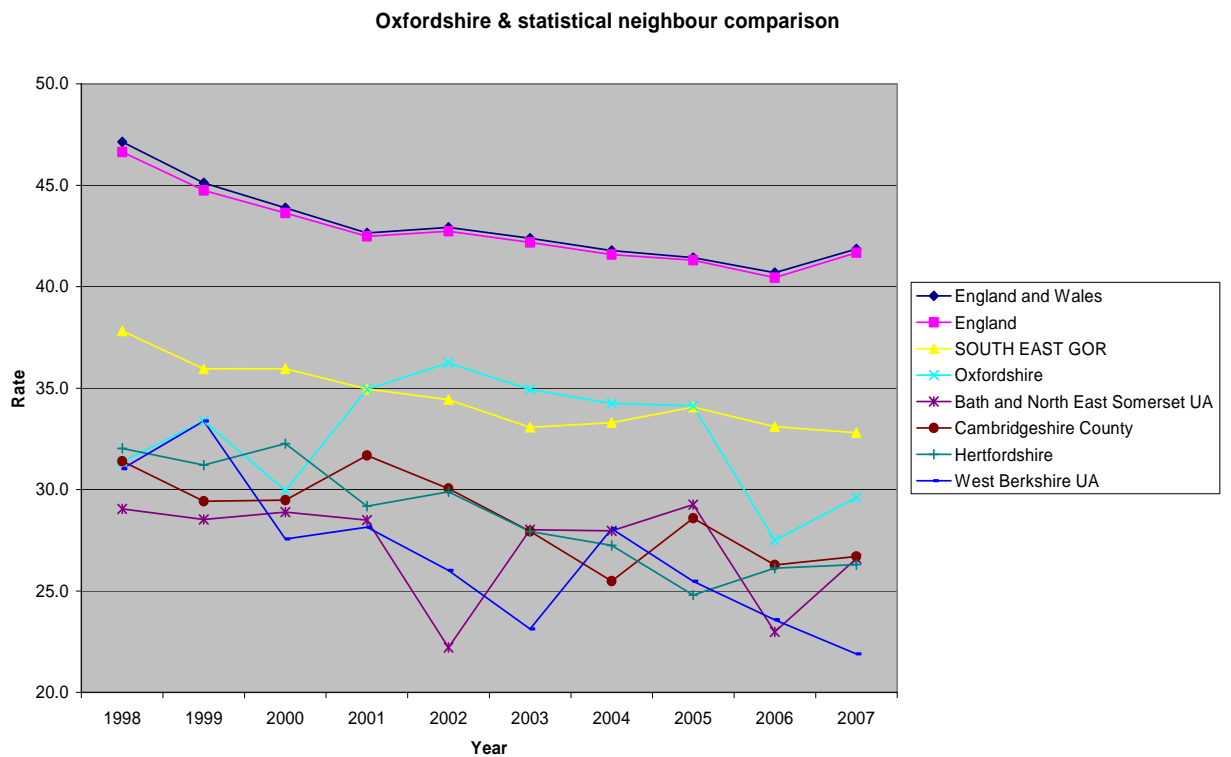
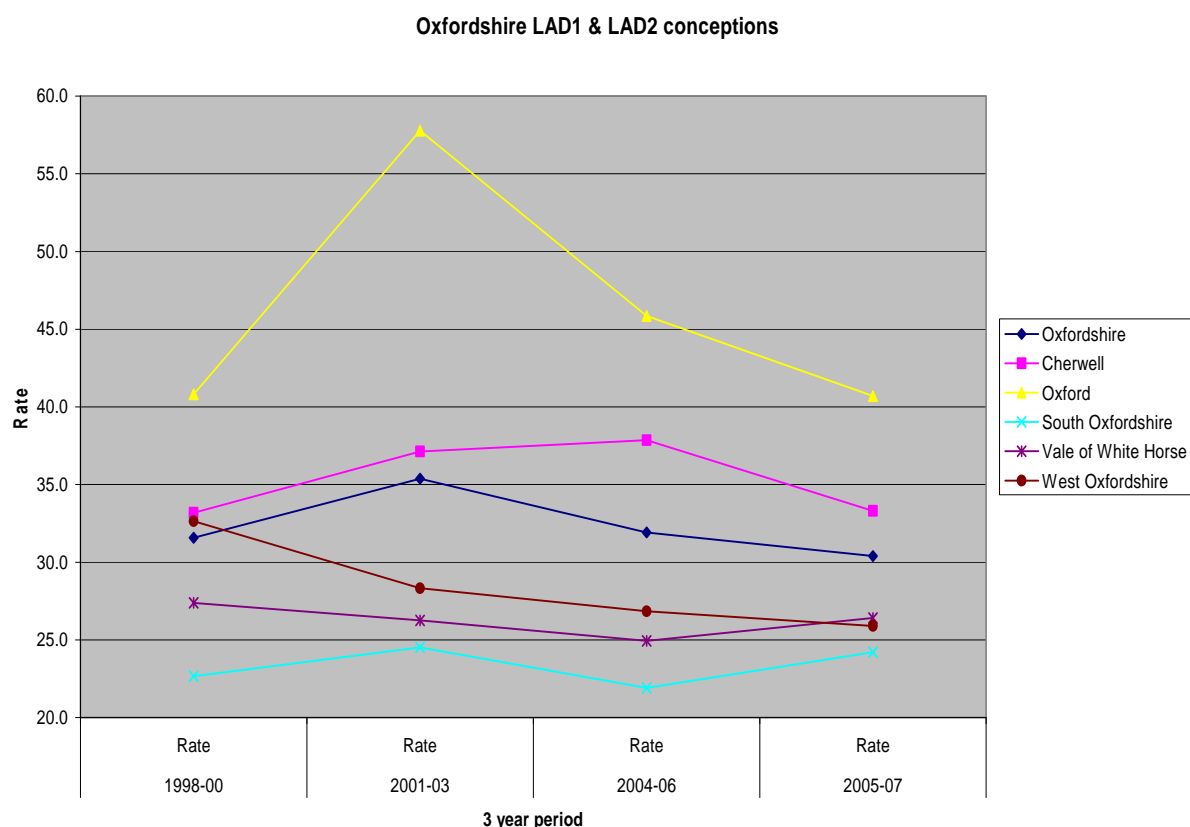


Figure 4 Teenage Conception rates LAD 1 & 2



Although the rate in Oxfordshire has declined it is not falling as quickly as we would like and we have not been as successful as our statistical neighbours.

Area breakdown – conception data

Teenage conception data is broken down by the five Oxfordshire districts so boundaries do not always match those used by the three areas, North, South and Central.

N.B. Rates are per 1000 female population aged 15-17.

Sources: Office for National Statistics and Teenage Pregnancy Unit

Area of usual residence	2004-06			2005-07		
	Number	Rate	% leading to abortion	Number	Rate	% leading to abortion
Oxfordshire	1,087	31.9	48%	1,061	30.4	48
Cherwell	298	37.8	49%	273	33.3	48
Oxford	321	45.8	45%	292	40.7	43
South Oxfordshire	150	21.9	53%	170	24.2	54
Vale of White Horse	171	24.9	44%	179	26.4	49
West Oxfordshire	147	26.8	54%	147	25.9	50

Oxford city (central)

Oxford city has by far the highest teenage conception rate of all Oxfordshire districts and it remains persistently high. In 1998 -2000 the teenage pregnancy conception rate for Oxford city was 40.8 per 1000; the rate for 2005 -07 was 40.7 per 1000 and the current rate has declined to 36.1. Oxford city wards with the highest conception rates (2004-6) are Lye Valley (28)¹, Littlemore (27), Northfield Brook (34), St Mary's (17) Iffley Fields (24), Cowley (22), Cowley Marsh (15), Rose Hill and Iffley (23), Blackbird Leys (27).

North Oxfordshire

Cherwell district has the second highest teenage conception rate of all Oxfordshire districts after central Oxfordshire, although figures are now showing a downward trend. In 1998 -2000 the teenage pregnancy conception rate for Cherwell was 33.2 per 1000, it went up to 37.8 in 2004-6 and then returned in 2005 -07 to 33.3. The latest data shows that the 2006-8 rate has fallen to 30.7. In the West the rate has gone from 32.6 in 1998-2000 to 23.1 in 2006-8. North Oxfordshire wards with the highest conception rates (2004-6) are Banbury Grimsbury and Castle (51), Banbury Neithrop (26), Banbury Ruscote (42), Witney Central (15) and Banbury Hardwick (23).

South Oxfordshire

South Oxfordshire's rate has fluctuated from 23 in 1998-2000 to 25.2 in 2006-8. The Vale of White Horse has gone from 27.4 in 1998-2000 to 27.9 in 2006-8. However, the data should be interpreted with caution as the underlying number of conceptions is small. The teenage pregnancy hot spot area is Abingdon Caldecott (16) with a high rate of 53.5 per 1000 young women.

Young parents in education, employment and training (EET)

Oxfordshire's rate for young mothers aged 16-19 in education, employment or training (EET) has successfully increased from 19.2% in June 2009 to 27.48%. However, this figure remains lower than the national average of 31.5%² for England. Connexions locality targets are between 30 and 50%. In June 2009 93.3% of all 16-19 years olds in Oxfordshire were in education, employment or training.

Engagement in EET also contributes to a reduction in second teenage pregnancies. It is essential for the long term economic wellbeing and reduction in social exclusion of mother and child and often contributes to wellbeing of the wider family.

¹ Figures in brackets denote actual number of conceptions 2004-6

² Department for Work and Pensions, Teenage pregnancy national indicators (England) <http://www.dwp.gov.uk/ofa/indicators/indicator-3.asp> (accessed 11.05.09)

Oxfordshire's data based self assessment

Our strengths in Oxfordshire

The data self assessment identified that Oxfordshire is doing a great deal of very good work, often to a high standard, and this should be noted and celebrated. For the strategy to be a success work must continue at the current high standard and where we have identified gaps new pieces of work must be put in place.

Strategic

- We have accountable leads in both OCC and the PCT and teenage pregnancy is featured in the Children and Young People's Plan and the Joint Strategic Needs Assessment. It is part of the PCT operational plan and the Local Area Agreement. We have fortnightly strategic meetings to monitor progress.

Data

- The 2009 self assessment (see Appendix 1) has moved us forward significantly. We have a senior accountable lead for teenage pregnancy data and information is monitored well in most PCT and OCC contracts.

Strong delivery of PSHE/SRE

- We have invested in SRE delivery appointing a specialist advisor within the Healthy Oxfordshire Schools Team (HOST). This post targets the schools whose catchment areas have high teenage pregnancy rates and offers teaching, lesson planning, advice and small group work. The placement within HOST means links to wider PSHE are excellent. For example, our delivery of the Last Orders play and workshops, which makes the links between alcohol and sexual health, is very good. In addition we have good links with school health nurses.

Provision of contraception and sexual health services (c&sh) for young people

- Our c&sh provision is very good, we have a thorough needs assessment and all services are commissioned following government guidelines. All schools have school health nurses and many have Bodyzones which combines staff from c&sh, School health nurses and the Youth Service and is an innovative project begun in Oxfordshire. We offer a wide range of condom distribution centres for young people and have invested in the wide availability of emergency hormonal contraception (EHC).
- We have invested in the promotion of Long Acting Reversible Contraceptives (LARCs) and are about to launch a new health nurse service in the further education colleges in areas with high teenage pregnancy rates. We have also invested more in school health nursing and provided a year round service, including a weekday support and

advice phone line. We have invested in a c&sh outreach nurse whose target groups are young mothers and vulnerable young women. This post is already securing high quality, and sometimes long acting, contraception for some for the most vulnerable young women in the county. We have also invested in three area based nurses for young offenders, the take-up of which has been very good.

Integrated Youth Support Services (IYSS)

- Teenage pregnancy is one of the vulnerability factors identified by the new IYSS strategy and needs assessment. Sexual health is now part of the required skills training for all IYSS professionals. Publications for young people, for example Spired.com and 'The Survival Guide' have comprehensive information on sexual health and signposting to information. We have sexual health champions within IYSS and many staff are trained to deliver the Safety (C) Card scheme (a safe condom use and distribution programme). Many youth centres are well equipped with trained staff and a wide range of information available.

Maternal and Child Health

- We have commissioned our antenatal and postnatal services in line with Department for Children, Schools and Families and Department of Health guidelines and so we have a good maternity care pathway with specific guidelines on teenage parents. We have invested in more information about working with fathers and we have teenage pregnancy link midwives in place.
- We provide young parents with a wide range of information during pregnancy and post birth and we have invested in delivering the Choosing Health smoking cessation priorities, targeting young mothers. We have good referral pathways for young mothers including to Health visitors.

Reducing child poverty

- We have a robust housing commissioning process that includes meeting the needs of young parents. Lone parents under 18 who need it can have some form of support and this support is well linked to other care pathways.

Gaps and actions September 2009 – March 2011

Oxfordshire's teenage pregnancy self assessment also highlighted a number of places where work could be improved as they were RAG rated Amber or Red in the assessment. The table below lists the gaps and identified actions, outcomes and milestones.

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
Strategic Engagement						
The current strategy and action plan does not reflect the needs identified through the self assessment	Revise current Teenage Pregnancy (TP) strategy and create new action plan based on self assessment	Lucy Russell, Teenage Pregnancy Co-ord. (TPC)	Revised action plan presented to Children's Trust Jan 2010	SMART actions lead to more prevention and support targeted at the young people most in need.	Yes	G
Senior accountability and engagement to take forward the action plan	Establish teenage pregnancy Task and Finish group membership to include representation from the Area Trust Boards	Alison Burton, Health Improvement Principal	Task and Finish Group formed February 2010 TP to be a standing agenda item for the Area Trust Boards April 2010	Senior managers are accountable to the CYP trust board for delivery of the action plan Teenage pregnancy is championed in Area Children's Trust Board	Yes	G Task and Finish group has now been established and will oversee

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
				Actions are followed through at a local level to ensure effectiveness		the delivery of this action plan Sarah Breton, Maria Godfrey, Sian Rodway and Emma Leaver will raise TP at ATBs via dashboard reviews. Will require a briefing in advance of meetings
Performance Monitoring						
Collection of timely and	The TP Task and Finish Group to agree a	Alison Burton, Health	KPIs agreed February 2010	The Task and finish group is accountable		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
complete performance data to monitor delivery of agreed actions	reporting cycle	Improvement Principal	Quarterly performance reports Feb 2010	<p>for collection of data according to the agreed reporting cycle</p> <p>Responsibility for timely collection and reporting of relevant KPIs is delegated to senior managers</p> <p>Performance is monitored and good and poor performance identified at the earliest opportunity</p> <p>Robust local data is used to inform action</p>		
Communication						
A joint communications strategy to promote clear	Create a communications strategy across OCC and PCT as part of a wider SH	Lead – Lucy Russell, TPC, with Ruth Atkins,	Teenage Pregnancy communication strategy task and finish group established with YP	Young people will receive clear joined up messages about sexual health		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
and consistent messages to internal and external audiences	<p>strategy</p> <p>Establish a communications group as part of the Sexual health Network</p> <p>Run broad reaching networking and information sharing events/meeting/conferences</p>	<p>Communications Manager NHS Oxfordshire, Louise Mendonca, OCC Communications lead</p>	<p>representation March 2010</p> <p>Final strategy presented to CYPT Board September 2010</p> <p>SH Communications group established Date tbc</p>	<p>support services.</p> <p>Young people's health outcomes improved by increased service knowledge and use.</p> <p>The children's workforce understands the importance of reducing teenage conceptions</p> <p>Clear dialogue with local media.</p> <p>Key staff are identified as spokespeople and trained to handle media enquiries.</p> <p>Media training arranged for key staff</p>		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
				<p>Health promotion campaigns are evidenced based and effective and communicated via a range of YP friendly media</p> <p>Young people are actively involved in delivery of sexual health promotion</p>		
Contraception and Sexual Health Services						
Number of YP accessing Chlamydia screening	TP coordinator establish robust link with CSP	Lead – Lucy Russell, TPC Marcia Butt, Chlamydia screening coordinator	Cross ref. Chlamydia action plan	More YP <18 access Chlamydia screening		
Reduction of second	Maternity care pathway to include referral to	Lead – Alison Burton,	Care pathway reviewed and updated	Reduction in teenage conceptions		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
pregnancies	<p>c&sh outreach nurse</p> <p>Establish referral process between c&sh outreach and abortion providers</p>	<p>Health Improvement Principal</p> <p>Lucia Winrow, Service Manager c&sh</p> <p>Emma Leaver, Joint Head of Children's Clinical Services, CHO</p> <p>Rosalie Wright, Midwifery manager</p> <p>Maria Godfrey, CAF Lead</p>	<p>April 2010</p> <p>Referral process fully implemented March 2011</p>	<p>Young women who are pregnant receive targeted c&sh advice and support</p> <p>Clear links and pathways are made to the vulnerable women's care pathway</p>		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
		Trudy Johnson, FNP Manager				
Increase the number of young women using LARC	Commission a social marketing campaign targeting young women <18 in line with the National campaign	Lead – Alison Burton, Health Improvement Principal Lucia Winrow Service Manager c&sh	Business case developed July 2010 Campaign delivered Date tbc	Increased uptake of LARC by women aged <18		
Increase outlets for condom distribution and take up of free condom scheme (C or Safety card)	Extend the C Card scheme to at least 1 pilot community pharmacy and evaluate Focus increase in target areas and clarify role and delivery via School Health Nurses	Alison Burton, Health Improvement Principal Shabina Sadiq, TP project Development	Pilot commenced September 2010 Evaluation of pilot April 2011	More young people access free condoms Young people can obtain free condoms in at least one community pharmacy		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
		Worker				
Improve access to health services in colleges of further education	Commission an onsite nurse led service to be delivered in Oxford and Banbury	Lead – Alison Burton Health Improvement Principal Lucia Winrow Service Manager c&sh	Service specification developed October 2009 Contract agreed December 2009 Serviced commenced January 2010	Young people in FE colleges in teenage pregnancy target areas will get improved sexual health services. Teenage conceptions amongst this group will reduce.		Some slippage due to recruitment . Due to begin in March
Support in schools						
Increase the number of teachers and community nurses who are trained and confident to deliver PSHE and SRE	Increase the number of nurses undertaking PSHE CPD Programme Increase the number of staff from TP target schools and PRUs undertaking the PSHE CPD Programme Join Domestic Violence	Jennifer Smith Healthy Schools Team Ser Emma Leaver, Joint Head of	Academic yr 2009/10 2 staff from PRUs will be trained 3 more staff from target schools will be trained 50% of secondary schools will have a staff member trained 15% Primary Schools will have a member of staff trained	Pupils in teenage pregnancy target schools will receive improved sex and relationships education (SRE). Schools are prepared and able to deliver a high quality curriculum when		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
	Champions network to teenage pregnancy and make links	Children's Clinical Services, CHO Also Michelle Plaisted-Kerr, Domestic Violence co-ordinator	20% of special schools will have a member of staff trained Academic Yr 2010/11 2 SHNs trained	PSHE becomes statutory Professionals will have more confidence and feel better equipped to deliver SRE.		
Young people participation in the development and delivery of PSHE/SRE	Engage young people and parents in SRE delivery	Lead – Jennifer Smith Healthy Schools team manager and Paul Lawrence Oxfordshire Association for Young People (OAYP)	Young people in 3 schools trained as peer educators for SRE July 2010	Evidence from pupil evaluation is used to develop the SRE/PSHE curriculum		
Increase access	Develop robust	Lead – Sarah	End of year report	Number of YP		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
to School Health Nursing (SHN) services in and around schools in TP target areas	<p>performance monitoring of SHN services</p> <p>Deliver high profile advertising campaign for SHN service out of term time service in Oxford and Banbury</p>	<p>Breton Head of Joint Commissioning NHS Oxfordshire</p> <p>Lead – Emma Leaver Head of Universal Children’s Services Community Health Oxfordshire</p>	<p>September 2010</p> <p>Details of what has been achieved so far and a framework for the report to be tabled at T&F meeting 2 (April 10)</p> <p>Marketing Campaign April 2010 – July 2010</p>	accessing SHN out of term time service increased by 100%		
Workforce development						
A well trained workforce that is confident and competent to deal with sexual health.	Conduct a thorough training needs assessment of staff working with young people and revise training programme	<p>Lead – Lucy Russell, TPC</p> <p>Shabina Sadiq Teenage Pregnancy Project</p>	A thorough needs assessment of the training needs of professionals working with young people is written and circulated by March 2010	<p>Professionals working with young people will have increased knowledge and confidence around sexual health</p> <p>Young people will</p>		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
		Development Officer (PDO) Anne Carter Workforce Development Lead	A revised training programme responding to needs assessment is produced by May 2010	receive improved information, advice and signposting		
Targeted intervention and prevention						
Early intervention and targeted support to prevent teenage conceptions amongst high risk and vulnerable young women	1) Pilot a risk assessment tool to identify young women at risk of teenage pregnancy	Lead – Lucy Russell TPC	Data reports on contact with most likely to conceive produced December 2010	High risk young women receive high quality health and contraception support leading to a direct reduction in teenage conceptions		
	2) Implement use of new and existing IT systems to ensure the high risk young people are	Lead – Tan Lea Strategic Lead, Youth		All services will have an accurate picture of how many young people are likely to conceive U18, where		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
	identified at the earliest opportunity			<p>they are and what support they are getting.</p> <p>IYSS support will be targeted at those most in need and become more effective.</p>		
	3) Improve the use of the CAF to deliver and monitor multi agency support packages for high risk teenagers and make sure sexual health is always a consideration	1) Lead – Maria Godfrey Strategic Lead – Locality and workforce development	CAF Guidance on assessing sexual health risks agreed and disseminated by end June 2010	Professionals carrying out a CAF will have specific guidance on assessing a young person’s sexual health needs and addressing them effectively.		
	4) Establish holistic sexual health support packages and care pathways for high risk young people including Children Looked After	Lead – Lucy Russell, TPC Jennifer Smith, HOST	Care Pathways for high risk groups in place March 2011	Vulnerable young people will receive good quality advice and sexual health services following a		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
	Care Leavers YP with LDD Persistent absentees and YP attending PRUs Young people with associated high risk behaviour such as drug and alcohol use	Maria Godfrey, Strategic Lead – Locality and workforce development		CAF to present pregnancies amongst the most vulnerable		
	5) Develop IYSS Sexual Health Champions	Lead – Tan Lea, Strategic Lead, Youth	A strategy for developing IYSS SH Champions is written by end of May 10	The IYSS will have a SH Champion in each locality who is fully informed, has access to up to date information and can advise other staff on training		
	6) Ensure strong links between existing good practice to identify vulnerable young people and the TP strategy (Success Project)	Lead – Lucy Russell, TPC		School partnerships will have an active roll in identifying and supporting girls at risk of teenage pregnancy		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
Support for young parents						
Implementation of the Family Nurse Partnership Programme	Deliver Family Nurse partnership programme to 100 young mothers	Lead – Sarah Breton, Head of Joint Commissioning OCC/NHS Oxfordshire	100 families recruited September 2010	100 families in Oxford and Abingdon receive intensive home visiting package The FNP model is successfully implemented in Oxfordshire		
Maternity Care Pathway does not include new services and FNP	Revise and update Maternity Care Pathway and ensure adherence across service	Lead – Rosalie Wright, Midwifery Lead	Maternity Care Pathway revised and updated by end April 2010	All pregnant teenagers receive multi agency support and holistic package of care which includes - Access to Healthy Start - c&sh - Support for parenting - Access to targeted support through the Healthy Child		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
				Programme - Support for EET - Strong partnership between services including - Maternity Services, Universal children's services, children's centres, Connexions		
Participation of young parents in planning and delivery of Maternity Services	Establish a teenage parents maternity services consultation group as part of the Maternity Services Liaison Committee (MSLC)	Lead – Rosalie Wright, Midwifery Lead	Plan for young parents consultation in place by end March 2010 First consultation by end April 2010 MSLC group established September 2010	Views of young parents inform the delivery of maternity services Young people friendly maternity services promote choice for young mothers 100% of young		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
				<p>mothers access antenatal care before 13 weeks gestation</p> <p>Young mothers express high level of satisfaction with maternity care</p>		
<p>Ensure babies born to teenage mothers have healthy start</p>	<p>Decrease the % of teenage mothers who smoke during and after pregnancy</p> <p>Increase the % of young mothers who choose to breast feed their baby</p> <p>Ensure good uptake of "Healthy Start"</p> <p>Ensure access to the healthy child programme</p> <p>Ensure good uptake of childhood immunisations</p>	<p>Lead – Alison Burton Health Improvement Principal</p>	<p>Cross ref. Children and Young People delivery plans</p>	<p>A reduction in young mothers smoking at time of delivery</p> <p>Fewer babies are exposed to the harmful effects of tobacco smoke</p> <p>An increase in the percentage of young mothers breastfeeding</p>		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
<p>Improve links between parenting strategy and TP strategy</p>	<p>Improve the recording and integration of parenting skills courses for young parents onto the Connexions database</p> <p>Support parents to discuss sexual health with their child/teenager</p> <p>Ensure sexual health and teenage pregnancy is incorporated into existing parenting programmes</p>	<p>Lead – Lucy Russell, TPC With Patricia Gibson Parenting Commissioner/ Sandra Higgs, 14-19 lead/ Sean Kearns, Connexions/ Lucy Russell, Teenage Pregnancy Coordinator</p>	<p>Parenting courses and outcomes registered on profile database June 2010</p> <p>Two Speakeasy training courses filled by staff by December 2010</p> <p>Family Intervention Programme and Parenting Early Intervention Programme incorporate sexual health and link to TP strategy. September 2010</p>	<p>Connexions identify the support each young parent receives and ensures further support is tailored to meet their needs</p> <p>Increase in number of young mothers EET</p> <p>Parenting practitioners trained to support parents to address sex and relationships with their child/teenager</p> <p>More young people say they are able to talk to their parent/carer about sex and relationships</p> <p>Vulnerable families are able to support</p>		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
				<p>their teenager's sexual health</p> <p>More support for parents of teenagers via parenting groups</p> <p>Targetted work via parents and carers i.e. through Sounding Board</p>		
The % of teenage mothers in EET is poor TP targets and raising the education participation (REPA) age need to link with the childcare strategy	Build teenage parents into existing Childcare strategy including preparing for REPA	Lead – Lucy Russell TPC With Fergus Campbell, Childcare Strategy Lead Sandra Higgs, 14-19 Strategic Lead	Teenage parents needs build into childcare strategy by June 2010	10% increase in participation of teenage mothers in EET		
Uptake of Care to Learn (C2L) is poor	Establish a C2L lead and create a C2L promotion strategy	Sandra Higgs, 14-19 Strategic	Establish Care 2 Learn strategic lead, first Task and Finish Group	Professionals will have increased knowledge of C2L		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
		Lead	Feb 2010 Devise a promotions strategy for C2L May 2010 Roll out promotions June – Dec 2010	and will promote it more to young parents Young parents will benefit from having their childcare costs paid whilst they study or try out childcare tasters Increase the number of teenage mothers in EET		
Lack of awareness amongst professionals and young parents about provision for young parents	Undertake mapping exercise of available provision and identify gaps	Lead – Lucy Russell, TPC With Rosalie Wright, Midwifery lead/ Patricia Gibson, Parenting Lead/Children's Centre	Mapping exercise completed December 2010 Online directory available March 2011	Information easily accessible to all professionals and young parents Increased access to services will improve maternal and child health, parenting skills and return to EET.		

Gaps	SMART actions	Lead	Milestones	Outcomes	Completed?	RAG rating on progress
		lead/Connexions lead Family Information Service lead				
Current provision lacks flexibility to meet the need of young parents	Include flexible provision for teenage parents in all service specifications with further education providers	Sandra Higgs, 14-19 Strategic Lead	See action plan for REPA Built into 14-19 implementation plan	More young mothers and fathers are able to access courses at various times in the academic year Increase in number of teenage mothers in EET		

Next steps

A Task and Finish group, Chaired by the Assistant Director of Public Health, will be established to address these actions and monitor progress. Membership of the group to include strategic leads and senior managers with a mandate to ensure actions are delivered. The first meeting to be held in February 2010.