

**A COLLECTION OF CASE STUDIES SHOWCASING
LOCAL PROJECTS/INITIATIVES TO REDUCE
UNDER 18 CONCEPTION RATES CATEGORISED
BY THE REGIONAL TEENAGE PREGNANCY
PEER REVIEW PANEL AS

EMERGING EFFECTIVE PRACTICE**

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SEXUAL HEALTH – CONTRACEPTION

Local Authority Area	Cheshire West and Chester
Primary Sub Category	Outreach
Links to Other Categories	Targeted Work
Case Study Title	Pilot of role of Young Person's Sexual Health Outreach Nurse
Project Overview	Develop the role of specialist Young Person's Sexual Health Outreach Nurse to provide advice and contraception to vulnerable young people across Western Cheshire
Case Study Submission	Click here
Peer Review Panel Comments	A good approach fostered through joint working and clinical leadership in the PCT
LTPC	Jayne Street
Project Contact	Sheila Lister
Email	sheila.lister@wcheshirepct.nhs.uk
Telephone	01244 389250

LOCAL PRACTICE SUBMISSION FORM

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

3,4

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Organisation submitting example	NHS Community Care Western Cheshire
Children's Trust/Local Authority/local service	NHS
Title of practice/strategy/intervention	Pilot of role of Young Person's Sexual Health Outreach Nurse

Context and Rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

Develop the role of specialist Young person's Sexual Health outreach nurse to provide advice and contraception to vulnerable young people across Western Cheshire .This role would provide individual specialist nurse support, help and treatment for those young people who are less likely to access mainstream services and specialist support to the agencies and professionals working with them.

Since 2008 the Contraception and Sexual Health Service has set up and managed 'Healthzone' sessions in four schools, working alongside School Health Advisors' and also run sessions in two Further Education settings, providing both emergency and ongoing barrier and a full range of hormonal contraception.

Links between school and college based services now needed further development and there was also a need to target more vulnerable and marginalised groups; young people with poor attendance, looked after children, young parents, those with learning disabilities and those not in employment, education and training. No nurse in the

service had a specific remit to work exclusively with young people and work outside current clinical sessions.

The need to develop young people's contraception services to reach vulnerable groups has been identified as a priority by many National Teenage Pregnancy Strategy documents. Local needs assessment in 2005, which asked users views, identified that some young people would prefer to be seen in non clinical settings and National Support Team visits and Cheshire West and Chester Teenage Pregnancy action plan also identified the need to reach this group.

Provision of a specialist sexual health young person's outreach nurse aimed to include the following remit:

- Provide outreach sexual health for looked after children, young people with disabilities and 'at risk' groups including pilot work at a Children's Centre to provide a weekly clinical session alongside a Health Visitor session for vulnerable teenage parents;
- Increase partnership working with school health, teenage midwife, social care;
- Work with Teenage midwife to improve support for pregnant teenagers to help identify postnatal contraception needs to enable a more speedy return to training and learning and prevention of future unplanned pregnancy;
- Identify and support vulnerable groups within college e.g. young people with learning difficulties;
- Develop existing service for young people at West Cheshire College, acting as a named support for vulnerable groups, peer mentors and staff and develop links between schools and college Healthzones to ensure continued support for young people;
- Work towards You're Welcome status for onsite Health zones;
- Develop links between schools and college Healthzones ensuring continued support to young people on leaving school and entering further education;
- Be involved as a clinical specialist resource for training and health events working with other stakeholders.

Desired Outcomes

- Improved numbers accessing services;
- Improved access to vulnerable and vulnerable and 'hard to reach groups' with a clearer identification of their needs;
- Improves links with outside agencies and other professionals. Improvement of services at West Cheshire College;

- Pilot at Blacon Children's Centre provides assessment of needs within Children's centres in hotspot areas for outreach activity and training of staff;
- Meets recommendations of recent NST visit to Western Cheshire.

The Practice

What did you do? Who was involved?

Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

Using funding from 'Access to Contraception monies' and linking the role with West Cheshire College Innovation bid for extending services on site, a specialist nurse was seconded from September 2009- ending July 2010 to provide this service alongside her existing contracted young people's sessions in schools, college Healthzones and community clinics.

Following the remit described the outreach nurse identified and linked with agencies and services and met at regular intervals with groups of young people at various agencies e.g. BYPP (young people at alternative schooling) Housing agency settings, and the Princes Trust.

Individual visits were also made following requests from schools, school health services, youth workers, social care and teenage pregnancy midwife to see individuals or small groups of young people with sexual health issues that those working with them were not able to resolve.

Awareness raising Talks were made to staff in various settings and support given to events e.g. Disability, Chlamydia screening.

Blacon Children's Centre pilot session was set up. Further work within West Cheshire College has developed links.

Measuring achievements

- All contacts made with individuals and groups recorded including numbers seen, type of activity, clinical consultations and evaluations of group activity and training given;
- Monitoring of all implants fitted;
- College success and detainment figures for vulnerable groups will be monitored;
- Statistical evidence of any change in teenage pregnancies will be monitored;
- Evaluation of training;
- Continual evaluation of young people's views and satisfaction monitored;
- Evaluation of pilot at Blacon Children's Centre currently taking place.

Are you able to provide evidence of the effectiveness of the practice?

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete.

The support needs of individuals and the agencies and professionals involved with them is now emerging. To continue the progress made and assess effectiveness more fully this post needs to continue for a longer period and discussions are taking place with commissioning to look at further funding.

All activity has been recorded and individual outcomes have been recorded where known.

There has been positive feedback from agencies and individual young people on support received.

Requests from individual schools for work with vulnerable individuals or small group has received positive evaluation.

Young people have accessed individual advice at the time of Small group work sessions and then accessed the outreach nurse or other clinicians at mainstream services. 'Clinic in a box' services have been developed to ensure immediate provision where needed.

Examples

Following a group session at BYPP Chester 2 young people accessed Outreach Nurse at Blacon Children's Centre for Implant fitting.

The Outreach nurse gained confidence of a vulnerable teenage parent, unwilling to link with mainstream services enabling access to her for long acting contraception at Children's Centre. Teenage Pregnancy Midwife reports young parent now confident in accessing Children's Centre for other services.

Clinic familiarisation visit organised by Outreach Nurse for school leavers at Dorin Park school (specialist school for young people with learning and physical disability positively evaluated by young people.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example.

Vulnerable young people are able to access contraception and sexual health advice and treatment in non clinical settings in which they felt more confident.

The link with an individual specialist nurse has given individual vulnerable young people confidence to access a main stream service with the opportunity to see the

outreach nurse they have already met.

What now happens differently for the services involved?

Services and agencies are able to access a named specialist nurse who can provide specialist support, advice and treatment to individuals or groups outside clinical settings.

The development of links and contact to agencies, services and professionals aids their awareness, knowledge and confidence in dealing with contraception and sexual health issues.

Specialist resource available for help with awareness raising and training of staff.

Which of the changes will you maintain to sustain your achievements?

Continue regular sessions with agencies that work with changing intakes of young people.

Continue developing links with Children's Centre's and Connexions.

Continue development of work with Teenage Pregnancy Midwife.

Continue to develop work with West Cheshire College.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

Evaluation is currently taking place using the outcome measures described above. Monitoring activity has shown a positive response from both young people and staff, both requesting and accessing advice and follow up with access to services.

More support could be provided for young people by a text/ telephone service as used by the Teenage Pregnancy midwife .This might also provide follow up facility to enable the Outreach nurse to follow up young people to give further support if needed and evaluate more fully the success of an intervention.

SEXUAL HEALTH – CONTRACEPTION

Local Authority Area	Cheshire West and Chester
Primary Sub Category	Targeted Work
Links to Other Categories	FE Based Services
Case Study Title	Development of onsite Contraception and Sexual Health services in schools and Further Education College in Western Cheshire
Project Overview	Development of onsite Contraception and Sexual Health services in schools and Further Education College in Western Cheshire
Case Study Submission	Click here
Peer Review Panel Comments	An excellent approach developed in partnership with the college, with effective clinical leadership
LTPC	Jayne Street
Project Contact	Sheila Lister
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Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

3,4

The local practice examples aims to:

- Inform decision and policy making.
- Illustrate how the difference to outcomes for children, young people and families can be made.
- Assist the evaluation of effective local practice.

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Telephone number	01244 389250
Organisation submitting example	NHS Community Care Western Cheshire
Children's Trust/Local Authority/local service	NHS
Title of practice/strategy/intervention	Development of onsite Contraception and Sexual Health services in schools and Further Education College in Western Cheshire

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

In response to the Teenage Pregnancy Strategy, Dfes guidance and local research findings Contraception and Sexual Health (CASH) wanted to provide more accessible contraception services to young people in Western Cheshire. As contraception and sexual health issues in this age group may be linked to other health or behaviour issues e.g. alcohol, drugs, peer pressures, home situations, self esteem and embarrassment about accessing sexual health is a barrier to some young people, a holistic service was felt to be both more acceptable to and useful.

The practice

What did you do? Who was involved?

Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

Initially CASH set up a weekly lunchtime drop in 'Healthzone' session for pupils at a

secondary school in Ellesmere Port in an area of high teenage pregnancy. By working alongside the school Health service the session was able to provide a holistic service providing informal, confidential, non judgemental advice, information and support on any health issue with the provision of contraception advice and supplies of both emergency and ongoing methods of contraception including contraception pills, and injections where needed.

CASH worked closely with the senior management of the school before the service commenced to ensure full consultation and information to governors, parents, teachers and pupils and regular meetings and publicity events take place to ensure continued awareness and understanding of the Healthzone model.

The service's success led to requests from another local Ellesmere Port school and two further schools commenced Healthzones using the same model in 2008. CASH also now has a Healthzone on both sites of the local Further Education College and supports a school health advisor with clinical back up, condoms, screening tests and emergency contraception to enable a more limited session at Capenhurst Grange (a small for excluded pupils- mainly young men).

Other schools are now requesting to have a service using the Healthzone model.

The work with the education college over 2009/2010 has included working with the college and other providers through a healthy college panel and developing the outreach nurse (pilot post) role with the college. Her College remit includes developing links between schools and college Healthzones, ensuring continued support to young people leaving school and entering further education, identifying and supporting vulnerable groups within college e.g. young people with learning difficulties and acting as a named nurse support.

Monitoring measures

- All contacts made with individuals and groups recorded including numbers seen, type of activity, clinical consultations and evaluations of group activity and training given;
- Regular progress meetings to deal with local issues at each school and college site;
- Continual evaluation of young people's views and satisfaction;
- College success and detainment figures for vulnerable groups will be monitored;
- Statistical evidence of any change in teenage pregnancy rates is monitored.

Are you able to provide evidence of the effectiveness of the practice?

Numbers using the sessions are excellent on the three more established sites and developing on the newer sites which have had to deal with accommodation issues. plans are in place to resolve these in 2010-2011.

Re-attendance figures are good. The majority of consultations are contraception and sexual health issues and there is good uptake and continuation of methods.

Young people evaluate the service positively and suggestions to improve service have been used e.g. West Cheshire College students wanted clearer identification of Healthzone staff by 'uniform' and all Healthzone staff now wear polo shirts with the website logo RUSURE.

Having a link with a CASH nurse has made linking students into mainstream services easier.

The introduction of an Outreach nurse has enabled closer links with vulnerable groups at West Cheshire College.

Successful themed events have taken place at West Cheshire College with awareness raising and access to screening and condoms. West Cheshire College has trained students as peer to peer mentors and they have worked closely with the Healthzone staff at these events This work is to be developed further next year when they will be provided with RUSURE T shirts and will work more closely with the Healthzones to help raise awareness and be available to other students on a more regular basis.

Both the college and the Ellesmere Port school sites are in the process of re building and are planning to have purpose built facilities to improve the Healthzones and extend provision.

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example.

Provision of contraception and sexual health advice is now available on eight education sites across Western Cheshire enabling young people at these sites to access health advice which includes ongoing hormonal contraception provision.

Young people are able to access help with related issues; e.g. chlamydia screening, alcohol, smoking, relationships.

What now happens differently for the services involved?

CASH nurses have become very experienced at dealing with issues with those under 18 and have increased their expertise around the different issues relating to teenage sexual behaviour.

School Health Advisors working in the schools involved have gained confidence in

dealing with sexual health issues and have been supported in gaining experience by competency training and experience in a young people's session in Ellesmere Port.

This also raised their profile with young people as a reliable source for contraception advice.

Two schools and West Cheshire College are now keen to become more closely involved with the provision of extended services within the community and to work towards achieving You're Welcome status.

Which of the changes will you maintain to sustain your achievements?

Increase work with all services working within school and college settings copying the Healthy College Panel concept used at West Cheshire College.

increase involvement of young people in services -in developing Healthzones following the Peer model started at West Cheshire College.

Continue to use publicity events and brand service with logo ,clothing to link it with young people's mainstream services.

Continue with a holistic service.

If funding available develop the Outreach nurse role to link school and college based services and allow more close work with other services and Local Authority partners i.e. Connexions.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

Evaluation of All contacts made with individuals and groups recorded including numbers seen, type of activity, clinical consultations and evaluations of group activity and training given:

- Regular progress meetings to deal with local issues at each school and college site;
- Continual evaluation of young people's views and satisfaction;
- College success and detainment figures for vulnerable groups will be monitored;
- Statistical evidence of any change in teenage pregnancy rates is monitored.

This service is replicable across other educational sites and the provision of ongoing hormonal contraception in any of the schools has not so far caused any concerns from parents to the schools showing that the fear of 'bad publicity' is largely unfounded in reality.

The projects have all required continued sustaining communication with the educational institutions and a positive approach to sorting out local issues which are different for each school.

Staff used in these services also need to be experienced, trained and fully supported especially when working with the under 16 ages.

The management of a growing school based service requires considerable management and administrative commitment and this time needs to be factored into any plan when providing and extending services.

SEXUAL HEALTH – CONTRACEPTION

Local Authority Area	Wigan
Primary Sub Category	Sexual Health
Links to Other Categories	Young People's Involvement
Case Study Title	Provision of young people focused contraception/sexual health services – Peer to Peer LARC promotion
Project Overview	College on-site peer to peer LARC event
Case Study Submission	Click here
Peer Review Panel Comments	Simple but effective example of a very focused peer promotion activity,
LTPC	Eleanor Mansell
Project Contact	Eleanor Mansell
Email	e.mansell@wigan.gov.uk
Telephone	01942 828928

Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

Provision of young people focused contraception/sexual health services.

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Organisation submitting example	Children's Health Improvement Commissioning, Wigan
Children's Trust/Local Authority/local service	Wigan Council, Children and Young People's Services
Title of practice/strategy/intervention	Provision of young people focused contraception/sexual health services – Peer to Peer LARC promotion

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

The under-18 conception rate in Wigan has fluctuated in the period between 1998 and 2008 but remains high. At 49.9 per thousand the 2008 rate of teenage pregnancy in Wigan remains higher than the North West and England, although at -6.9% it is the greatest percentage decrease Wigan has achieved since the 1998 baseline.

The NHS Operating Framework (2009-10) highlights the importance of promoting choice of all contraceptive methods, including LARC and NICE Guidance (2005) ¹ estimated that if 7% of women switched from the pill to LARC the NHS could save around £100 million each year through reducing unplanned pregnancies by 73,000.

74% of teenage conceptions in Wigan are to young women aged 16 to 17 years. The peer LARC initiative was therefore aimed at college students and aimed to improve awareness of, uptake and retention of LARC methods, in particular the implant.

¹ NICE Guidance, Long Acting Reversible Contraception (2005)

The practice

What did you do? Who was involved?

Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

College on-site peer to peer LARC event promoted LARC as effective easy methods of contraception for young women. Students who had experience of a LARC method of contraception were available to informally answer any questions on the every day, reality of these methods in use. Including any drawbacks and how the peers had handled them. A key outcome was to dispel many of the myths surrounding LARC.

This was a relatively low cost event, facilitated by the college nursing service. The peer volunteers were given bespoke sweatshirts to make them easily identifiable, which were very well received by the students wearing them and much coveted by other students visiting the event. A lunch for the peer team and inexpensive raffle prizes were purchased to further encourage attendance.

The initiative had added value in that wider sexual health messages and signposting to local dedicated CASH services were also given.

Key Contact: Liz Dobson, Specialist College Health nurse Tel: 07788412605 Email: Liz.Dobson@alwpct.nhs.uk

Are you able to provide evidence of the effectiveness of the practice?

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete.

130 students attended.

Within the following week, 7 students had Implants fitted at the Leigh Walk In Centre and a further 7 Implants were fitted by the Specialist College Nurse. 13 of the 14 identified that this was as a direct result of attending the event.

Other students may have attended for LARC at other sites across the borough; we are currently reviewing LARC activity data across the borough to see if an increase in young women was evidenced following the event.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example

The event enabled young peer supporters to enhance their confidence and communication skills and gave them positive experience in participating in a local health project which would enhance their CVs to influence their future job prospects.

The initiative contributed to NI 112 reducing teenage conceptions, NI 113 Chlamydia screening uptake and prevalence.

Supporting a reduction in teenage conceptions prevents young people experiencing the negative consequences of become a parent at a young age and supports Wigan in their overall drive to reduce child poverty.

What now happens differently for the services involved?

As a discrete piece of work.

Which of the changes will you maintain to sustain your achievements?

We plan to replicate the event across college and sixth form campuses borough wide. We are also looking at how we can replicate across other youth settings in the community.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

The event is relatively low cost, and lends itself to replication across a range of further education and community venues.

Peer to peer events are also a particularly relevant approach now, as government moves to strengthen public engagement including young people, in driving the health agenda forward.

YOUNG PEOPLE'S INVOLVEMENT

Local Authority Area	Knowsley
Primary Sub Category	Young Advisors
Links to Other Categories	Sexual Health
Case Study Title	Young people involvement in Sexual Health Service reviews
Project Overview	Young people undertaking mystery shopping as part of a service improvement review.
Case Study Submission	Click here
Peer Review Panel Comments	A strong example of the contribution young people can make to service improvement.
LTPC	Alison Cook
Project Contact	Regional Project
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Telephone	

Young people involvement in Sexual Health Service reviews

As part of the support offered to local areas Government Office for the NW and NHS North West worked collaboratively to undertake a service improvement review with a local area. The purpose of the review:

- To review the current service provision, identifying gaps and gaps to delivery and access;
- To use the Sexual Health Needs Assessment to develop a set of service reviews and recommendations to inform commissioning process;
- To develop clear plans for service improvements with commissioners and providers;
- To involve young people in the service review;
- To identify potential areas of innovation and emerging good practice.

Part of the brief for the review was to gain insight from young people to inform service improvement plans. To gain objective young people's perspectives, Young Advisors from a different local area were commissioned to undertake a mystery shopping exercise targeting sexual health services. Knowsley Young Advisers had a wealth of experience and were commissioned as the Mystery Shoppers.

Using the *You're Welcome* quality criteria as a guide, the Young Advisors were asked to provide feedback on services in a variety of settings in the local area on:

- Accessibility of EHC, pregnancy, LARC and Chlamydia screening;
- How easy was it to get to the service;
- Were there any barriers? If so, what were they?
- Was the experience good? If so, why? If not, why not?
- Did you get what you needed?
- What could be improved?
- What would they like the service to provide?
- Who would they like them to provide this?

As part of the review process, the Young Advisors attended a workshop with key professionals from the Local Authority and PCT to feedback their findings and recommendations from their visits. The following key recommendations emerged:

- The need for increased access to 'drop in' type services;

- Greater access to service provision including availability in the evenings and at weekend;
- The need to involve young people in the design, delivery and review of sexual health services.

The mystery shopper exercise has led to a number of planned service developments to improve access to young people friendly sexual health services with an emphasis on contraception, using *You're Welcome* as a vehicle for service improvement.

Taken from Teenage pregnancy Strategy: Beyond 2010

http://www.dcsf.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf

YOUNG PEOPLE'S INVOLVEMENT

Local Authority Area	Halton
Primary Sub Category	Risk Taking Behaviour
Links to Other Categories	Data -Performance Improvement
Case Study Title	Consultation
Project Overview	Consultation with young people related to risk taking behaviour
Case Study Submission	Click here
Peer Review Panel Comments	Consultation with three FE Colleges - Comprehensive Consultation Exercise
LTPC	John Bucknall
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Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

The local practice examples aim to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Organisation submitting example	Halton BC
Children's Trust/Local Authority/local service	Halton
Title of practice/strategy/intervention	Consultation

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

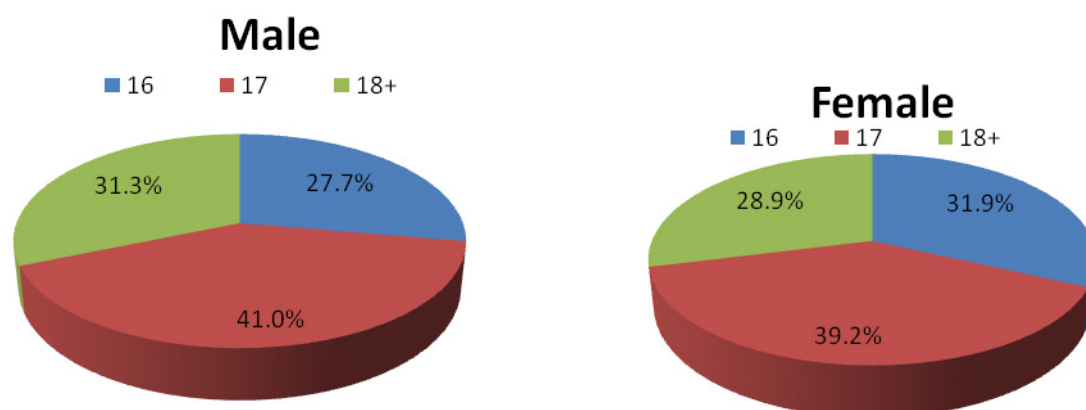
We worked in partnership with Halton and St Helen's PCT, John Moore's University, GONW and the 3 College sites in Halton. The aim of the project was to consult with young people about a wide range of issues related to risk taking behaviour.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

A survey was conducted in 61 tutor group classes at Riverside College, Halton, in November-December 2009. In total, 782 questionnaires were completed. The population was made up of 197 16 year olds (25.2%), 263 17 year olds (33.6%) and 198 (25.3%) aged 18 or over. Of those who reported their ethnicity, the majority

(91.2%) reported being White British. Nearly 5% did not respond to the question, and 0.8% (n = 6) ticked 'other'.



This was part of a larger survey conducted in teenagers FE colleges in North West England. Full ethical approval for the protocol was received from Liverpool John Moores University Ethics Committee.

Are you able to provide evidence of the effectiveness of the practice

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example.

We are currently continuing to consult with young people from a wider age range and background, before we decide how service provision will be re-designed.

What now happens differently for the services involved?

Making a difference to children, young people and families

Which of the changes will you maintain to sustain your achievements?

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

SEX AND RELATIONSHIP EDUCATION

Local Authority Area	Stockport
Primary Sub Category	Peer Education
Links to Other Categories	Involving Young People
Case Study Title	Involving Young People in their SRE via developing resources (Lizard's Lounge)
Project Overview	To support and enhance the delivery of the Sex and Relationship Education programme in Priestnall High School
Case Study Submission	Click here
Peer Review Panel Comments	Good example of innovative practice to involve young people in the development and delivery of sexual health information
LTPC	Michael Priestley
Project Contact	Elaine O'Reilly
Email	elaine.oreilly@stockport.gov.uk
Telephone	

Local Practice Submission Form)

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

- Young Peoples Involvement
- Targeted Work
- SRE
- Contraception/sexual health

The local practice examples aim to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Organisation submitting example	PSHE/Citizenship Service
Children's Trust/Local Authority/local service	Stockport LA
Title of practice/strategy/intervention	Involving Young People in their SRE via Young People developing resources(Lizard's Lounge)

Context and rationale

Our Ideas

To involve young people in the development of Sexual Health information in formal/informal settings.

To look at how to promote a positive sexual health message.

Evidence and knowledge we drew on

Stockport's Lifestyle survey, views of young people (schools, central youth forum), National survey (young people's view on SRE), TP Stats, years of working with young people.

The practice

What we did and who was involved?

LIZARD'S LOUNGE: The idea was adapted from Lancashire Teenage Pregnancy Strategy, who we acknowledged in all the relevant communication. In April 2009 we invited young people in 3 age-groups (11-13, 13-16, 16+) to apply for funding of up to £4k for a project. Applications were sent in and then the 3 Lizards (TP co-ordinator, Senior Youth Work Manager, Head of PSHE Service) then invited some of the applicants into their Den to give them a presentation. The format was based on Dragon's Den and from the 12 applicants 7 projects were offered funding. The successful projects were given initial funding of £1,000 subject to them providing a breakdown of costs. Groups have had further funding when needed but this has been accompanied by a detailed plan.

The applicants that were unsuccessful were redirected to other projects to be involved, for example several applications were to set up websites but these already existed.

In July 2009 we brought the projects together for a day to look at action- planning, financial planning and future events. The group decided they would like to see each other's work and offer advice. We then held a day in 8th March 2010, at 1 school where each group presented their work so far. Each group gave feedback and decided how they would showcase their final work. This event is likely to take place in the Spring Term 2011 in conjunction with other work on assessment to accompany the SRE spiral curriculum (years7-9) jointly produced by Stockport and Tameside.

The Projects:

1. **'Bodywise in Cloisters'** – Bodywise is a resource designed to be used by small groups that was developed by 2 Health Visitors in Stockport. A group of young people in Cloisters (special unit) have been involved in Peer Education and have delivered the work to young people in Summer schools. 2 of the group have also been involved in PSHE sessions with Year 8 and will be doing similar work next year.
2. **DVD and Posters visiting Central Youth** - A group of young people at a Stockport school are producing a DVD/Poster/teaching plans to enable schools to deliver work around visiting and accessing services. Central Youth has 'You're Welcome' status and we felt that this is a way of highlighting this excellent service to all. The group doing this work have been identified as 'Gifted and Talented' by the school so are doing their own recording/editing etc.
3. **'Two Blue Lines'** - a drama to be put onto DVD. A 2-minute trailer was presented by this group to the annual CYPD conference. There will be an education pack produced for settings
4. **Young Men and Sexual Health** - This is a very chaotic group of young men but they hope to run an event during the Summer Holidays for looked after young people.

5. Central Youth Young People's Group - This is a group of young people who are trained Peer Educators and have done a DVD for 'You're Welcome' and they are looking at ways to engage young people in various settings to be more proactively.
6. CYCES (young people with Special needs) working to produce a DVD around dealing with difficult situations (Backslappers) and a CD with teaching techniques.

The aim of this work is to give young people transferable skills and recognise the work they have done through accreditation schemes like ASDAN. All participants will get a certificate at the showcase event.

Lizard's Lounge is 'emerging good practice' – we know from previous events where we have used young people to present their work their impact has been tremendous and they have been excellent ambassadors and change agents.

Making a difference to children, young people and families

What will happen differently for children, young people and their families as a result of your actions?

The Lizard's Lounge material will provide schools and other settings with material for young people by young people- the challenge will be how this is used by the recipients and how quality is assured where the delivery of PSHE in a settings varies considerably. Attendance at the showcase event will be the only way settings can get the resources and I am sure the young people will have something passionately to say about their Sexual Health- the information they need and where. The resources like the DVD's and Bodywise will enable other people in settings to work with small groups to ensure all YP get their entitlement.

The Lizard Lounge and Peer Education work was also submitted to NORTH WEST Healthy School network as case studies of Good Practice in SRE. The driving force for all this work has been a commitment to offer YP the best access to appropriate sexual health information to enable them to make informed choices and access good quality services.

What now happens differently for the services involved?

Making a difference to children, young people and families

Which of the changes will you maintain to sustain your achievements?

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

In the case of Lizard's Lounge as part of my role I will be working with schools who attend the showcase to see how they intend to implement the projects.

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

As mentioned above at every stage with the Lizard's Lounge work the YP were pivotal and the learning from them being involved in this as gone far beyond the project. The young People at Stockport school would be delighted to speak to anyone about their experience.

What 'hot tips' do you have from your experience for others?

Keep it real, keep in manageable and relevant.

SEX AND RELATIONSHIP EDUCATION

Local Authority Area	Stockport
Primary Sub Category	Peer Education
Links to Other Categories	Involving Young People
Case Study Title	Involving Young People in their SRE via Peer Education
Project Overview	To support and enhance the delivery of the Sex and Relationship Education programme in Priestnall High School
Case Study Submission	Click here
Peer Review Panel Comments	Good example of involving young people as peer educators in delivering sexual health messages in a range of settings including schools
LTPC	Michael Priestley
Project Contact	Elaine O'Reilly
Email	elaine.oreilly@stockport.gov.uk
Telephone	

Local Practice Submission Form)

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

- Targeted Work
- SRE
- Contraception/sexual health
- Young Peoples Involvement

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Organisation submitting example	PSHE/Citizenship Service
Children's Trust/Local Authority/local service	Stockport LA
Title of practice/strategy/intervention	Involving Young People in their SRE via Peer Education

Context and rationale

Our Ideas

To involve young people in the development of Sexual Health information in formal/informal settings.

To look at how to promote a positive sexual health message.

To develop Peer Education as a way of the above.

Evidence and knowledge we drew on

Stockport's Lifestyle survey, views of young people (schools, central youth forum), National survey (young people's view on SRE), TP Stats, years of working with young people.

The practice

What we did and who was involved?

PEER EDUCATION: There is some overlap with the information above as you can see. From August 2007 until March 2010 there was a dedicated Peer Educator post who worked with schools and other settings to get Peer Education established. This was quite difficult to begin with but once established demand outstripped capacity and we had to ensure schools and colleges were a priority.

Details of every setting and numbers are given in appendix (attached).

Peer Educators in 1 school were used to deliver an enrichment day to the whole of Year 8. A core offer was made to 4 schools (Greater Manchester Challenge) September 2009 to March 2010 of which 3 took up the offer to have Peer Education and support in delivering the SRE spiral curriculum. Each school worked with 1 year so all the 3 years were covered.

The effectiveness of the practice- Peer Education

See attached appendix 2 for work and sustainability.

The Peer Educators from 2 local schools that presented at a local teenage pregnancy event certainly proved that young people's voice can change things.

Making a difference to children, young people and families

What will happen differently for children, young people and their families as a result of your actions?

Where the Peer Education work is sustained in the setting more young people will benefit from this. At the Summer School at Reddish this year there are 70 families and a waiting list. Peers using the Bodywise programme can only improve communication between YP and their families around SRE.

The use of Peer Educators as trainers will enable 'Bodywise' to be delivered to different small groups in different settings. The group at Cloisters will co-ordinate the resources and make a list of the groups using them next year enabling me to monitor effectiveness.

The Peer Education booklet that was produced by 2 members of my team is available on the intranet for schools/colleges and other settings. This refers to specific section in 'Bodywise' and the spiral curriculum so Peer Educators could deliver key sections.

I am also setting up a contact group so other interested parties can talk to/visit the settings for information and support.

The Lizard Lounge and Peer Education work was also submitted to NORTH WEST Healthy School network as case studies of Good Practice in SRE. The driving force for

all this work has been a commitment to offer YP the best access to appropriate sexual health information to enable them to make informed choices and access good quality services.

What now happens differently for the services involved?

All secondary schools are being encouraged to use 'Are you getting it right?' toolkit as part of the evaluation of their SRE delivery. This will form part of the work given out at the showcase event.

The second part of the Core Offer to the ITAS group will involve 1 school nurse at each school being involved in the delivery of SRE at each of the 4 schools using the SRE spiral curriculum/Peer Ed and Bodywise.

Which of the changes will you maintain to sustain your achievements?

The Peer Education booklet and support system will enable other settings to try this work.

Teachers and other professionals who have taken part in Phase 7 of the National PSHE CPD programme did work on Bodywise and in the case of teaching staff they can from Reception through to College.

Even though staff and funding has disappeared I have sustainability plans in place to try to ensure work is maintained and momentum not lost.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

In the case of the 3 core schools I will be working with the school staff and nurses to look at input into the academic year.

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

The Peer Educators work has been evaluated throughout and the fact that 1 school has planned to use their Peer Educator next year is testimony.

What 'hot tips' do you have from your experience for others?

Keep it real, keep it manageable and relevant.

SEX AND RELATIONSHIP EDUCATION

Local Authority Area	Halton
Primary Sub Category	Sexual Health
Links to Other Categories	Targeted Work
Case Study Title	Sex and Relationship Education / contribution to the reduction of teen conception / STIs
Project Overview	Halton Youth Service: Sexual Health Camp & Peer Educators
Case Study Submission	Click here
Peer Review Panel Comments	A good example of using innovative methods to get sexual health messages to young people
LTPC	John Bucknall
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Telephone	01928 583 322

Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

Sex and relationship education for 13-19 yr olds in Halton.

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Organisation submitting example	Halton Youth Service, Action for Children
Children's Trust/Local Authority/local service	Halton
Title of practice/strategy/intervention	Sex and Relationship Education / contribution to the reduction of teen conception / STIs

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

Aim:

To ensure young people have the knowledge to make informed choices about their sexual health and relationships.

Evidence:

- High rates of teen conceptions locally
- Young people requesting information and safe spaces to explore their ideas with their peers and youth workers

The practice

What did you do? Who was involved?

Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

Halton Youth Service: Sexual Health Summer Camp & Peer Educators

In 2009 young people from across Halton attended a summer camp facilitated by youth workers and Halton's Young Minister of Health. Young people 14 - 19yrs including LGBT, LDD and Young people in Care came together to take part in fun activities to raise awareness of Sexual Health and Relationships. The Young Minister of Health gathered young peoples' evaluations of the camp and presented recommendations for any future camps which have been incorporated into the event for 2010.

Outcome: 45 young people attended the camp, all could reflect on their learning, all gained a nationally recognised accreditation.

Those young people who wished to learn more participated in a week long Sexual Health Comedy and Drama Project; where they utilised their knowledge and understanding gained from the camp to develop a performance and to create an insightful resource of 'SexEd TV DVD'. The group invited professionals and their peers to showcase their performance and DVD. This core group supported by youth workers successfully secured funding from the Terence Higgins Trust for a Sexual Health Peer Education training programme. Through this accredited training programme young people grew in confidence and became equipped to disseminate such important information onto their peers in the run up to the Christmas 2009 period, promoting safer sex and utilising the 'SexEd TV DVD' as a practical resource.

Outcome: 8 peer educators worked with 120 young people in 8 different venues throughout Halton promoting safe sex in the hot spot month of December.

Spring 2010 Sexual Health Peer Educators widened their knowledge base to include alcohol harm minimisation. From July onwards the group have joined youth workers supporting Halton Youth Service 'Friday Night in the Parks' provisions. Using adapted resources and extensive knowledge to engage young people in activities and discussions around sexual health and reducing risk taking behaviours.

Target: 8 peer educators and youth workers to deliver SRE and alcohol harm minimisation education to 400 young people during 'Friday Night in the Parks' July – August 2010.

Are you able to provide evidence of the effectiveness of the practice

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example

The conversational nature of youth work has enabled young people to discuss with more ease and confidence their concerns and expectations of sexual health and relationships. This has begun to lead to young people being able to negotiate safer sexual health practices and feel more able to turn down unwanted sexual advances and unhealthy relationships.

Young people who attend Youth Service provision are making more informed choices about their sexual health and relationships. SRE curriculum work is delivered very term by all youth work teams.

783 condoms were distributed to young people by youth workers for the period April 2009 to March 2010.

What now happens differently for the services involved?

The Youth Service has embedded the sexual health and relationships summer camp into its annual summer programming.

Young Peer educators have extended the sexual health and relationships work to include the Friday night in the park project. This takes place in two parks in the borough over 9 weeks of the school summer holidays.

Which of the changes will you maintain to sustain your achievements?

To support more young people to become peer educators; young people's feedback is the messages and information is much more powerful and meaningful from their peers.

To continue to embed the sexual health and relationships summer camp into our annual summer programming.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

The Youth Service plans and delivers programmes in partnership with young people which ensure young people want to give feedback to improve their own services. It is the partnership with young people that is crucial to our success. The balance of power is tipped in favour of young people, so they have an opportunity to express and explore their thoughts and feelings in more depth and without embarrassment. Young people are supported and motivated to participate and their opinions are valued.

The Youth Service has developed a range of tools and methods to gain meaningful feedback such as:

- young people being involved in 'speak out' in youth clubs where by key topics such as relationships can be discussed in an open and accessible manner in language that the young people understand;
- peer educators running evaluations with young people;
- recording, reflection and celebration of what each young person has learnt and what impact that has on their behaviour/ actions through Recorded Outcome Certifications and quarterly celebrations;
- Using arts, multi media, music to evaluate the impact of youth work intervention;
- Young Inspectors joining inspection teams to assess the value of the curriculum based youth work sessions undertaken.

The Youth Work approach has ensured young people feel confident and able to express themselves and self advocate for their own sexual wellbeing in the long term.

An open and honest approach to sexual health that includes conversations with regards to sexual health, sexual orientation and sexuality in a safe and supportive environment has enabled young people to feel able to approach youth work staff regarding matters of contraception, pregnancy testing, sexual orientation and sexual exploitation.

SEX AND RELATIONSHIP EDUCATION

Local Authority Area	Manchester
Primary Sub Category	PRU
Links to Other Categories	Targeted work - Training
Case Study Title	SRE Accreditation for Key Stage 4 PRUs
Project Overview	To provide an accredited programme that would suit the target audience and improve the knowledge and skills of PRU staff to deliver the programme
Case Study Submission	Click here
Peer Review Panel Comments	A good example of building sustainability in the PRU Sector through staff training and appropriate accredited SRE programme
LTPC	Jon Dunn
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Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

SRE

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Organisation submitting example	Manchester Teenage Pregnancy Strategy Team
Children's Trust/Local Authority/local service	Manchester City Council
Title of practice/strategy/intervention	SRE Accreditation for Key Stage 4 PRUs

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

Manchester continues to have high rates of under 18 conceptions and local and national studies highlight the inconsistency of SRE received in school.

Young people attending Pupil Referral Units (PRUs) are generally considered to be a target group as their disengagement from mainstream school can lead to involvement in high risk behaviours and increases vulnerability. The delivery of SRE across the PRUs in the city was irregular because of pressures on the timetable. The content when it was delivered was minimal and not consistent, and it was identified by external providers that sometimes resources were out of date.

The intention was to provide an accredited programme that would suit the target group and was deliverable within the time constraints; as well as improving the knowledge and skills of the PRU staff to deliver the programme and to have the correct information about local services to respond to requests on a day to day basis.

The evidence for knowing that this was worthwhile was based on local knowledge.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

The work involved workers from a range of agencies:

- PRU Project Manager
- CASH non clinical outreach worker
- Brook outreach education worker
- Healthy Schools Advisor
- PRU PSHE Lead

Workers from this group met to examine previous programmes of work and resources. Consideration was given to ensure that this reflected the content of the new KS3 SRE curriculum and would follow on from the Primary School programme.

Session plans were then developed in line with the AQA framework.

The pilot programme was delivered to young people at one PRU. This was evaluated at each stage by the young people, PRU staff and the CASH and Brook staff who, at this stage, delivered the sessions.

Staff training was then delivered to all PRU staff and an assessment of additional training needs was carried out. Further training will be developed to meet these needs.

The effectiveness of the staff training was measured by session evaluations which demonstrated a notable increase in confidence to deliver the subject matter.

Are you able to provide evidence of the effectiveness of the practice

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example.

The full implementation of this programme will mean that all young people who attend a KS4 PRU will receive an accredited SRE programme. Young people will have up to date relevant information about local services and will be in a project where staff are more able to respond positively to their questions on the subject and who can signpost them correctly for further advice and information.

It is expected that because this is a high risk group that this work could contribute to a reduction in or the delay of teenage pregnancies, increased uptake of local sexual health services, increased uptake of contraception and an increase in the young people's knowledge of sex and sexual health. As a potentially vulnerable group they should now have an increased level of protection.

What now happens differently for the services involved?

PRU staff will be delivering the SRE sessions, initially with the support of CASH and Brook staff. CASH and Brook staff will shadow the workers in their delivery and have agreed to provide ongoing support and assistance, particularly on the areas of contraception and STIs.

Staff turnover is generally low in the PRUs and as their confidence to address these issues increases over time, further groups of young people will continue to benefit.

The PRUs are providing better quality SRE for the young people attending and can demonstrate this easily for the purposes of QA and inspections.

Which of the changes will you maintain to sustain your achievements?

All partners intend to continue to work closely to ensure that the work is fully implemented across all projects and until the PRU staff are competent and confident to deliver the sessions.

Annual evaluation will be needed to ensure all information is accurate and up to date.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Continuing evaluation and student assessment will be necessary to measure any difference. It won't be possible to directly link sexual health clinic attendance or contraception uptake rates with this work.

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

The pilot SRE sessions were delivered to the same group of young people. An individual evaluation was completed at the end of each session and at the end of the

programme. This was both paper based and interactive with the opportunity for the young people to give honest feedback. Their feedback informed the final version of the programme.

Assessment of changes in their behaviour are difficult to measure other than from their verbal reporting and worker observation.

As the programme is still not fully implemented this is emerging good practice.

SEX AND RELATIONSHIP EDUCATION

Local Authority Area	St Helens
Primary Sub Category	Sexual Health
Links to Other Categories	Support for Parents
Case Study Title	SRE support for parents
Project Overview	support for parents of both Primary and Secondary aged pupils in relation to Sex and Relationship Education and Sexual Health
Case Study Submission	Click here
Peer Review Panel Comments	A good example of schools engaging with parents in SRE
LTPC	Michelle Davies
Project Contact	Barbara Constantine
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Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Children's Trust/Local Authority/local service	St Helens
Title of practice/strategy/intervention	SRE support for parents

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

To provide support for parents of both Primary and Secondary aged pupils in relation to Sex and Relationship Education and Sexual Health.

To provide parent workshops to experience Sex and Relationship Education topics.

National documentation referred to:

- DFEE (2000) Sex and Relationship Education Guidance
- OFSTED (2007) A Time For Change? personal, social and health education
- QCA (2007) PSHE Education Guidance

Local Priorities: Goals

2.1.3 Improve emotional health and well-being

2.4.1 Support children and young people to manage and make positive choices

2.4.3 Reduce the number of teenage conceptions

Priority Actions: To provide a pack of information for parents to support them in talking to their children/young people about sex and sexual health, at a time when they feel it is most appropriate, and to discuss the programmes of study being covered in schools.

Packs would include information for both boys and girls and would be available to Year5/6 parents and Year 8/9 parents.

To provide workshops for parents that would look at the topics their children/ young people are currently covering in schools and to support them in answering questions that may arise from this work. Workshops would also be available for parents of SEN pupils.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

The support packs for parents were first introduced in 2003 and contained 5 leaflets for parents of Primary aged children and 7 leaflets for the parents of Secondary aged young people. The parents were required to collect the packs from school at either a parents workshop or meeting, or by collecting from the reception of school. This was to ensure that contact was made with parents and packs did not go home with young people. Secondary schools distributed the packs to parents at year group parents meetings also.

The packs have been developed further to include information on tobacco, alcohol and drugs.

The packs contain an evaluation form to be completed by parents and can be returned to school or sent directly to the LA.

Measurement of impact – number of schools requesting parent support packs and numbers of parents attending events in order to collect the packs – between 2003 and 2010 over 6500 packs have been distributed.

Workshop topics for parents were identified by the individual schools and were delivered by PSHEE and Citizenship Consultant at times to suit the most parents. Some were evening and others were daytime workshops.

Measurement of impact – numbers of schools requesting specific workshops and schools requesting support for workshops and meetings at the introduction of new or recently developed schemes of work – since 2003 approx 90 meetings/workshops have been supported across Primary, Secondary and Special Schools.

2009 to 2010: Seven meetings/workshops have been supported across Primary, Secondary and Special Schools.

Are you able to provide evidence of the effectiveness of the practice?

<p>Parent Support Packs – evaluations received from parents have supported the distribution of the packs and the practice has been followed by a number of neighbouring Authorities.</p>

<p>In answering the evaluation questions in the first year of distribution:</p>

- | |
|--|
| <ul style="list-style-type: none">▪ 96% said they found the leaflets useful▪ 85% said they felt more confident in talking to their children▪ 67% said they had used the leaflets with their children |
|--|

<p>Evaluations of specific workshops are available from individual schools.</p>

<p>If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an ‘emerging good practice’ please also complete.</p>
--

Making a difference to children, young people and families

<p>What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example.</p>
--

<p>We have continued to distribute the parent support packs with the support of Teenage Pregnancy and Healthy Schools funding.</p>
--

<p>Parents have indicated in some schools that they are happy for the leaflets to be used directly with the young people.</p>

<p>What now happens differently for the services involved?</p>

<p>The leaflets are constantly reviewed and added to where funding allows.</p>
--

<p>Which of the changes will you maintain to sustain your achievements?</p>
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<p>It is hoped that we will continue with the distribution with more schools taking on the responsibility of delivering workshops and meetings.</p>

<p>If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?</p>

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families? Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replication.

Evaluations from parents have indicated that they value the support packs and that they feel more comfortable in talking to their children about sensitive issues.

Tips:

- It is important to estimate as accurately as possible the numbers required each year to maximise discounts available;
- Make as much use as possible of leaflets that are free;
- Make sure that you read all leaflets carefully to ensure material and information is up to date and accurate.

SEC AND RELATIONSHIP EDUCATION

Local Authority Area	St Helens
Primary Sub Category	Schools
Links to Other Categories	Partnership Working
Case Study Title	Development of Secondary PSHEE Planning Matrix
Project Overview	PSHEE planning tool for Secondary and Special schools, to enable them to develop schemes of work that would enable them to deliver a balanced curriculum
Case Study Submission	Click here
Peer Review Panel Comments	Good example of embedding SRE heavily in formal school based framework
LTPC	Michelle Davies
Project Contact	Barbara Constantine
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Telephone	01744 671098

Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Organisation submitting example	Achievement and Inclusion – Healthy Schools
Children's Trust/Local Authority/local service	St Helens
Title of practice/strategy/intervention	Development of Secondary PSHEE Planning Matrix

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

To develop a PSHEE planning tool for Secondary and Special schools, to enable them to develop schemes of work that would enable them to deliver a balanced curriculum. This would enable schools to audit existing provision and identify gaps, particularly in the sensitive areas such as Sex and Relationships and Drugs education
To deliver training to all PSHEE Co-ordinators on the use of the Planning Matrix and to organise and deliver training needs identified in through the audits.

National documentation referred to:

- DFEE (2000) Sex and relationship Education Guidance
- OFSTED (2007) A Time For Change? personal, social and health education
- QCA (2007) PSHE Education Guidance

Local Priorities:

Goals –

2.1.4 Improve emotional health and well-being

- 2.4.2 Support children and young people to manage and make positive choices
- 2.4.3 Reduce substance misuse
- 2.4.4 Reduce the number of teenage conceptions

Priority Actions:

- To develop a Secondary PSHEE Planning Matrix tool using the QCA PSHEE Guidance, in preparation for the proposed Statutory Status;
- The document was to break down the guidance into Year Group activities to support progression and assessment;
- Schools would audit current provision and identify curriculum training needs and resource implications;
- Identified staff would be trained to implement the planning matrix and disseminate the information to deliverers of PSHEE within their schools.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

The matrix was developed in partnership with Halton LA and launched to schools in May 2009.

Measurement of impact - numbers of co-ordinator and appropriate staff in attendance
2 half day training events held – 100% Secondary and Special Schools attended. 32 PSHEE delivery staff in total.

PSHEE audit sheet developed for schools.

Measurement of impact - % of schools returning audits identifying Key Priorities.

90% schools returned completed audits by July 2009.

Training for identified key areas organised and appropriate resources provided. These were alcohol and the links with Sex and Relationships and First Aid for Key Stage 3
Measurement of impact - numbers of co-ordinator and appropriate staff in attendance.

1 full day training event held February 2010 – 90% Secondary and Special Schools attended. 23 PSHEE delivery staff in total.

1 half day training event held March 2010 – 80% Secondary and Special Schools attended. 16 teaching staff and 23 pupils.

Are you able to provide evidence of the effectiveness of the practice?

An independent audit by pfeg in June 2010 found that schools found the PSHEE Planning Matrix a useful tool in the development of the subject.

The current alcohol project being undertaken has identified that 100% of secondary and Special Schools are using the document to plan PSHEE.

Identified areas for development have been addressed and support given to schools i.e. Parent support for Sex and relationships at 1 Special School – workshop delivered and positive evaluations resulted.

Staff evaluations available from training events are available.

Staff identified assessment as an area for development, particularly for sensitive areas. An assessment document is currently being developed to present in to schools in September.

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example.

Staff in schools indicate that they are more confident to teach PSHEE, particularly the sensitive areas such as Sex and relationships Education and Drugs Education. PSHEE has become more focussed and the profile of the subject raised in most schools. 1 school has added PSHEE to the timetable as a discrete subject for the first time in 2010-11.

As a result of our work on the Financial Capability area of PSHEE, St Helens has now achieved Centre of Excellence for PFEG.

What now happens differently for the services involved?
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Schools now plan using the matrix to ensure that there is a progressive approach and that the more sensitive areas such as Sex and relationships Education have equal weighting to other areas of PSHEE.

Which of the changes will you maintain to sustain your achievements?

A further audit of PSHEE will take place at the end of the Autumn term 2010 to identify any further weaknesses and plot progress.

Further training for Sex and Relationships Education for both Primary and Secondary schools is planned for 2010-11.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replication.

Feedback from young people at the training day in March was very positive (alcohol education and the links to sexual health)

No other evaluations from young people have been gathered at the moment there are plans to collect this during 2010-11 after the assessment document has been introduced.

DATA – PERFORMANCE IMPROVEMENT

Local Authority Area	Salford
Primary Sub Category	Partnership Working
Links to Other Categories	Sexual Health
Case Study Title	Teenage Pregnancy “Dashboard”
Project Overview	Development of a set of Metrics/Lead Indicators that would be reported monthly and quarterly (in year) measuring impact and progress of work to reduce Teenage Pregnancy
Case Study Submission	Click here
Peer Review Panel Comments	Good example of implementing processes for the collection of Sexual Health Data to inform performance management and service planning
LTPC	Geoff Holliday
Project Contact	Geoff Holliday
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Telephone	0161 212 4010

Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

Data: Teenage Pregnancy “Dashboard”.

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Organisation submitting example	NHS Salford
Children’s Trust/Local Authority/local service	Salford Teenage Pregnancy Team
Title of practice/strategy/intervention	Teenage Pregnancy “Dashboard”

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

Salford has historically high rates of Teenage Pregnancy. The 18 month reporting gap to provisional ONS data pointed to a requirement to develop a set of Metrics or Lead Indicators that would be reported monthly and quarterly (in year) measuring impact and progress of work to reduce Teenage Pregnancy

The “Dashboard” derived from a need to performance manage the responses to the issues of Teenage Pregnancy in Salford. This piece of work supports decision making regarding targeting resources and inputs within the health economy.

This locally developed piece of work is collaboration between NHS Salford, Salford City Council, Salford Community Health, Salford Royal Foundation Trust (SRFT) and Brook Pennine.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

The process of developing the “Dashboard” was inspired by the need to firm up a series of anecdotal information sources that had been relied on for a number of years.

These included, for example whether the Teenage Pregnancy reported being busier than this time last year and whether contraceptive or abortion services reported unofficially, spikes or troughs in activity, between official quarterly reporting.

The Head of Sexual Health had been seeking to develop a dashboard for sexual health in its entirety and conversations with the Director of Public Health established a need for a mechanism to display and explain progress or difficulties to partnership organisations with responsibility for non-health delivery of the Teenage Pregnancy agenda. Therefore a decision to develop a mini-dashboard specifically for teenage pregnancy was made.

The eight key performance indicators chosen for their likelihood to indicate progress on a monthly and quarterly basis are:

1. Visits to Sexual Health Services (Under 18 by provider) – Monthly
2. Real Time Abortion Data (Under 18's) – Quarterly
3. Live births (Under 18's) – Monthly
4. Number of LARCS fitted (Under 18 by provider) – Monthly
5. Number of under 18 Conceptions (Locally Calculated) – Quarterly
6. Total % of High Schools and Youth Organisations RAG Rated Green or have plans in place reported on a quarterly basis
7. Percentage of Teenage Parents attending Children's Centres actively supported
8. Percentage of young people identified actively supported by (Team Around the School) TAS

The people needed to make this function were: NHS Salford's Public Health, Commissioning, Information and Services commissioned to deliver Sexual Health services for Young People, Salford Community Health and Brook and Salford City Councils Targeted Youth Support Services.

These services/departments also make up part of the membership of the supporting body, “Team Around the Programme” (TAP). The TAP is the body that receives information and makes recommendations for the Teenage Pregnancy Executive and various performance oversight teams in the NHS and the LA.

Informatics have developed the dashboard and the TAP have authorised and provided the data streams that are needed to make it function, for example; the Tactical Information System (TIS) for abortions at SRFT and Child Health who provide monthly details of live births.

Are you able to provide evidence of the effectiveness of the practice?

This is a work in progress and is purely a performance monitoring tool. This is currently being populated and will prove its worth as the information comes in to populate the months and quarters.

The proof of effectiveness will come as we are able to make changes in interventions at a local level through the LA and NHS that impact positively on the leading indicators described under the eight KPI's.

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example.

As stated above the proof of effectiveness will come as we are able to make changes in interventions at a local level through the LA and NHS that impact positively on the leading indicators described under the eight KPI's. The changes from improved monthly/quarterly reporting will include:

- Social marketing campaigns targeting those under-18 are a regular occurrence
- Contraceptive and Sexual Health (CASH) services are well publicised and well known and respected by young people
- Repeat Abortion Rates are reduced as abortion becomes unacceptable as a first-line method of contraception
- Repeat Conception Rate are reduced as young people plan and access contraception as the accepted age for starting a family increases

What now happens differently for the services involved?

The changes from improved monthly/quarterly reporting will include:

- Basic Sexual Health advice and signposting to relevant contraceptive services is widely available through any local service providers
- The Condom Distribution/C-Card scheme is widely advertised
- Access to Chlamydia Screening is well publicised and available outside specialist sexual health services
- Young Person friendly Contraceptive and Sexual Health (CASH) services are widely available and accessible to those who require them
- Long Acting Reversible Contraception (LARC) is available through all CASH services and GP's and accepted as the method of choice for young women.
- Emergency Hormonal Contraception (EHC) is widely available and accessible to those who require it

- All Health Visitors, Mid-Wives and School Health Nurses are trained to prescribe contraception and EHC to those who require it

Making a difference to children, young people and families

Which of the changes will you maintain to sustain your achievements?

This will be a constantly changing picture and the dashboard will be the tool to monitor where in the system, changes will need to be made.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

The dashboard will in and of itself be the measure of success. If the first quarter of 2009 matches our predictions from the dashboard we will have judged the accuracy and timeliness of the information received and analysed.

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replication.

The learning for Salford has been the amount of information available, if requested. The understanding that this is raw data and is to be used only as an indication of direction is vital.

The project when fully live will provide month by month and quarter on quarter progress reports for the eight KPI's outlined. If this proves as successful as early indications suggest, Salford will be more than happy to share the learning.

TARGETED WORK

Local Authority Area	Halton
Primary Sub Category	Young People with Learning Disabilities
Links to Other Categories	Sexual Health
Case Study Title	Ready, Steady, College
Project Overview	Ready, Steady, College
Case Study Submission	Click here
Peer Review Panel Comments	Good example of positive sexual health for young people with LDD - involvement of partners and parents
LTPC	John Bucknall
Project Contact	Laura Shaw
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Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

SRE and Young People with Learning Disabilities.

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Organisation submitting example	Greater Merseyside Connexions (Halton Sexual Health and Teenage Parent Team)
Children's Trust/Local Authority/local service	Halton Borough Council
Title of practice/strategy/intervention	Ready, Steady, College

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

Emerging Practice Example:

The Sexual Health and Teenage Parent Team had received a number of referrals for foundation students from Riverside College. Referrals were received due to concerns about inappropriate sexual behaviour and relationships between foundation students, the college expressed that students were vulnerable because of their learning disabilities and their lack of knowledge around sexual health and relationships. Tutors felt that the number of incidents of inappropriate behaviour in college was impacting on teaching time available to look at these issues with students and a more specific intervention was needed. Many of these students had also started college with very little or no previous education around sex and relationships.

Through work in tutorial groups with foundation students, the Sexual Health and Teenage Parent Team recognised that these learners would benefit from smaller group

sessions and one to one support. The purpose of the work was to increase knowledge and understanding around sex and relationships, inappropriate behaviour, risks, keeping safe, developing confidence and self esteem, being able to say no, etc.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

The Sexual Health and Teenage Parent Team developed a foundation students young women's group, which the college referred young women to that they had identified as being vulnerable. The team also took referrals from college tutors and Connexions PA Vicki Banks for individual work with young people. The work included a number of planned sessions with young women around puberty, body works, contraception, sexually transmitted infections, relationships, self esteem, assertiveness, looking after yourself, public/private work, appropriate behaviour and how to access local services. One-to-one work took place either at college or on home visits, this work sometimes involved parents and/or support workers.

These initial interventions helped identify a number of key issues:

1. That this work should be introduced into earlier year groups over time to maximise effect.
2. That an appropriate amount of time should be given to covering this work in school / college, and time should be allowed to repeat each area a number of times to reinforce learning.
3. That parents/carers should be involved in this process, and supported to develop the skills and confidence to talk to their children about sex and relationships, maximising learning at school and home.
4. That there should be a holistic approach to this work, developed through working in partnership with a number of other agencies; education, health, etc.

Working with Connexions PA Vicki Banks, the Sexual Health and Teenage Parent Team helped bring together a number of key partners to develop a strategy (Ready, Steady, College) to address these needs. These agencies included:

- Sexual Health and Teenage Parent Team
- Connexions
- Riverside College
- PCT Health Improvement
- PCT Family Planning
- School Health
- Brook

Are you able to provide evidence of the effectiveness of the practice

Initial group sessions at Riverside College were evaluated directly with young people to demonstrate their learning, which have been positive. However it was recognised that

a full programme is needed to maximise impact over time.

The Ready, Steady, College group has developed a strategy to include a full programme of lessons through year 9, 10 and 11 (attached), a transition group to support learners from year 11 to further education, including college visits so learners know what to expect from a wider education establishment, and Speakeasy courses to help parents / carers to develop the skills and confidence to talk to their child about these areas. The programme is set to begin in September 2010 in Ashley School, Widnes, as a pilot

Sessions for young people have been developed in partnership between the Sexual Health and Teenage Parent Team and Brook, based on resources developed for work with young people with learning disabilities and examples of good practice, for example, using the resource:

<http://www.sexualhealthsheffield.nhs.uk/resources/pubertyandsexualitypack.pdf>

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example

A formal programme is now in place, with the opportunity to expand across other schools and share good practice with wider regional networks (e.g. GONW/Cheshire & Merseyside Sexual Health Network, LDD Groups).

What now happens differently for the services involved?

Each service now has a collaborative approach to supporting the transition for young people and their parents.

Which of the changes will you maintain to sustain your achievements?

A collaborative approach will allow for maximum benefit and will enable sharing of good practice for the region.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear

about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

Feedback and evaluation to assess the effectiveness of the programme to be incorporated into all stages, including:

- Short Term: Evaluations of each session
- Medium-Long Term: Feedback from:
 - Young People
 - Parents
 - College
 - School
- Longer Term: retention information at college.

TARGETED WORK

Local Authority Area	Blackburn with Darwen
Primary Sub Category	Boys and Young Men
Links to Other Categories	Sexual Health
Case Study Title	Ladvice (Boys & Young Men's Work)
Project Overview	Sexual Health Service Specifically for Young Men
Case Study Submission	Click here
Peer Review Panel Comments	Good evidence of young men's work, responsive to their needs
LTPC	Rebecca Whit burn
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Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Organisation submitting example	Brook Blackburn
Children's Trust/Local Authority/local service	Voluntary sector Local Service
Title of practice/strategy/intervention	Ladvice (Boys & Young Men's Work)

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

To provide a sexual health service specifically for boys and young men.

To make it easier for professionals to engage with there young male clients around their sexual health.

To ensure services are more accessible to young male clients.

To ensure young males feel able to participate in Borough initiatives, so that there voice is heard.

The project is named Ladvice, a name chosen by the young men initially engaged in the project.

The project staff undertook National training around all aspects of Boys & Young Men work, from Masculinity, Sexuality and Exploitation.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

A Football League was established to engage young men in sport, with Sexual Health & other Service interventions taking place at half time.

A Text service (Textmad) was set up to enable young men to receive advice without face to face intervention.

The Ladvice staff spent more time in the Brook Clinic, to provide a familiar face to lads who do access the service.

The training is delivered to 40 professionals a year. The first part of the training concentrates on why it is important to work with boys & young men and the barriers they face in accessing services.

The second part looks at masculinity, what it means to young men, how it affects their attitudes and actions, and how to work positively with it.

The third stage looks at how important group work is to young men, and how to maximise its effectiveness. Each delegate leaves with a resource pack of 20 different resources, including contraception, unprotected sex, fatherhood, teenage pregnancy, masculinity, the influence of pornography and risk taking behaviour.

Are you able to provide evidence of the effectiveness of the practice

The project is currently funded by the joint commissioning board. Quarterly report cards are completed by Brook and shared with the commissioners to ensure the work is effective in meeting the targets expected of the project.

All Professionals who attend the training course complete an evaluation of the training, which is used to ensure continual improvement by the Ladvice Team. All Evaluations to date have been extremely complimentary.

All young men engaged in group work by the Ladvice team complete a separate evaluation which is again analysed to ensure good practice.

All evaluations & report cards are available on request.

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example

Professionals who have undertaken the Ladvise training, know how to best engage there client group of young men, which leads to more boys & young men feeling empowered to access services.

As more young men receive positive sexual health messages, they can make better informed choices, which assists in reducing the unwanted teenage pregnancy statistics and STI's.

What now happens differently for the services involved?

The training and resources have equipped and empowered 40 professionals with the tools to deliver messages to their young male clients.

Through extensive promotional activities services are aware that Boys & Young Men training is available to them.

Easy access to service information is readily available for professionals, as are details of the text number to pass on to male clients.

Which of the changes will you maintain to sustain your achievements?

The Project runs very well in its current format, training for professionals is vital to ensure capacity is built for engaging the young male clients. The text service, and engagement through sport are also paramount to the success of the project. The types of activity will be changed, as funding allows, to ensure young men participate who do not engage in football, although football was our first activity as 97% of the young men engaged initially as we researched the project indicated football as an activity that they would attend.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

A peer education group of engaged young men is what we plan to develop, to ensure they have a say in the future development of the project, and they can assist in promoting the service to there peers.

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear

about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replication.

Initial research to ensure the project is tailor made for the local cohort of young men would be vital for the success of any project replication. The constant promotion of the project with promotional materials picked by local young men is also vital to ensure the profile remains visible.

The workers need to ask for evaluation and be creative with the evaluation tools used so that young men are willing to honestly evaluate their experience.

All evaluations then need to be critically analysed so that continuous improvement is a part of the project and not a criticism of it to the team on the front line.

All new ideas should be welcomed and unless there is a well founded reason, tried out to ensure the project really is best practice against its agreed outcomes.

We initially planned to offer a residential to an identified group of young men, who would be trained as peer leaders to develop the project. The initial research showed that the money spent on this would be wasted as the identified young men would not necessarily interact outside of their peer group, which would limit the number of contacts available to the project. The text service and group work as required as proved hugely more successful, and by being more general in the client group we targeted i.e. they only need to be male and under 25, the whole Ladvice profile is more recognised than we imagined it would be.

TARGETED WORK

Local Authority Area	Bolton
Primary Sub Category	Needs Assessment
Links to Other Categories	Sexual Health
Case Study Title	Young People's Sexual Health & Contraceptive Needs Assessment
Project Overview	To properly assess the sexual health needs of young people in Bolton and have evidence to demonstrate gaps or duplications which would inform service redesign.
Case Study Submission	Click here
Peer Review Panel Comments	A good example of a comprehensive sexual health needs assessment and the processes involved
LTPC	Jayne Littler
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Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

Data

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Organisation submitting example	NHS Bolton
Children's Trust/Local Authority/local service	Bolton LA
Title of practice/strategy/intervention	Young People's Sexual Health & Contraceptive Needs Assessment

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

To properly assess the sexual health needs of young people in Bolton and have evidence to demonstrate gaps or duplications which would inform service redesign.

There is a wealth of similar needs assessments done in other areas of the country, although many assess the needs of the whole population rather than just young people. In Bolton it was decided to concentrate on young people because they have some of the highest risks of becoming teenage parents and contracting sexually transmitted infections. They are also a group who may not access traditional and adult focussed services.

The model also followed the national sexual health strategy.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

The needs assessment was comprehensive and large. It was therefore decided to commission some support from an external consultant who then had the time to undertake a lot of the investigation and research which informed the assessment and then could pull it all together into a comprehensive report.

It was a recommendation of the NST and commissioned by the Teenage Pregnancy Steering Group:

- A small working group was set up to undertake the assessment including, the TP & SH lead, young people's commissioner and the external consultant;
- A desk top exercise was first undertaken to collate what was already known locally, what reports had already been done on the issues;
- Public health intelligence officers then helped to gather and analyse local data and information;
- SH & contraceptive services were invited to share their work and experiences;
- Information was gathered about all agencies working with young people who provided advice and support on SH, such as youth services and voluntary groups;
- Service provision data was gathered and analysed (PCT information team);
- Interviews were held with relevant people in all agencies;
- Local profiling and mapping was completed looking at the demographics and issues such as deprivation and teenage pregnancy hot spots and where services were currently placed in the borough;
- Two stakeholder events were undertaken which included all who worked with young people and also young people themselves;
- A young people's survey was undertaken along with some focus groups;
- Young people presented at the stakeholder day and helped develop the future model for services.

Are you able to provide evidence of the effectiveness of the practice

A new service model has been developed and new service specifications are in place.

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example

The new service model is in operation.

World class commissioning processes were followed during the development and the current providers are now working to the new specifications and model.

The new specification has only just been implemented so it is too early to assess outcomes.

Measure in place will be:

- Increase in access to contraception
- Increase in LARC uptake
- Decrease in U18s conceptions
- Better access to terminations
- Improved access to advice and support including condom scheme and emergency contraception

What now happens differently for the services involved?

- New pathways are in place or have been strengthened to ensure care is holistic.
- Joint working has improved particularly where safeguarding is involved
- More outreach is being provide across the borough
- More staff are extended prescribers
- More nurse led clinics

Which of the changes will you maintain to sustain your achievements?

All changes will remain funding allowing, the services are mainstreamed.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young

people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replication.

- Vulnerable groups eg care leavers have a fast track access to the services
- Implanon can be fitted 6 days per week and there is no waiting list
- More young men have accessed services
- There has been an increase in those joining the condom scheme
- BME groups have accessed the service in increasing numbers
- Contraceptive access has improved.
- Young people continue to be involved in a variety of ways, including SH projects in youth groups, theatre productions developed by them, mystery shopping and assessment in relation to You're Welcome, client satisfaction surveys and student perceptions of services in schools and FE settings.

Hot Tips:

- Ensure someone has the capacity to pull all the work together as it is time consuming (It took about 9 months in total)
- Keep the working group small otherwise decision making is hard
- Be prepared for people to be slow to respond or not respond at all
- Be prepared for the chasing up and leg work
- It may not tell you a lot you don't already know but it does give you concrete evidence to show commissioners and enables you to make changes
- World class commissioning is a long and arduous process.

TARGETED WORK

Local Authority Area	St Helens
Primary Sub Category	Schools
Links to Other Categories	Partnership Working
Case Study Title	Targeted Intervention
Project Overview	6 session Healthy Body Healthy Mind course for those groups at risk of disengagement from school to give them life skills that will address many of the challenges that teenagers face.
Case Study Submission	Click here
Peer Review Panel Comments	Good example of an innovative course to address young peoples risk taking behaviour
LTPC	Michelle Davies
Project Contact	Michelle Davies
Email	michelledavies@sthelens.gov.uk
Telephone	01744 675653

Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

Targeted Work.

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

Name	Michelle Davies
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Email address	michelledavies@sthelens.gov.uk
Telephone number	01744 675653
Organisation submitting example	Teenage Pregnancy
Children's Trust/Local Authority/local service	St Helens
Title of practice/strategy/intervention	Targeted Intervention

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

In addition to the GIS mapping of conceptions the TP team do joint working with the Substance team, Youth service, schools, Youth Offending, etc, to qualify the targeting of resources. For example the mapping of reported anti social behaviour linked to alcohol use is being used to target training and staffing numbers for area working, whilst ensuring those most in need get the services that they need. Programmes have been developed to support young people to resist peer pressure and to increase their resilience.

Schools are also identifying young people 'at risk' of disengagement and the TP team provide a 6 session Healthy Body Healthy Mind course for those groups to give them life skills that will address many of the challenges that teenagers face.

Priorities for the future:

- More early identification tools are being developed and training in Outcomes Based Accountability for managers and practitioners to ensure resources are

targeted correctly.

- Preventative work as well as support for teen parents to be further integrated into TYS.

Products are being tested to support young people, including the development of a Resilience Model with the Educational Psychology Department, many originating in TP work.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

The Healthy Body Healthy Mind course looks at modern relationships with the young people and aims to equip them with tools to manage their lives. The course is delivered by all members of the TP team across the schools and community settings in the district. The aim is to equip young people with the abilities to resist peer pressure, negative risk taking and other challenges by providing tools to be more assertive, less aggressive, more responsible and happy to consider the pros and cons of technology and other topical issues for young people. Every course includes an element of negotiation where the parameters are set with the group to create a project that they want to belong to. The short course ends with a celebration event where the young people reflect on the things that they have learned and congratulate each other on their journey.

Are you able to provide evidence of the effectiveness of the practice

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete

Evaluations from staff are available following the training.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example

Young people's risk taking has long been the focus of negative media and parental fears. Risk can be both positive and negative and the Healthy Body Healthy Mind programme seeks to educate young people about this. The aim is to build resilience and to develop young people in order to make good decisions for themselves. The HB, HM model is affirming in its approach, to move away from a deficit model of risk to encourage ownership of actions that will remain beyond the end of the course.

What now happens differently for the services involved?

The HB, HM programme has been shaped by young people and can be changed to accommodate the type of group participation. This bespoke product offers flexibility to fit in most service settings and is aimed entirely at meeting the risk taking needs of local young people. The service role is to identify and recruit the group, the TP team role is to work with the service and young people to create a suitable project.

Which of the changes will you maintain to sustain your achievements?

The Healthy Body Healthy Mind programme will continue to be delivered by the TP team in schools and out of school settings and more practitioners will be encouraged to use this type of intervention as we move towards integrated working.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

The Healthy Body Healthy Mind programme has had a low 'drop out' rate of young people indicating that they enjoy it! Schools have fed back that young people's behaviour and attendance has improved as a result of the intervention, however this needs to be consolidated by doing a retrospective study of outcomes for participants.

A retrospective is also needed to assess the impact on young people's sexual health, however ethical issues have prevented any in depth analysis of this although it would be of interest given the high risk nature of the young people involved.

Evaluation**How have you evaluated the improvement in outcomes for children, young people and/or families?**

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

Hot tips:

- Ensure that all of the young people that are targeted get the opportunity to evaluate and shape future interventions.
- Use proxy indicators to show the distance travelled as well as any sexual health data because high risk young people can move a long way in their thinking, in a short time.
- Produce the findings periodically so that so that the evidence can be drawn upon at any time.

TARGETED WORK

Local Authority Area	Liverpool
Primary Sub Category	Young Men
Links to Other Categories	Sexual Health
Case Study Title	LFC Academy Sexual Health Education and Drop-In Service
Project Overview	Targeted sexual health work with young men at Liverpool Football Club Football Academy
Case Study Submission	Click here
Peer Review Panel Comments	A good example of targeted work with young men
LTPC	Karen Lawrenson
Project Contact	Tim Blackstone
Email	tim.blackstone@liverpoolpct.nhs.uk
Telephone	0151 236 7529

Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

Name	Tim Blackstone
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Telephone number	0151 236 7529
Organisation submitting example	So To Speak
Children's Trust/Local Authority/local service	NHS Liverpool Community Health/Liverpool Football Club
Title of practice/strategy/intervention	LFC Academy Sexual Health Education and Drop-In Service

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on?

The idea was to target a group of vulnerable young men (young men that attend the LFC football academy) with a view to improving their sexual health.

So To Speak were introduced to staff from Liverpool Football Club's Academy by the LFC 'Action for Health' Programme manager. The meeting was initially called to explore ways in which LFC and the NHS could work together more effectively, with the NHS looking to promote health messages and LFC looking to build on the work which it already does in the community. Present at the meeting were representatives from Liverpool Football Club, Liverpool PCT, NHS Liverpool Community Health and the Cheshire and Merseyside Sexual Health Network.

So To Speak are a young persons sexual health outreach service, based in Liverpool. We are funded primarily funded by Teenage Pregnancy monies, with a remit to reduce unplanned teenage pregnancy and improve sexual health for young people aged 13 – 19 years. We work by delivering group work to young people, usually in the place where they meet, are taught, work or socialise. We also deliver training to professionals that work with young people. Nation evidence suggests that the provision of high quality SRE, delivered using a youth work approach, emphasising the

importance of confidence and self esteem can reduce the incidence of sexual risk taking amongst young people.

Originally I thought that we may be able to use the LFC 'brand', or first team players, to promote safer sex messages, particularly to young men. I also thought that we might be able to get across similar messages to our target audience and to publicise sexual health services on match days, when a huge captive audience is present at Anfield.

During discussions it became apparent that these ideas were flawed for several reasons. LFC are understandably cautious about associating their name with initiatives which might potentially generate negative publicity. It was recognised that we live in a society that is often sceptical and judgemental of sexual health campaigns. We also considered the fact that today's professional footballers have their every move scrutinised by a tabloid media, looking to find ever more scandalous headlines.

On reflection, the match day crowd, though predominantly male, would not be made up of the area of society most likely to benefit from our health messages.

Local data suggests that the North Liverpool area, where the Anfield stadium is situated, is an area of high deprivation, with a high teenage conception rate amongst other health inequalities. The match day attendance does not reflect the local demographic, with many local people not attending due to the cost and availability of tickets. Approximately 25,000 of the 40 – 45,000 attendance are made up of season ticket holders whose average age is 40.

Consequently it was decided that we needed to explore other avenues of joint working. The LFC Academy staff identified that their first and second year scholars (young players) fell within our remit. These young people are mostly aged 16 – 17, and whilst on the one hand they may be deemed privileged, because of their position they may also be subject to potential sexual risk taking. Many of them are also resident in some of Liverpool's high TP rate Wards.

It was therefore agreed that So To Speak would pilot a piece of work with the Scholars at the Academy with the aim of improving their sexual health, whilst keeping the idea in mind that So To Speak and LFC could work together to improve the sexual health of the wider population in the future, should a suitable opportunity arise.

The practice

What did you do? Who was involved?

It was negotiated with the Academy staff that we would deliver two one hour sessions to the Scholars. Ideally we like to work with groups over three or more sessions but the time constraints due to the Scholars busy schedule and footballing commitments made this difficult. To divide the group into manageable numbers for group work, the young men were split into two groups, first and second year scholars. This split effectively put the young men in the group with their closest peers, at least by age.

The sessions were delivered during the Scholars early afternoon break, shortly after lunch, on consecutive weeks.

The general ethos of our work is for it to be needs led wherever possible, however due to the environment and time constraints the sessions were to a degree structured and pre-planned, though still allowing room for flexibility depending on the needs of the group. It was decided that whatever the group asked for, we would also cover condom use, local services and STI screening.

The scholars were familiar with the environment in which the sessions took place and the facilitator (a So To Speak Worker) ran through a standard group agreement at the beginning of the session, allowing the young men to add to, or amend this agreement before the session commenced. A member of the Academy staff sat in on the session, this is normal practice and though the facilitator had been warned that it was often hard for outside speakers to win the respect of the young men, no such problems were encountered.

After introductions and a brief icebreaker the So To Speak worker facilitated a flip chart exercise called 'What is Sexual Health'. In this the young men had the opportunity to say what they thought sex and sexual health is all about. Responses were recorded on the flip chart, giving the worker the opportunity to explore the young men's attitudes to and feelings about several issues. Topics discussed included relationships, the law, peer pressure, body image and pornography. The exercise provided the opportunity to cover these issues in brief and also identified some subjects that the young men wanted more in depth information on, these subjects were contraception and testicular cancer, as a result these were added to the programme and covered during the rest of the first session. After discussing testicular cancer and self examination and doing an overview of contraceptive methods, the So To Speak worker discussed condom use in more depth. The Scholars were introduced to the C-card/R U Ready? Scheme, which So To Speak Coordinates, and informed that they would have an opportunity to sign up to the scheme during the second session.

The second session had to be rescheduled for one of the groups due the clubs involvement in a cup competition, but when it took place the location and role of sexual health services was discussed. The importance of using water based lubricants with condoms was also emphasised and the group discussed the more common STIs, their symptoms and treatment. The facilitator also picked up then issue of self esteem, and the important role it plays in positive relationships.

Time was allocated at the end of the session for the young men to sign up to the C-card R U Ready scheme and confidential Chlamydia screening was also offered. Packs containing further information on topics discussed, local service information and condoms for those who registered with the C-card/R U Ready? Scheme were given to then young men.

As a result of the evaluation of the sessions and on going discussions with the academy staff it was decided that the pilot should be rolled out – see sections 3 and 4.

Are you able to provide evidence of the effectiveness of the practice

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes?

All new first year academy scholars will receive two SRE sessions with a So To Speak worker – This will take place yearly.

Sessions will be followed by regular monthly drop-in sessions where further C-card/R U Ready registration and condom distribution can take place. Chlamydia screening is also available at these drop-ins. Extra information can be provided to any young men who are new to the Academy and may therefore have missed the SRE sessions.

What now happens differently for the services involved?

NHS Liverpool Community Health, So To Speak and Liverpool football Club now have an ongoing dialogue on sexual health for both the young men at the Academy and the wider population.

Which of the changes will you maintain to sustain your achievements?

We are likely to maintain the SRE sessions and drop-ins but both So To Speak and the Academy are flexible and willing to adapt according to the needs of the young men.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

As a result of the on going good relationship between So To Speak and LFC, both parties are looking into ways of working together to finance and deliver sexual health initiatives in Liverpool.

So To Speak have agreed to deliver a sexual health session on the Healthy Stadia men's health programme.

We are currently exploring ways in which the young men at the Academy can help to support the C-card R U Ready scheme across Liverpool.

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

The initial sessions were extremely well received by both staff and scholars at the academy.

Evaluations told us that many of the young men had learnt new information, and most, even those that had not learnt anything new (as they had previously covered this subject in school) indicated that they were now more likely to practice safer sex.

All of the young men felt that their opinions had been respected and said that they had enjoyed the sessions.

Of the work that So To Speak has done at the Academy, Clive Cook, one of the coaching staff said:

“We are delighted to have engaged in a relationship with ‘So to speak’. We view the sexual health of our players as of paramount importance in their development as young people.

The educational sessions in raising their awareness of STI’s and practising safe sex were very successful and met our expectations due to the expertise of the staff communicating to the players with a fun interactive approach.

Furthermore, the initial embarrassment that the players felt, talking about such sensitive issues has been eased by the Professionalism of the staff. This has been further supported by regular ‘drop in’ visits to the academy from ‘So to Speak’ staff and by the players signing up for the ‘C Card’. The players now feel comfortable discussing any concerns or seeking advice around sexual health matters.

We feel very confident therefore that the players now have all the support required to aid them in such an important area of their lifestyle.”

I very much regard our relationship with the LFC Academy as a work in progress and am confident that the valuable partnership that we have developed with them will do much in the future to promote the sexual health of both the young people who attend the academy and those in the wider Liverpool area.

TARGETED WORK

Local Authority Area	Bury
Primary Sub Category	Unaccompanied Minors
Links to Other Categories	Sexual Health
Case Study Title	Sexual Health for Unaccompanied Minors
Project Overview	Culturally sensitive sexual health course for unaccompanied minors
Case Study Submission	Click here
Peer Review Panel Comments	Highly innovative in tackling a very problematic issue often avoided
LTPC	Kate Allum
Project Contact	Kate Allum
Email	k.allam@bury.gov.uk
Telephone	0161 253 7921

Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

Name	Kate Allam
Job title	TPC
Email address	k.allam@bury.gov.uk
Telephone number	0161 253 7921
Organisation submitting example	TP
Children's Trust/Local Authority/local service	Bury
Title of practice/strategy/intervention	Sexual Health for Unaccompanied Minors

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

There are a significant number of Unaccompanied Minors in Bury as it was originally a pilot for the Safe Transfer Scheme. There is a regular throughput, especially of Afghani males aged 14-17, who have never received any SRE. We looked at evidence from other areas, and a conference report to base the work on.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

The TPC and the LAC Nurse worked together to develop a 6 session programme, that was culturally sensitive, using pictures to support their learning. The sessions were then delivered to the Translator, who was key to the process, in terms of the relationships they built with the young people, and as an older Muslim male, giving

'permission' for them to discuss sex and relationships. The sessions were delivered to the young people- although there were learning outcomes, the sessions were very much led by the young people, asking questions and discussing values and beliefs. A small quiz was undertaken at the beginning of each session to review their knowledge gained from the previous week.

Are you able to provide evidence of the effectiveness of the practice?

This course has now run twice. The knowledge level of the young people has increased measurably. However the greatest value seems to be as a forum for them to ask questions and discuss topics they would not have been able to previously. It also meant that 2 of the young people were supported to access GUM services and receive treatment for STIs. All the young people had the opportunity to join the Condom Scheme.

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example

This will now be a rolling programme open to all unaccompanied Minors in Bury, giving them access to SRE and sexual health services.

What now happens differently for the services involved?

The Leaving Care Service has been involved, and has supported young people in accessing the sessions.

Which of the changes will you maintain to sustain your achievements?

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on

the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

The programme has received very positive feedback from participants, despite some very serious reservations and embarrassment at the beginning of the courses. We have measured increase in knowledge, however other gains are more difficult to measure, although access to services is also a measurable outcome.

Hot tips- Get the interpreter involved early, and get them on side. Also make sure they fully understand both factual information and values involved in the work.

Start slowly and let the young people lead- the information and relationships will come, but some find explicit pictures etc overwhelming at first.

Try to use an interpreter of the same gender as the participants.

Check out that they really understand what you are saying- they often say yes and nod out of politeness.

I would encourage all areas to do this work- it is fascinating and really rewarding- despite having had some horrendous experiences the young people we worked with had a great sense of fun, a thirst for knowledge, and really appreciated an opportunity to discuss their concerns about sex and relationships, and gain an understanding of the cultural differences.

TARGETED WORK

Local Authority Area	Bury
Primary Sub Category	Early Intervention
Links to Other Categories	Sexual Health
Case Study Title	Early Intervention with Vulnerable YR8 Pupils
Project Overview	Targeting vulnerable young people before they become sexually active with intensive self-esteem and delaying early sex
Case Study Submission	Click here
Peer Review Panel Comments	Example of targeted work for year 8 using Delaying Early Sex Programme
LTPC	Kate Allum
Project Contact	Kate Allum
Email	k.allam@bury.gov.uk
Telephone	0161 253 7921

Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

The local practice examples aims to:

Inform decision and policy making;

Illustrate how the difference to outcomes for children, young people and families can be made;

Assist the evaluation of effective local practice.

Your details

Name	Kate Allam
Job title	TPC
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Telephone number	0161 253 7921
Organisation submitting example	TP
Children's Trust/Local Authority/local service	Bury
Title of practice/strategy/intervention	Early Intervention with Vulnerable YR8 pupils

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

We wanted to target some of the most vulnerable young people before they became sexually active with some intensive Self- esteem and delaying early sex work. This was informed by observing that there appeared to be an increase in the number of 12 year olds accessing CASH services- mainly for information, and in response to requests from YP in consultation for smaller group discussions about sex.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

In conjunction with Healthy Schools, we asked Heads whether they would be able to identify the most vulnerable YR 8s, and whether they would like this targeted work in their schools. The SRE consultant produced an 6 session pack, and offered to deliver it

in lunchtimes, in partnership with school staff. Each session, and the whole programme contained evaluation, both of knowledge and attitudinal change.

Are you able to provide evidence of the effectiveness of the practice.

This course has now run twice. The knowledge level of the young people has increased measurably. However the greatest value seems to be as a forum for them to ask questions and discuss topics they would not have been able to previously. It also meant that 2 of the young people were supported to access GUM services and receive treatment for STIs. All the young people had the opportunity to join the Condom Scheme.

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example.

This has now been run in 3 schools, and is an on-going piece of work. Both school staff and pupils have received the sessions positively, pupils have shown measured improvement in knowledge and understanding.

What now happens differently for the services involved?

All schools in Bury are offered this programme. It gives us access to the most vulnerable young people.

Which of the changes will you maintain to sustain your achievements?

This programme will remain in place whilst we have a consultant. We are planning to produce a similar programme for YR5 pupils, with increased emphasis on self-esteem and peer pressure.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear

about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

Evidence is in the increased knowledge and changes in attitude measured. We do not know yet if this will ultimately affect under 16 conception rates. We would like to put in some measures around any improvements in behaviour and emotional health and well-being of pupils who have undertaken the programme. This is easily replicable in other areas. Hot tips- ensure school are involved from the outset- and they are providing staff to be involved in delivery, then they can carry on with the work themselves at the end of the programme, and deliver to future groups. Think carefully about how this is sold to the young people- they don't like to be singled out, so it needs to be badged in a positive way.

WORKFORCE TRAINING

Local Authority Area	Wirral
Primary Sub Category	Sexual Health
Links to Other Categories	Young Peoples Involvement
Case Study Title	Sexual Health Kit Bag Resource and Peer Training Programme
Project Overview	To develop a resource and training course to equip frontline staff from a wide range of different agencies with the knowledge, confidence and skills to initiate and respond to young people in their care on issues relating to sexual health
Case Study Submission	Click here
Peer Review Panel Comments	A good example of a consistent approach to training frontline staff to meet the sexual health needs of young people
LTPC	Lucy Tomlinson
Project Contact	Anna Fillingham
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Telephone	0151 201 4154

Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

Cross boundary collaboration/ workforce.

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

Name	Anna Fillingham
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Telephone number	0151 201 4154
Organisation submitting example	
Children's Trust/Local Authority/local service	
Title of practice/strategy/intervention	Sexual Health Kit Bag Resource and Peer Training Programme

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

This project aims to meet national targets such as:

- To reduce under-18 conceptions by 50% by 2010 (NI 112)
- Increasing percentage of sexually active 15-24 year olds accepting Chlamydia screening to 35% 10/11 (Vital sign, NI 113)
- To narrow the gap between those wards with the highest teenage pregnancy rates and the average by 2010 (HDA 2006)

It was advised in the paper 'Teenage Pregnancy: Accelerating the strategy to 2010' that areas which were showing the most success in meeting the national targets had invested in training the wider workforce.

At the time of development there was an inconsistent approach across Cheshire and Merseyside of training frontline staff on basic sexual health needs. There was a need for a consistent and sustainable training model to be introduced. The evidence for the

need of this project was collated from the experience of local teenage pregnancy coordinators and sexual health professionals. By working in partnership across the sub region, we were able to utilize best practice from local areas and develop a training programme for the sub-region.

Therefore, the aim of this project was to develop a resource and training course to equip frontline staff from a wide range of different agencies with the knowledge, confidence and skills to initiate and respond to young people in their care on issues relating to sexual health. The literature indicates benefit in training participants from different disciplines within one organisation and this could equally apply to different service providers from across the same patch as there are opportunities for mutual support and networking during and beyond the life of the course.

The rationale for this project was to meet the needs of young people who come into contact with the wider workforce regarding sexual health issues both proactively and reactively. Consequently improving the knowledge of young people about sexual health issues and local services, allowing them to take responsibility for their own sexual health.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

A steering committee involving CSMHN core team, local teenage pregnancy coordinators and sexual health professionals developed the resource and training programme. The contents of the Kit Bag were developed in consultation with professionals and young people. The kitbag contains resources to support the workers in effective communication around sexual health matters with young people. The steering committee also defined 'Training The Trainers' (cascade approach) as the implementation of training of frontline workers throughout Cheshire and Merseyside.

Cheshire and Merseyside Sexual Health Network (CSMHN) commissioned 'So To Speak', a young person's sexual health outreach team, to provide a 3 day training course and researchers in the Centre for Public Health, LJMU to lead an evaluation of the training. The evaluation was underpinned by an Action Research model and researchers and practitioners worked collaboratively in directing the associated research and interpretation of findings. The evaluation was undertaken in the first 3 cohorts of the training programme by LJMU. The evaluation of the training will be continued by So to Speak and overseen by the CSMHN Project Manager.

The objectives of the project are:

1. To train 20 participants from each Local Authority/PCT to improve their knowledge, confidence and skills to initiate and respond to young people in their care on issues relating to sexual health.
2. To supply each participant with a kitbag containing resources to support the workers in effective communication with young people and colleagues.

3. For the training to enable participants to confidently train their colleagues to work with young people on issues relating to sexual health
4. For the trained colleagues to be knowledgeable and confident in giving basic sexual health advice and signposting to young people
5. For young people in contact with the staff from the trained organisations to feel they are happy with the information and guidance they have received in regards to their sexual health.

The CMHSN Project Manager is leading the project with support from local professionals, the CSMHN core team, So to Speak Sexual Health Training and Development Coordinator and the LJMU researchers. To date, six out of the nine Local Authorities have received the training programme; all areas will have received the training programme by December 2010.

The project is being developed on an ongoing basis steered by the findings in evaluation. The evaluation of the pilot demonstrated an important shift in confidence, knowledge and skills of attendees. Although there was a significant improvement in individual development, few attendees went onto train their colleagues. Reasons for this varied i.e. capacity, opportunities and confidence. Therefore, the objectives of the training were amended for future cohorts. Amendments included further support and encouragement for the attendees to educate their colleagues about key messages and to identify any training needs. These amendments proved to be effective as the lack of confidence did not appear as significant after courses 2 and 3. In order to minimise barriers provided by managers, learning agreements were also developed for attendees, line managers and CSMHN to sign to commit to attending the course and meeting the objectives. This process continued throughout the evaluation, the full report including the developments is due to be published, however preliminary evaluation can be found at <http://www.cph.org.uk/publications.aspx>.

Due to the developments during the action research process it was necessary to alter the objectives of the project to meet the needs of the trainees. The revised objectives with amendments in italics are as below:

1. To train 20 participants from each Local Authority/PCT to improve their knowledge, confidence and skills to initiate and respond to young people in their care on issues relating to sexual health.
2. To supply each participant with a kitbag containing resources to support the workers in effective communication with young people and colleagues.
3. For the training to enable participants to confidently educate their colleagues to work with young people on issues relating to sexual health
4. To give the colleagues an opportunity to identify training needs in relation to sexual health and improve their confidence in giving basic sexual health advice and signposting to young people.
5. For young people in contact with the staff from the trained organisations to feel they are happy with the information and guidance they have received in regards to their sexual health.

Are you able to provide evidence of the effectiveness of the practice

If you consider that your practice example does not yet have concrete evidence of

impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example

As children, young people and families have not been the direct participants in this project, the impact can be measured by the changes in practice of the services and by evaluation by the attendees of the training. Every cohort will receive an audit/questionnaire asking them how they have used the knowledge and skills gained from the training, dissemination of key messages of colleagues and what impact this has had on young people.

The national indicators at the time of the training and the months after will also be monitored. However, due to the number of variables which could affect the national indicator, it would not be possible to directly associate the training to the national indicator.

In regards to the attendees of the training:

- Analysis of pre and post course data revealed that there were increases (with many statistically significant) in self-reported confidence, knowledge, and attitudes in relation to planning for and responding to the sexual health needs of adolescents
- The format and content of the training course was effective, well received and acceptable. Course content in relation to contraception, Sexually Transmitted Infections and legal aspects of adolescent sexual health were perceived to be particularly valuable
- The diversity of individuals from a range of services was seen universally as positive. Respondents felt that it added to the group dynamic and enabled opportunities to learn new ideas and exchange different approaches particularly around engaging with hard to reach groups. This model of learning raised awareness of services which were previously unknown to some attendees and did signpost services to which Young People might be referred as well as promoting participant led networking opportunities between services beyond the sphere of the training course.

What now happens differently for the services involved?

The interviews revealed selective exemplars of informal and formal cascade of training and sharing of kitbag with colleagues/clients. Interviewees reported future opportunities that would be exploited. They also reported how an increase in knowledge had boosted their confidence in their own practice.

The Kit Bag, including the games and leaflets to aid engagement with Young People, was well received. In terms of use of the kitbag, attendees cited bringing the kitbag to team meetings to introduce the resources to colleagues. One attendee noted that the kitbag was being used by a colleague in a college setting. The sharing of resources extended to the lesson plans provided by others in relation to their presentations. Attendees also commented positively about the usefulness of the course materials and worksheets which could be passed onto colleagues. The wider dissemination of these materials provides an opportunity for a consistent cascade of the key messages.

Which of the changes will you maintain to sustain your achievements?

There are 3 out of 9 LAs yet to receive the training programme. The pre, post and overall evaluation forms will continue to be analysed along with the responses from the audit/questionnaire. The results of which will continue to feed into the development of the training programme.

For those attendees who have completed the course, they will have continued support from the network including, the option to sign up to the Sexual Health Quarterly Newsletter to keep to date on sexual health and provide a forum for sharing good practice. CMSHN will look into the possibility of commissioning/providing further training or follow up sessions for attendees and additional sessions. An example of which could build on information covered in the 3 day programme regarding the link between alcohol and sexual health.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

As detailed above LJMU were commissioned to provide an evaluation for the first 3 cohorts of the training programme. The evaluation has been a collaborative and effective engagement between; commissioner, provider and university partners. I recommend this approach as the action research process has resulted in the ongoing development of the model which contributed to improved support and outcomes for the service providers.

It is important to note that course attendees perceived the training and kit bag to be of

value and the model was found to be widely acceptable. There is strong evidence that the training has generated self-reported changes in confidence, knowledge in relation to sexual health issues. There was more limited evidence of the effect of the training/kitbag on individuals' own practice and their ability to cascade but future data capture planned by CSMHN may provide further confirmation of the cascade effect.

In terms of ways to encourage feedback from the attendees, they were asked to complete the pre and post course questionnaires and the overall evaluation form during the training sessions and were required to hand them to the trainer. This resulted in a high response rate. The online questionnaire/ audit, which is in the process of collection, was developed with attendees to ensure it was appropriate for the target audience. In order to incentivise, each cohort is offered a 'sexual health goodie bag' (including resources to be used in work with young people), if they are one of the first five to respond.

This training programme and resource is highly replicable, it has been rolled out in 6 different local authorities and is being continuously improved. We have shared the training model, programme and resources with colleagues who have contacted us from Cumbria and Lancashire Sexual Health Network and Manchester with an interest in using this model.

WORK WITH TEEN PARENTS

Local Authority Area	Blackburn with Darwen
Primary Sub Category	Breast Feeding
Links to Other Categories	Targeted Work
Case Study Title	Delivering breastfeeding messages to school children - 'Sophie's Choice'
Project Overview	A short piece of drama about breastfeeding that was developed with local community mothers
Case Study Submission	Click here
Peer Review Panel Comments	A developing model for schools to promote the concept of breast feeding through school activity
LTPC	Rebecca Whitburn
Project Contact	Rebecca Whitburn
Email	Rebecca.Whitburn@bwd.nhs.uk
Telephone	

Delivering breastfeeding messages to school children - 'Sophie's Choice'

'Sophie's Choice' is a short piece of drama about breastfeeding that was developed with local community mothers. The drama was created with year 8 / 9 students in mind (13/14 year olds). The learning aim was to provide the school students with an opportunity to consider breastfeeding as the optimal way to feed babies. We wanted to help students 'think' about breastfeeding as 'normal', and learn in a way that is interesting and fun. Sophie's Choice was scripted and directed by a local actress, Nicky Hargreaves, and has been shown in local schools national and international conferences. The student and teacher feedback was excellent!

The students watched the play involved and then were involved in feedback and discussion, and offered a handout to reflect on the session. The students learning outcomes include:

1. Understand the health benefits of breastfeeding and the risks of formula feeding
2. Understand some environmental implications of formula feeding
3. Consider why mothers choose and maybe not choose to breastfeed
4. Challenge personal views/thoughts on breastfeeding with reference to breastfeeding in public, breasts as body organs designed to produce milk for babies
5. Be provided with an opportunity to consider how to make breastfeeding more fashionable
6. Learn about breastfeeding in order to help with informed decision making in the future, and improve health

We aim to have a society where everyone is aware of the massive benefits of breastfeeding. By including breastfeeding in the education curriculum young people will grow with an understanding of the major health benefits. The Breastfeeding Manifesto supports this vision², as does the 'North West Breastfeeding Framework'³. This work reached second place in the 2009 North West NHS Innovation awards. It is our dream that all teenagers at school will enjoy breastfeeding awareness education, empowering them to make informed choices when the time comes.

² http://www.breastfeedingmanifesto.org.uk/doc/breastfeeding_manifesto.pdf

³ Addressing Health Inequalities: A Northwest breastfeeding framework for action, January 2008

WORK WITH TEEN PARENTS

Local Authority Area	Stockport
Primary Sub Category	Parenting Skills
Links to Other Categories	Targeted Work
Case Study Title	Webster Stratton Incredible Years Baby Programme
Project Overview	To support vulnerable teenage mothers (16-19 years) in developing their parenting skills in the vital early months of their babies lives and set a pattern for their ongoing relationship with their children
Case Study Submission	Click here
Peer Review Panel Comments	Well evidenced approach with good multi-agency working and innovative monitoring and evaluation methods
LTPC	Michael Priestley
Project Contact	Marian Shilliday
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Telephone	0161 426 5554

Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

Name	Marian Shilliday - Specialist Parenting Practitioner/Health Visitor Lynda Dodd - Senior Child and Education Psychologist Ahisha Maqsood - Children and family worker Sarah Dadd - Young Parents project co coordinator
Job title	As above
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Telephone number	0161 426 5554
Organisation submitting example	Parenting service Psychology service
Children's Trust/Local Authority/local service	Community Health Stockport SMBC Parenting Service/Education
Title of practice/strategy/intervention	Webster Stratton Incredible Years Baby Programme

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

Idea: To support vulnerable teenage mothers (16-19 years) in developing their parenting skills in the vital early months of their babies lives and set a pattern for their ongoing relationship with their children.

What we wanted to do: To work on a multi agency basis, piloting in Stockport an 8 week (2 hourly sessions) programme - the Webster Stratton Incredible Years Programme - already well established in Stockport for 2-13 years old age group, to babies (up to 6 months old). The approach being to engage with teenage mothers to help them develop and strengthen the quality of their relationship with their babies. This evidence based programme has been run elsewhere, notably Wales, for babies and we wished to run it in Stockport and assess its fitness for purpose in our 'environment'.

The course is based on well established behavioural/social learning and child development principles.

Why: Much evidence has emerged (Stewart-Brown S 1998;Hall D, Elliman.D.2003) that the quality of the relationship between parents and their children is an important 'life-course' determinant of both mental and physical health in adulthood and for optimal emotional and social development.

Research has also shown that areas of the brain controlling emotional and social development are affected by parent-child relationships in very early life (Shore R.1997;Gerhardt S 2004).

what we are trying to achieve: To increase the quality of the relationship of the teenage mothers and their babies' by enhancing their sensitivity and attunement to their babies. Improve and enhance their own confidence and emotional awareness.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

Our approach was:

- Establish a working group of professionals from relevant local agencies;(chaired by 0-5 parenting development manager Parenting Service SMBC);
- Develop a work plan – roles, responsibilities, target group, shape of programme etc;
- Produce publicity material, recruit teenage mums from pupil referral unit (Moat House) and via young parents project coordinator (SMBC) and specialist teenage pregnancy midwives. NB Moat House is in a Priority 1 area;
- Plan delivery of the Programme – including timing, venue, organisation etc;
- Deliver programme in the Children's Centre with facilitators trained and experienced in the programme's delivery (including a health visitor, child and education psychologist and a children and family worker);
- Ongoing support to be from social workers, foster carers and pastoral workers and the young parent project coordinator – encouragement to attend and transport provided etc.

The work being undertaken with the teenage mothers and their babies(4 weeks delivered so far) focuses on:

- Interactive sessions each week - discussion, role play, and video presentations, handouts - with topics such as understanding and getting to know your baby; play and language development; ways of communicating with your baby(including baby massage); normal developmental milestones; keeping your baby safe; getting support and looking after yourself;
- Mothers have weekly home activities to complete and reading to do.

Each week the mothers are asked to fill out a simple evaluation form which enables them to comment on that day's session. How did they find the sessions? Any issues/concerns. At the end of we propose to videotape interviews with the Mums to evaluate the Programme, subject to permission

For those mothers unable to attend any particular session the facilitators provide follow up home visits to help ensure they keep up with the Programme. This has been well received.

Are you able to provide evidence of the effectiveness of the practice.

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete

The Incredible Years Programme series has been extensively researched, field tested and evaluated. At this stage of the Baby Programme evidence to date is the satisfaction levels of participants and behavioural change reported in the sessions.

Increase in the confidence of the mothers is also becoming apparent as we move through the Programme and the benefit of sharing experiences and problems (including housing, relationships, contraception etc) with their peers and with the facilitators.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example.

The ongoing Programme is already highlighting gaps in services for this vulnerable group such as support from professionals to reduce isolation, tackle housing issues; difficulties of accessing information about what is going on in their areas.

The programme is also highlighting (a) the vulnerability of this group which we will need to reflect on at the end of this Programme and (b) the importance of a joined up approach to providing ongoing support.

What now happens differently for the services involved?

Partner agencies are contributing time and some funding to the successful running of this Baby Programme, without which it would simply not be viable. Reflecting on the importance of this joined up approach and how we sustain and build on it moving forward will be an important component of the end of Programme review.

Which of the changes will you maintain to sustain your achievements?

See above.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

As indicated above, the end of Programme review will consider this issue.

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

See above.

As should be evident from the above this is highly replicable as it is a structured manual base Programme. However its ultimate success is dependent on skilled facilitators who tailor the Programme to fit individual families needs.

WORK WITH TEEN PARENTS

Local Authority Area	Wigan
Primary Sub Category	Breast Feeding
Links to Other Categories	Targeted Work
Case Study Title	Support for Teenage Parents: Improving child health outcomes – Breastfeeding Peer Support
Project Overview	Targeted breastfeeding support from the Teenage Pregnancy Midwife and Young parent volunteer Breastfeeding Peer Supporters.
Case Study Submission	Click here
Peer Review Panel Comments	A good example of involving young people as peer supporters and trainers
LTPC	Eleanor Mansell
Project Contact	Eleanor Mansell
Email	e.mansell@wigan.gov.uk
Telephone	01942 828928

Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

Support for Teenage Parents: Improving child health outcomes.

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

Name	Eleanor Mansell
Job title	Teenage Pregnancy and Sexual Health Lead Commissioner
Email address	e.mansell@wigan.gov.uk
Telephone number	01942 828928
Organisation submitting example	Children's Health Improvement Commissioning, Wigan
Children's Trust/Local Authority/local service	Wigan Council, Children and Young People's Services
Title of practice/strategy/intervention	Support for Teenage Parents: Improving child health outcomes – Breastfeeding Peer Support

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

Currently two thirds of adults and a quarter of children in Wigan are overweight or obese. Without action, this is set to increase to 8 in 10 adults and half of all children by 2050 ⁴.

Teenage mothers tend to have poorer diets and are 50% less likely to initiate breastfeeding and are much less likely than older mothers to continue ⁵. As a consequence their children are more likely to be underweight as infants while more prone to obesity later in childhood ⁶.

⁴ Wigan Council, Healthy Weight 2008-2011- A partnership strategy to promote healthy weight in children, young people and their families in the Wigan Borough. (2008)

⁵ DCSF/ DH Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts (2007)

⁶ Jeffery, A. N., Voss, L.D., Metcalf, B.S., Alba, S., and Wilkin, T.J. Parents' awareness of overweight in themselves and their children: cross sectional study within a cohort (EarlyBird 21). BMJ; Vol. 330 January 2005.

Formula fed babies are at also greater risk of gastro-intestinal infections, eczema, asthma, diabetes and in later life cardio vascular disease.

In Wigan breastfeeding rates are well below the national average. Initiation rates are 59% (March 2009) in comparison to the average UK rate of 78% ⁷ and by 6-8 weeks, these rates have fallen to less than 15%— one of the lowest in England. For mothers under 18 the initiation rate is 8%.

Increasing breastfeeding rates would make a significant contribution to narrowing health inequalities in Wigan Borough where currently rates are much higher in the affluent parts of the Borough.

We wanted to create a positive breast feeding culture that would contribute to positive health outcomes for mother and baby, particularly for groups that are already disadvantaged such as teenage mothers and their children. We are striving to achieve this through the 'Breastfeeding Friendly Award' and through education.

2. The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

In Ashton, Leigh and Wigan young mothers receive targeted breastfeeding support from the Teenage Pregnancy Midwife. They are offered a first consultation at 18-20 weeks and then invited, along with their partner if appropriate, to attend a young parents' antenatal education session. These sessions encourage parents to discuss their thoughts and feelings about breastfeeding through a range of fun and interactive teaching aids and games.

Young parent volunteer Breastfeeding Peer Supporters are also present at the sessions to support the discussion, give reassurance, and share tips. One young mother, who is actively breastfeeding, attends regularly to allow other young parents-to-be to observe and ask questions. Post delivery, young parents are invited to return with their new baby for continued information and support and the overwhelming majority attend. The peer programme is led by the Lead Commissioner for Breastfeeding.

Key contacts:

Alison Healey, Breastfeeding Lead and Commissioner Tel: 01942 481006 Email: Alison.Healey@alwpct.nhs.uk

Carolyn Harrison, TP Specialist Midwife Tel: 01942 774700, Email: Carolyn.Harrison@wwl.nhs.uk

Are you able to provide evidence of the effectiveness of the practice.

⁷ North West Regional Public health Group, Addressing Health Inequalities: A North West breastfeeding framework for action. (2008)

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete.

There are currently 40 breastfeeding volunteers.

Two teenage Volunteer Breastfeeding Helpers have gone on to pursue careers in the Health Service where their Breastfeeding volunteering formed the focus of their course interview and UCAS personal statement.

In Wigan the percentage of young mother's breastfeeding has had an annual increase from 8% to 15%, with three quarters of the young parents who chose to breastfeed having attended the Young Parent's Antenatal Group or one to one antenatal parent craft.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example.

The service has improved the young breast feeding peer supporters confidence in their own parenting skills and raised their self-esteem, aspirations and social skills.

Targeting young mothers with tailored ante-natal care /classes and a breastfeeding peer volunteer programme supports the breastfeeding prevalence NI 53 and early antenatal access NI 126.

Also impacts on other NIs including NI 55 and NI56 obesity among primary school age children and infant mortality targets

Teenage mothers are much more likely to present late for antenatal care and are less likely to engage in antenatal classes. The majority of teenage mothers in Wigan attend the dedicated antenatal care and less than 6 young mothers a year do not return to access the further support offered post delivery.

What now happens differently for the services involved?

The intervention has strengthened working relationships with maternity services, dedicated midwifery services, Children's Centres (classes delivered in CCs borough wide), Connexions, the Reintegration Service, Breastfeeding Support Link Workers and Health Trainers who work together to deliver the service.

Which of the changes will you maintain to sustain your achievements?

The Specialist Teenage Pregnancy Midwife post is now mainstreamed within the Maternity Services with further sustainability and capacity being built through 3 additional community midwives now having a teenage pregnancy remit.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

The service started slowly as numbers of breastfeeding teenagers to train as peer supporters were low, but as peer supporters are recruited and influence an increase in breastfeeding the programme will be able to increasingly build capacity and become sustainable, for a relatively low cost.

The service should be able to be replicated in other areas with the identification of a named person to coordinate and drive it forward, such as the local Infant Feeding Coordinator.

This intervention was identified in the North West Regional Public Health Group, Addressing Health Inequalities: A North West breastfeeding framework for action (2008) as a case study of good practice.

WORK WITH TEEN PARENTS

Local Authority Area	Wigan
Primary Sub Category	Sexual Health
Links to Other Categories	Targeted Work
Case Study Title	Support for teenage parents & provision of young people focused contraception/sexual health services – Preventing repeat pregnancies
Project Overview	Teenage Pregnancy Midwife supporting young mothers - preventing subsequent unplanned pregnancies,
Case Study Submission	Click here
Peer Review Panel Comments	Good range of interventions to reduce 2nd conceptions
LTPC	Eleanor Mansell
Project Contact	Eleanor Mansell
Email	e.mansell@wigan.gov.uk
Telephone	01942 828928

Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

Work with Teen parents (sh sub): Support for teenage parents & provision of young people focused contraception/sexual health services.

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

Name	Eleanor Mansell
Job title	Teenage Pregnancy and Sexual Health Lead Commissioner
Email address	e.mansell@wigan.gov.uk
Telephone number	01942 828928
Organisation submitting example	Children's Health Improvement Commissioning, Wigan
Children's Trust/Local Authority/local service	Wigan Council, Children and Young People's Services
Title of practice/strategy/intervention	Support for teenage parents & provision of young people focused contraception/sexual health services – Preventing repeat pregnancies

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

The under-18 conception rate in Wigan has fluctuated in the period between 1998 and 2008 but remains high. At 49.9 per thousand the 2008 rate of teenage pregnancy in Wigan remains higher than the North West and England, although at -6.9% it is the greatest percentage decrease Wigan has achieved since the 1998 baseline.

Nationally around 20% of births conceived to under 18s are to young women who are already teenage mothers and 11% of teenage abortions are repeat terminations.

Many young mothers are unaware of how easy it is to become pregnant after having a baby, are ill informed about the range of contraception available - often through missing out on school sex and relationships education - and are not actively supported to access contraception. Compounding this are the pressures and demands post-natally when organising a visit to a contraceptive service may seem a low priority.

Teenage Parents Next Steps (2007) advises proactive support for young mothers to choose and use contraception effectively is essential to help them avoid repeat pregnancies. Local services should ensure that this support is included as an integral part of the coordinated package of support, starting in the ante-natal period, offering information about contraception in an accessible and young people friendly format, raising awareness of the range of methods available⁸.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

As part of the strategy to support young mothers and prevent subsequent unplanned pregnancies, teenagers receive extra support from the teenage pregnancy midwife, who is also a family planning nurse. The teenage pregnancy midwife reviews previous contraceptive use, if any, and discusses future contraception.

Contraception is discussed again whenever the teenage pregnancy midwife sees the young woman during the pregnancy. Time constraints prevent individual postnatal home visits to each young woman; there is therefore a targeted postnatal visit to younger teenagers and those who are deemed more vulnerable. The postnatal visit includes advice about contraception, the provision of condoms and gives information on local young mums' groups and services.

The teenage pregnancy midwife runs local teenage parent-craft classes. At the contraception session, the midwife leads a discussion and passes around samples of different contraceptive methods.

Young people are also advised on how alcohol and drugs can lead to contraceptive failure (e.g. incorrect condom technique), and 'beer goggles' are used to illustrate how alcohol affects perception. The contraception session was originally a session on its own, but has been incorporated into a tour of the hospital delivery suite as this has been found to maximise attendance at the sessions.

To maintain continuity and maximise contraception uptake through the build up of a trusting relationship throughout pregnancy, young mothers are offered a postnatal contraception appointment with the Specialist Teenage Pregnancy Midwife at a generic Family Planning Clinic. Key contacts:

Alison Healey, Breastfeeding Lead and Commissioner Tel: 01942 481006
Email: Alison.Healey@alwpct.nhs.uk

Carolyn Harrison, TP Specialist Midwife Tel: 01942 774700, Email:
Carolyn.Harrison@wwl.nhs.uk

⁸ DCSF/DH Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts (2007)

Are you able to provide evidence of the effectiveness of the practice? If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete.

Wigan has performed well in this area, with repeat births and abortions less than half the national average.

Compared with England's rate of around 20% Wigan had just 8.5% repeat births in 2006-07 and this has reduced further to 7% from March 2008 to April 2010⁹.

There is good uptake of contraception from the Teenage Pregnancy Midwife, including 25 Implanon fittings and 11 young mothers commencing Depo-Provera during 2008-09.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example.

The negative effects of becoming a teenage parent are often further intensified by a further pregnancy. Supporting young mothers to avoid repeat unplanned conceptions improves outcomes for them and their children and supports Wigan in their overall drive to reduce child poverty.

Supporting young mothers to make positive informed decisions in relation to their postnatal contraception supports the reduction in teenage pregnancy NI 112.

Other NIs supported by this intervention include NI126 early antenatal access, NI 115 substance misuse by young people, NI 116 Proportion of children living in poverty.

What now happens differently for the services involved?

The intervention has strengthened working relationships with maternity services, dedicated midwifery services, Children's Centres (classes delivered in CCs borough wide), Connexions, the Reintegration Service and Family Planning Services who work together to deliver the service.

Which of the changes will you maintain to sustain your achievements?

Postnatal contraception is offered by the Specialist Teenage Pregnancy Midwife at a generic Family Planning Clinic. Delivered as a generic family planning practitioner, outside of her specialised midwifery role. Contraception uptake could be further improved if this could be offered within the scope of the specialist midwife role, on the maternity unit to reduce the consequences of young women delaying or not accessing initial contraceptive services appointments.

⁹ WWL NHS Foundation Trust, Local Maternity Unit Data

Ward staff are undertaking training in order to dispense condoms to young mothers in the early postnatal period as part of the local C Card scheme.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

The service would be replicable in areas that already have dedicated teenage pregnancy midwives for a relatively low cost and a potentially high impact on reducing teenage pregnancy.

An evaluation of the Specialist Teenage Pregnancy Midwifery Service has just been completed, including feedback from young service users. Findings will inform further service development.

This intervention was identified by DH Implementation Plan for Reducing Health Inequalities in Infant Mortality (2007) and DCSF/DH Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts (2007) as an example of good practice.

WORK WITH TEEN PARENTS

Local Authority Area	St Helens
Primary Sub Category	Targeted Work
Links to Other Categories	Partnership Working
Case Study Title	Teenage Parents
Project Overview	Teen Ante Natal service at the main maternity hospital in the borough and development of a multi-agency care pathway
Case Study Submission	Click here
Peer Review Panel Comments	A good example of a multi agency care pathway
LTPC	Michelle Davies
Project Contact	Michelle Davies
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Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

Teenage parents.

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Children's Trust/Local Authority/local service	St Helens
Title of practice/strategy/intervention	Teenage Parents

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

The Idea:

Young parents are often sought by a wide range of support agencies aiming to offer interventions or services to them as part of a targeted agenda.

That said the client group would frequently go unknown to services until in crisis and in need of urgent support.

At that stage agencies would often approach the individual separately with young people not sure who they are dealing with or why and without a focus on their needs.

Our idea was to seek written consent from young parents to work with CYPS as a whole to include specifically:

- Connexions
- Sure Start

- Health Visitors

and to work with said agencies to establish a clear multi-agency pathway to provide an efficient, timely and responsive interventions.

Previous National and Local research supported early intervention in pregnancy as key to successful intervention.

Young parents need practical progression plans identifying short/medium and long-term goals. With these in place young parents can stay on track in their learning, access supported housing, claim appropriate entitlements and engage with health services for them and their children. All these issues require a multi-agency response but with agencies.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

Teenage Pregnancy implementation funds supported the establishment of a Teen Ante Natal service at the main maternity hospital in the borough. This enabled all teen parents to be seen in a dedicated clinic. Having named members of staff has made some in-routes to improving communication between the Hospital and wider supporting services.

This was further strengthened through the improved referral system.

This system enables the Midwife to:

- Collect information relating to the mother and the pregnancy
- Identify with the family areas where support is needed
- Take fathers details
- Gain consent from the family for referral into multi-agency support sourced through a single contact point in Teenage Pregnancy.

Are you able to provide evidence of the effectiveness of the practice

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete.

We are in the process of looking at the impact of the wider information sharing in terms of the benefits to the client group through a multi agency task group.

Early indication suggests the following outcomes have been achieved:

- A significant increase in mothers registered with their local children's centre,
- Steady increases in young mothers in Employment, Education or training due to

early intervention and planning.

Areas that need to be explored include:

- Numbers receiving early intervention through CAF / CIN procedures
- Numbers referred for pre birth assessment by gestational age and outcomes.
- Numbers not known

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example.

The aim is for Teen Parents to receive both Universal and Targeted support through a co-ordinated multi-agency pathway.

At the moment all teen parents booking through the local maternity hospitals Teen Ante-natal clinic will receive:

- Telephone / text contact from TP team to identify pressing issues/concerns at key points during pregnancy and up to 3 months post delivery;
- Written information on a range of issues including – benefits, education, housing and health;
- Targeted intervention through TP team for all teen parents of school age and screening of need for all 16/17 year olds;
- Registration with their local sure start programme on their Universal Contact Schedule and allocation of Link Worker;
- Dedicated Connexions manager to overview interventions for pregnant teens and those supporting family. All will be offered appointment to access early information, advice and guidance including support to access Care to Learn (childcare funding).

What now happens differently for the services involved?

Sure Start and Connexions are now:

- Aware of all Teen parents continuing their pregnancies from as early as 12 weeks gestation.
- Sure Start trigger early contact to build relationships through registration process and universal contact schedule through allocation of Link Worker
- Connexions provide pro-active IAG in early pregnancy
- Education / Health / Sure Start / Social Care working together to improve processes and provide interventions

Which of the changes will you maintain to sustain your achievements?

The information sharing and service pathways will continue to be reviewed and strengthened over the coming months with the aim of providing Teen Parents:

- A seamless multi-agency service;
- Eliminating duplication;
- Plug gaps in provision for the duration of their pregnancy and for the following 5 years through efficiency and innovation.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

The You're Welcome Quality Criteria will be considered as a tool to provide qualitative assessment of the pathways, which will include client consultation and participation in planning and delivery.

Evaluation**How have you evaluated the improvement in outcomes for children, young people and/or families?**

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

There has been no formal evaluation of this process.

Email groups have been established to aid communication with agencies. This will be further enhanced when TP will be circulating a pack of useful contact details to assist cross agency working.

The work so far has been particularly useful with regard hard to reach individuals by identifying families who have disengaged. For example - Sure Start may have failed to contact an individual that Connexions have worked with and communication and co-working between the two agencies will be the next step in encouraging engagement.

PARTNERSHIPS

Local Authority Area	Knowsley
Primary Sub Category	CAF
Links to Other Categories	Targeted Work
Case Study Title	Teenage Pregnancy/Maternal Health
Project Overview	Developing Pathway for Teenage Parents
Case Study Submission	Click here
Peer Review Panel Comments	Good example of the use of CAF in the local Teenage Pregnancy Strategy.
LTPC	Alison Cook
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Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

Using Common Assessment Framework with Teenage Parents.

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Children's Trust/Local Authority/local service	Knowsley
Title of practice/strategy/intervention	Teenage Pregnancy/ Maternal Health

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

The arguments for multi agency referrals for Teenage Parents who's needs may not be met by a single service are well documented (DOH Multi Agency Working to support Pregnant Teenagers, DCFS 2008, ECM Targeted Youth Service).

The CAF process was seen as an opportunity for agencies working with Teenage parents to assess the needs of the parents and share information in order to provided additional support and prevent potential problems from escalating .

Both the Teenage Pregnancy board and the Maternal Health board identified the need to make a clear pathway for teenage parents . A task group including Teenage pregnancy reintegration officers and CAF lead consulted with the operational support board and produced guidelines for the CAF process when working with teenage parents.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

Representatives from the Maternal Health board, the Teenage pregnancy board and Knowsley CAF office met to agree pathways for Teenage parents that will give clear guidelines to a range of professional working with young parents.

The guidelines have been produced by the Teenage Pregnancy Unit in Knowsley in close collaboration with the CAF office and are awaiting agreement by boards involved.

The process involved Teenage pregnancy operational board members and has raised the profile of the CAF process and lead to an increase of CAF assessments for Teenage parents and closer multi-agency joint working with the needs young parent (s) / child firmly in the centre.

- The CAF pathway ultimately will be measured by : the number and quality of CAF's for young parents;
- The outcomes of the CAF process for young parents and their experience of the process.

Are you able to provide evidence of the effectiveness of the practice

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example

The proposal is that all school aged parents (unless under level 3 services) will have a CAF assessment as they require additional support to meet their educational needs.

Although young parents did always receive this support there will now be more effective communication between agencies that are providing different aspects of support, such as housing and health and therefore reducing the requirement for young parents to repeat their circumstances to different agencies.

Young parents that have left school are assessed using the Knowsley guidelines as to levels of additional support required.

National indicators that the CAF process can contribute towards if young parents access multi-agency support : NI 30, NI112, NI115, NI 141, NI 116, NI 32

What now happens differently for the services involved?
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Services are using the CAF process to assess the needs of young parents .

Which of the changes will you maintain to sustain your achievements?

The CAF process will hopefully be ongoing , and the pathway will support this process once it has been fully agreed and then can be embedded into practice through the operational boards.
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If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?
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The dedicated CAF team will be able to monitor the process and number and quality of CAF'S produced.
--

Young parents to be asked about their experience of the CAF process could be used as a measure of the difference made.
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Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.
--

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for reliability.
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The CAF pathway has not been evaluated to date as it is still in the process of being fully agreed by the Teenage Pregnancy board following a trial period.

PARTNERSHIPS

Local Authority Area	Lancashire
Primary Sub Category	Further Education
Links to Other Categories	Targeted Work
Case Study Title	Positive Working Relationships Between Organisations and Local Young People to Improve Health Services for Young People
Project Overview	Development of a Healthy FE Network to share best practice with a specific focus on Healthy FE and You're Welcome
Case Study Submission	Click here
Peer Review Panel Comments	Large number of partners working together under a comprehensive structure
LTPC	Wendy Hemsworth
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Telephone	

Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

Partnership working.

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Organisation submitting example	NHS Central Lancashire
Children's Trust/Local Authority/local service	West Lancashire Chorley South Ribble Preston Lancashire – LA
Title of practice/strategy/intervention	Positive working relationships between organisations and local young people to improve health services for young people.

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

What was your idea?

NHS Central Lancashire facilitates a Healthy Further Education (FE) Network which brings together local colleges to share best practice with a specific focus on Healthy FE and You're Welcome – making health services young people friendly.

What did you want to do and why, and what were you trying to achieve?

The vision for the future is for **FE providers** to have strong relationships with **community partners** to create a learning environment where **positive well-being** is the expectation for all, producing **learners and staff** who are confident, healthy, safe, emotionally resilient and personally fulfilled."

Healthy FE Steering Group, December 2008

Health should be the core of what you do - then they will learn . . .

Ed Balls

What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

Profile Data (DIUS)

- The FE population contains a number of target groups representing health inequalities and risky behaviours;
- People from the 25% most deprived postcode areas make up 30% of all 19+ FE learners;
- 40% of 17 year olds in full time education in general FE colleges come from the bottom 3 socio-economic groups;
- 19.3% learners in FE colleges and external institutions are from Minority Ethnic Groups;
- At least 10% of learners in FE institutions have a self-declared disability and/or learning difficulty;
- A large number of FE learners are young parents;
- A significant number of most vulnerable 14-16s will attend a college for part of the week;
- 16-25 year olds are known to engage more in behaviour that puts their health at risk.

Policy Drivers

- Choosing Health White Paper commitments
- Delivering PSA 12,
- Paths to Success – outcomes on NEETS, drugs, teenage pregnancy, crime prevention
- Children's Strategy and local plans
- Health Inequalities Strategy
- Inspection Framework (ECM) OFSTED
- Aiming High for Young People
- Targeted Youth Support
- 14-19 Reform
- Your Welcome
- Our Care Our Health Our Say
- Student Engagement Strategy
- Excellence Framework (LSC)
- Working for a healthier tomorrow (Carol Black report)
- Extended Colleges (pilot)

Ofsted's common Inspection Framework - "Inspectors will evaluate the extent to which Learners have the knowledge and understanding to enable them to make informed choices about their health and well-being."

Inspectors should take into account, where relevant:

- use of available learner health and well-being data to identify the health needs of all groups, including the most vulnerable;
- use of learners' views on the range and quality of health-related services provided;
- partnership work with external agencies to support delivery and facilitate referral to specialist services;
- learners' awareness of the consequences of smoking, alcohol abuse and drugs, insufficient physical exercise and an unhealthy diet;
- learners' participation in activities which tackle key aspects of learners' physical and mental health, well-being and emotional development;
- learners' opportunities to access confidential support;
- learners' involvement in developing a range of opportunities and activities which are inclusive and have high rates of participation, to increase their levels of physical activity and to improve the uptake of healthy food choices within the provider's setting.

Healthy Child Programme 5–19 Universal

- Immunisations
- Sharing information on entry to FE
- Emotional Health and Wellbeing
- Sexual health
- Physical activity
- Ongoing support
- Safeguarding
- Targeted immunisation
- Emotional and psychological health and wellbeing
- Drug and alcohol
- Smoking cessation
- SEN
- Youth Justice
- LAC
- Complex health needs
- Young parents
- Workforce

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

The network originally took a central Lancashire footprint; there have been six network meetings since June 2009. The network allows colleges' time and the opportunity to share learning and experiences and provides agencies a forum in which they can give an overview of their service with a view of working within the college setting or signposting young people into their service.

At a recent meeting, our Guest Speaker, Lisa Hartley from You're Welcome/FE Trailblazer site provided an update on the NW Healthy FE Network and gave examples of how Accrington and Rossendale College has driven Healthy FE and YW within their college utilising health data to secure health provision to meet the needs of students and staff. Student involvement has been key to the success of these developments.

Network meetings have/will include:

- Healthy Weight focus groups with students;
- Sex and Relationship Education (SRE) Policy guidance;
- Development of a new Key Stage 5 resource commissioned by NHS Central Lancashire in partnership with Lancashire Teenage Pregnancy Partnership – the resource is due to be ready by Autumn 2010 and distributed to all FE settings/ 6th Forms in Lancashire:
 - ✓ Skills
 - ✓ Economic Wellbeing and Financial capability
 - ✓ Healthy Bodies
 - ✓ Healthy Minds
 - ✓ Substances
 - ✓ Risks
 - ✓ Challenging
 - ✓ Empathising
 - ✓ Healthy Relationships
 - ✓ Physical safety
 - ✓ Personal Safety
 - ✓ Social networking
 - ✓ Difference and diversity
 - ✓ Sexual Health; including STI's and contraception
 - ✓ Problems
 - ✓ Who can help?
- Healthy FE online toolkit
- Draft quality standard for SRE in FE Setting
- You're Welcome
- Change4Life
- Health Works Awards
- Development of level 1 and level 2 sexual health services
- Breathe therapeutic treatment service for eating disorders
- SRE training
- Link to commissioners
- Health Care Plans
- Supporting and identifying CLA
- Links to School Health Service
- Training for Hoists
- Health needs assessment
- Links to Local Children's Trusts Partnership's (LCTPs)
- Impact measures
- Role of FESCo
- Community Cohesion

- Hear By Rights/Lancashire Charter Express
- Ofsted Inspections
- Virtual Head
- 0-19 Provider Services offer to 16-19 provision
- CLA Safeguarding Nurse
- Breast Feeding Lead
- Extended Services
- Big College Health Check
- PSHE Certification

Are you able to provide evidence of the effectiveness of the practice?

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete

The effectiveness of the practice has led to the network broadening to include all FE settings within Lancashire – my personal view is that the network demonstrates emerging good practice and individual colleges will be able to provide detail on specific impact.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example.

Accrington and Rossendale College has proactively engaged with Healthy FE and You're Welcome have reported the following recent developments:

- The Health Development Practitioner (HDP) will action all student feedback data to impact on practice, both HDP and Student representation officer (SRO) practice but more importantly will embed future plans/ development in cross college strategies to ensure sustainability;
- Young people are active members of the College You're Welcome team;
- Students co-presented with Staff at a Lancashire Children's Trust Active Participation Event;
- 2 students are volunteers with NHS East Lancashire as Young Verifiers – they attended training in May 2010 and are active verifiers in the verification/ audit processes across the county;
- Sexual health project includes seeking feedback from students on college based health services and provision;
- College ambassadors are using an impact tool based on the Rosenberg self-esteem model;

- Accrington and Rossendale College secured £10k re: Additional Monies for Contraception and Sexual Health Services in FE settings – innovation bid GONW. For further information please contact lhartley@accross.ac.uk

Skelmersdale and Ormskirk College secured £10k re: Additional Monies for Contraception and Sexual Health Services in FE settings – innovation bid GONW. Please see action plan:



O:\Health For All\FE\
Ormskirk and Skem\S

Production of a play performed by students called STI the musical.

What now happens differently for the services involved?

Accrington and Rossendale College:

- Through focus groups and Learning and Development (L + D) sessions, Hair and Beauty students informed HDP that they did not feel comfortable going to the Hub and preferred to be able to access condoms from their vocational area – action – a member of staff from within that department has now received Lancashire CC training and will be offering condoms from within their vocational area (from the salon dispensaries);
- 2 Students have reported that they would like to be able to access condoms in the L + D session. LDM's have accessed training and will be able to distribute condoms in the classroom setting if requested;
- Students involved in College You're Welcome team have designed a client feedback form and a pull up stand to raise awareness of college health services;
- Health needs assessment data highlighted that Chlamydia screening uptake was low from some curriculum areas. Focus groups further revealed that those students preferred to access screening from within L + D sessions. This was actioned resulting in an increase in uptake to Chlamydia screening.

Skelmersdale and Ormskirk College: See attachment above.

Outreach sexual health (SH) nurse to offer an on-site level 2 SH service.

Which of the changes will you maintain to sustain your achievements?

As agreed by individual colleges.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

- Share the impact tool based on the Rosenberg self-esteem model with other network members;
- Local colleges could work towards criteria that I have adapted from the Lancashire Healthy Schools Programme for SRE to fit an FE setting for delivering improved practice SRE.

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replicability.

This information would be most appropriately obtained from individual colleges:

- Skelmersdale and Ormskirk College
- Preston College
- Runshaw College
- Myerscough College
- Accrington & Rossendale College
- Lancaster & Morecambe College
- Burnley College
- Nelson & Colne

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PARTNERSHIPS

Local Authority Area	Halton
Primary Sub Category	Governance Arrangements
Links to Other Categories	Targeted provision -Sexual Health
Case Study Title	Targeted Provision
Project Overview	Establishing governance arrangements to make TP everyone's responsibility
Case Study Submission	Click here
Peer Review Panel Comments	Embedding organisational commitment to the agenda through revised governance framework
LTPC	John Bicknell
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Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

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Children's Trust/Local Authority/local service	Halton
Title of practice/strategy/intervention	Targeted Provision

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

We reviewed are governance arrangement to ensure Teenage Pregnancy became everyone's responsibility.

We felt integrated governance and accountability framework will enable us to achieve better outcomes. Our governance arrangements bring together partners across the range of services and support for children and young people and work with their level of commitment and drive achieve our ambitions as described in Halton's Children and Young People's Plan 2009.

We have developed these arrangements to bring together the many strands of this complex agenda. It is expected these arrangements will not only focus our efforts on teenage pregnancy, they will also allow us to work with colleagues across the range of associated factors as described in this strategy and in our Children and Young People's Plan.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

We set up a new governance arrangement which covered Teenage Pregnancy, Substance Misuse and NEET. (see attached)

Senior managers were asked to nominate key people for each working group to ensure consistency and equal representation.

Groups developed and agreed action plans and terms of reference.

Are you able to provide evidence of the effectiveness of the practice?

There are now 6 operational subgroups which are well attended and progress reports are provided at key Strategy groups.

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example

Young people and family services are more relevant to their needs and accessible and responsive.

Vulnerable young people are less likely to fall through any gaps between services and support.

Young people are part of the development team in shaping the type and detail of information published across the borough.

All young people receiving advice regarding their sexual health receive high quality care and support based on clear standards of quality practice from professionals.

Organisations are now able to respond effectively and efficiently so to make sure the information offered is of high quality and accessible to young people.

Chlamydia screening and pregnancy testing is available and is used at the identified provision.

Teenage parents routinely use children's centres as the place to receive advice,

support and guidance to assist them in developing their parenting skills.

Teenage parents routinely use children's centres to provide child care so they are able to attend education, employment or training opportunities in the borough.

What now happens differently for the services involved?

All staff working across the area of sexual health and teenage pregnancy have their professional development shaped around locally agreed competency framework.

Services and support on offer in the borough is not duplicated.

Which of the changes will you maintain to sustain your achievements?

Planning arrangements will be aligned to enable better targeting of resources to hot spot areas and specific issues as highlighted by young people and/or 5 intelligence.

Terms of reference adequately reflect the requirements of effective reporting and accountability arrangements across tallied partnership arrangements so to ensure all aspects within NEET, Drug and Alcohol, and TP strategies are effectively managed.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replication.

We plan to consult with young people once the targeted provision has been established and we have more evidence on any positive outcomes achieved.

Young people will be asked about provision during the development of are needs assessment in the autumn of 2010.

PARTNERSHIPS

Local Authority Area	Halton
Primary Sub Category	Sharing Good Practice
Links to Other Categories	Sexual Health
Case Study Title	Cross Area Working
Project Overview	Good practice sharing group across the PCT footpath of St Helens and Halton
Case Study Submission	Click here
Peer Review Panel Comments	A good example of areas working together to share good practice and pull resources
LTPC	John Bucknall
Project Contact	John Bucknall
Email	john.bucknall@halton.gov.uk
Telephone	0151 906 1509

Local Practice Submission Form

Theme: Please name the Teenage Pregnancy theme that your practice example relates to (1 of the 10 key characteristics)

The local practice examples aims to:

- Inform decision and policy making;
- Illustrate how the difference to outcomes for children, young people and families can be made;
- Assist the evaluation of effective local practice.

Your details

Name	John Bucknall
Job title	Commissioning Manager Substance Misuse and TP
Email address	John.bucknall@halton.gov.uk
Telephone number	0151 906 1509
Organisation submitting example	Halton BC
Children's Trust/Local Authority/local service	Halton BC
Title of practice/strategy/intervention	Cross Area Working

Context and rationale

What was your idea? What did you want to do and why, and what were you trying to achieve? What evidence and knowledge did you draw on – was this local, national, research, policy, derived from user views?

Halton has employed a range of Strategies to reduce Teenage conceptions and as a consequence of the 2007 performance, was visited by the National Support Team. In general terms the NST were complimentary about what Halton had implemented, however a range of recommendations were made which have been implemented.

The NST recommend improving and extending provision and access to a full range and choice of sexual health information, advice and services, being routinely considered as a first line preventative method. These services need to be in locations and at times appropriate to meet the needs of the local young people. There needs to be designated young people's services with an emphasis on positive sexual health and wellbeing. These should be delivered in a variety of settings, including outreach and domiciliary settings, available 7 days a week and in hotspot areas.

We have joined forces with colleagues in St Helens as a means of supporting both local areas in tackling this complex agenda by establishing a Teenage Pregnancy Group across the PCT footprint as a means to share good practice and learning and to identify opportunities for collaboration.

The PCT is set to increase their funding for sexual health services by 1.8m over 3 years from a baseline of £3.46m (this is subject to a business case). However, the PCT have secured £500,000 for community sexual health services, clinic in a box and TP outreach.

We are also rolling out programmes to promote partnership working between schools and parents/carers across Halton and St Helen's using Speakeasy programmes. Aimed at supporting parents/carers in talking to young people about drugs, alcohol and sexual health, this will be an important tool to changing attitudes in the future.

Information campaigns are fully informed by the views and requirements of young people and joint PCT and LA campaigns have been carried out across St Helen's and Halton. See attached Text Message Service.

The practice

What did you do? Who was involved? Please provide a brief description of the work undertaken. Be sure to include the set of measures by which you are demonstrating achievements.

We have joined forces with colleagues in St Helens as a means of supporting both local areas in tackling this complex agenda by establishing a Teenage Pregnancy Group across the PCT footprint as a means to share good practice and learning and to identify opportunities for collaboration.

The PCT is set to increase their funding for sexual health services by 1.8m over 3 years from a baseline of £3.46m (this is subject to a business case). However, the PCT have secured £500,000 for community sexual health services, school drop ins and TP outreach.

We have recently commissioned a mobile outreach service in response to these comments from local young people. Through this mobile provision agencies will be able to engage with young people in 'hotspot' areas, who currently do not access services. A wide range of provision will be delivered from this mobile service including a range of sexual health services.

We have introduced a wide and varied range of services and supports available including 'Teen Health Drop Ins' in schools and the C Card scheme. We will continue to develop these services to ensure consistency across the borough and to make sure staffs working with these services are trained and confident to work with young people around their sexual health.

Are you able to provide evidence of the effectiveness of the practice?

Data published in 2010 showed a major reduction in Halton's teenage conception rates and Halton is one of the most improved area in the country for reducing teenage conceptions.

In general, extremely encouraging results especially as we have worked closely with

the National Support Team (NST) and the Regional Teenage Pregnancy Coordinator. Our relationship with the aforementioned and with GONW regarding TP is extremely strong.

We have embedded a senior level champion role across the teenage pregnancy strategy remit. This role ensures an understanding of the importance of teenage pregnancy, the impact this has on the outcome for the teenage parents and their children both in the short term and as they age.

If you consider that your practice example does not yet have concrete evidence of impact and outcomes, but would like it to be considered as an 'emerging good practice' please also complete.

Making a difference to children, young people and families

What now happens differently for children, young people and their families as a result of your actions? What were the outcomes? This might refer to national indicators for example.

Young people are now able to access services in more locations and they are able to access them at times which suit them.

The services are more young people friendly and are no longer provided in adult services.

Young people can now talk to a wider range of professionals about sexual health in different venues.

What now happens differently for the services involved?

All partner agencies are clear in their roles and responsibilities in tackling this area. There is a clear understanding of the importance of teenage pregnancy, the impact this has on the outcome for the teenage parents and their children both in the short and long term.

Organisations are able to respond effectively and efficiently, to make sure any information, advice and guidance offered is of high quality and accessible to young people.

Which of the changes will you maintain to sustain your achievements?

The 2008 rates may in time turn out to be a clear sign we are making progress and we have invested significantly in this agenda so we expect performance to improve over time. However it is paramount the improved meaningful partnership working is maintained, if we are to further reduce conception rates as we are still some way off meeting the national target

We are organising our provision much better in response to our improved intelligence

processes and participatory mechanisms.

We are able to make a difference through effective targeting of resources as we are now seeing in the breakdown of numbers between Runcorn and Widnes. It is therefore necessary that we continue to work hard to sustain and build on the improved rates in Runcorn, while targeting better additional resources in Widnes.

If you are not yet sure what difference has been made, what new measures could be introduced, or what could be improved, to allow you to determine the difference made?

Evaluation

How have you evaluated the improvement in outcomes for children, young people and/or families?

Please provide evidence of the learning that has occurred and of how systems have changed as a result of the practice example. We are particularly interested to hear about how you have evaluated the practice; how you have encouraged feedback on the practice from children, young people and their families; and on the results of this feedback.

What 'hot tips' do you have from your experience for others? We are particularly interested in your views regarding its potential for replication.

Consultation events will continue to be carried out during 2010/11 to ensure the services are meeting young people's needs.