Teenage Pregnancy in Luton

Annual Report
April 2002

Introduction

This section of the Annual Report restates the guiding vision and principles behind the Teenage Pregnancy Strategy for Luton, as well as reiterating the local targets for reduction in the rate of conceptions among under eighteens.

Strategic Vision

"Every young person in Luton is entitled to receive high quality sex and relationships education in or out of school, which will enable them to make choices about their own sexual health, and to have an understanding of the consequences of their actions and the action of others.

Effective prevention services which work and network together will be a key element of ensuring that information and support is readily available to all young people in the area.

For young people in Luton who are pregnant or who are parents, there will be in place a range of support services to assist them to make choices about their own future, and the future of their children. This will involve a wide range of agencies working together to provide support which is focused on the needs of the young person."

Teenage Pregnancy Strategy for Luton 2001-2011

Strategic Goals

- The strategic goal is to reduce the levels of conception among under eighteens by 45% by the year 2010.

- An interim goal is to achieve a 15% reduction by 2004, although the final data to indicate the reduction will not be available until 2006.

- Additional strategic aims include a reduction in the social exclusion of young parents and their children, as indicated by an increase in the number of young parents accessing employment, training or education. Specific targets will be formulated during year 2 (2002/03), using information from the final version of the Teenage Pregnancy national indicator set.
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Part One: Summary of Progress

This year has seen rapid change in both the local co-ordination arrangements for implementing the Teenage Pregnancy Strategy, and the context in which work has been undertaken. The following pages will give a brief account of the current local context and specific work in support of the four main work areas within the Teenage Pregnancy Strategy.

1. Local Context - Conception and Abortion Data

Luton is a predominantly urban area with a growing and ethnically diverse population. The town has consistently had the highest rate of under-eighteen conceptions within the Bedfordshire Health Authority area. The latest available data (for the year 2000) shows a slight fall in the conception rate in Luton from its 1999 peak. However, due to a decrease in the under eighteen conception rate nationally over 1999 and 2000, Luton’s conception rate is now above the average for England and Wales as a whole.

<table>
<thead>
<tr>
<th>Year</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of conceptions</td>
<td>44,119</td>
<td>42,028</td>
<td>41,339</td>
</tr>
<tr>
<td>Conception rate</td>
<td>47.0</td>
<td>45.0</td>
<td>43.8</td>
</tr>
</tbody>
</table>

Table 1: Under 18 Conception Rate
(No. of conceptions per 1000 females aged 15-17)

It is, of course, encouraging to see a slight fall in the conception rate for the year 2000. However, there are two reasons to be cautious. Firstly, the decrease is a small one, and could be the result of year-to-year fluctuation. Secondly, the population of Luton within this age range is growing, with an increase in the 15-17 reference range of almost 200 between 1999 and 2000. Whilst this does not affect the conception rate figures, it does mean that even if continuing reductions in the rate are achieved, the number of young people for whom services need to be provided will not fall at the same rate, and could even rise.
Luton faces a particular challenge in meeting the interim target for reduction of 15% by 2004, as the rate rose during 1999 from the 1998 baseline. In effect, therefore, our 2004 target for reduction is closer to 20%. Achieving the reduction will require careful targeting of resources and robust partnership working.

<table>
<thead>
<tr>
<th>Table 2: Under 16 Conception Rate</th>
<th>(No. of conceptions per 1000 females aged 13-15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England and Wales</td>
<td>25,179</td>
</tr>
<tr>
<td>England</td>
<td>23,404</td>
</tr>
<tr>
<td>East of England Region</td>
<td>1,886</td>
</tr>
<tr>
<td>Bedfordshire Health Authority Area</td>
<td>227</td>
</tr>
</tbody>
</table>

NB This data is only available currently at Health Authority level.

There has been a significant fall nationally in the under sixteen conception rate, although the East of England rate remained virtually unchanged between 1995-7 and 1998-2000. The rate in Bedfordshire (including Luton) rose slightly during this time. This particular dataset may yield more useful information for targeting work when it is available according to Local Authority area as the under eighteen dataset is. However, it highlights a need for early preventive work, both on a universal and a targeted level.

<table>
<thead>
<tr>
<th>Table 3: Under 18 Abortion Data</th>
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</thead>
<tbody>
<tr>
<td>Total number of abortions % of all conceptions Total No. NHS funded % of all abortions Total No. before 13 weeks % of all abortions</td>
</tr>
<tr>
<td>England</td>
</tr>
<tr>
<td>Luton Unitary Authority</td>
</tr>
<tr>
<td>Bedfordshire Health Authority Area</td>
</tr>
</tbody>
</table>

NB Data on proportion of NHS funded abortions and proportion taking place before 13 weeks is currently only available at Health Authority level.

Both Luton and Bedfordshire as a whole have a slightly higher proportion of abortions than the national average. In terms of the proportion funded by the NHS, Bedfordshire has a significantly higher proportion than nationally. This may be partly due to the relative distance of private abortion facilities: the nearest Brook Advisory Centres being in Milton Keynes, 18 miles from Luton, or in North London. The proportion of abortions performed before 13 weeks in Bedfordshire is similar to the national average.
2. Local Co-ordination Arrangements

During the year, a number of changes have been made to the local arrangements for co-ordination.

Teenage Pregnancy Partnership Board and Implementation Groups

The structure of the Partnership Board as agreed for year 1 (2001/02) and the various implementation groups reporting to it is illustrated in the diagram below.

The current membership of the Partnership Board, which is a joint board covering Luton and Bedfordshire, is as follows:

Chair:
Health Promotion Manager
(Children and Young People and Priority Health Issues)

Members:
Teenage Pregnancy Co-ordinator, Luton and Bedfordshire
Head of Education Client Services, Bedfordshire County Council
Service Manager (Social Services), Luton Borough Council
Manager, Sexual Health Services, Bedfordshire and Luton Community NHS Trust
Clinical Director, Bedfordshire and Luton Community NHS Trust
Director, Luton Health Action Zone
Head Teacher representative, Luton schools
Head Teacher representative, Bedfordshire schools
Manager, Healthier Bedford Partnership Board
Manager, Mid Bedfordshire Partnership Board
Manager, South Bedfordshire Partnership Board
Public Involvement Officer, Bedfordshire Health Authority
Voluntary Sector Representative, Bedfordshire (Manager of a local Family Centre)
Voluntary Sector Representative, Luton (Director, Voluntary Action Luton)
Representatives of Mid Bedfordshire and South Bedfordshire Community Health Councils
Representatives of the three Primary Care Trusts:
- Luton PCT (Specialist Services Manager)
- Bedford PCT (Clinical Nursing Lead)
- Bedfordshire Heartlands PCT
  (Locality Manager, Primary Care and Service Development)
The Partnership Board meets once a quarter in a Mid Bedfordshire venue and has been well attended. Feedback is received from each implementation group as part of the meeting. The Partnership board itself reports to the Luton Joint Planning Team for Children (JPT(C)), which holds overall responsibility for Children’s Services Planning. A useful addition to the Board might be elected representatives from the County and Borough Councils, and this will be examined in Year 2.

The implementation groups have been more mixed in their success, with some very active and well attended and others failing to become established. As a result, the structure of the various groups has been reviewed and the following changes made:

- The Better Support for Teenage Parents group in Luton will be incorporated into the Social Inclusion subgroup of the JPT(C), which meets monthly.
- The Media and Communications group will meet on an ad-hoc basis. Information relevant to Communications leads will be cascaded out by email, and media training will also take place during year 2.
- The Contraception, Advice and Information group will reduce in size, co-opting additional relevant people as needed.

Co-ordination, Local Leads and the Implications of NHS Reorganisation

- The operational lead for teenage pregnancy within Luton Borough Council is a Social Services Service Manager, reporting to the Assistant Director of Social Services (Children’s Services). The operational lead also leads on Quality Protects, ensuring integration of teenage pregnancy targets into the QP MAP. The operational lead within Luton PCT is the Specialist Services Manager. At the beginning of Year 1, the Health Authority lead was the Associate Director of Women’s and Children’s Services. Operational responsibility has passed to the Chair of the Partnership Board, Health Promotion Manager for Children and Young People and Priority Health Issues, who will be based within Luton PCT following the NHS reorganisation. All of the above leads hold responsibility for teenage pregnancy in addition to their main job role.

- A full-time local Teenage Pregnancy Co-ordinator has been appointed and has been in post since September 2001. The Co-ordinator is responsible for both Luton and Bedfordshire and is jointly funded. She has been based within the Bedfordshire Health Promotion Agency, which also covers Luton and Bedfordshire.

- Following the NHS reorganisation in April 2002, the Teenage Pregnancy Co-ordinator will be employed by Bedfordshire Heartlands Primary Care Trust, who will ‘host’ the post, providing office space, administrative and management support. They will also ‘host’ a pooled budget on behalf of Luton Borough Council and Bedfordshire County Council, which will nonetheless remain the accountable bodies in terms of finances. The base will be in Mid Bedfordshire, providing easy access to Luton. There will be a ‘hot desk’ available for the Co-ordinator at the offices of Luton PCT.
Links with Other Local Initiatives

- **Connexions:**
  Connexions staff are represented on three of the implementation groups, and the Teenage Pregnancy Co-ordinator is a member of the Connexions Local Management Committee for Luton.

- **Sure Start:**
  There have been several changes within the management structure of Marsh Farm Sure Start, which is currently the only scheme within Luton. The Health representative employed by Sure Start attends the Better Support for Teenage Parents implementation group. On appointment of a new Programme Manager, further links are anticipated.

- **On Track:**
  This initiative targets primary school-aged children offering increased levels of family support. A staff member attends the Better Support for Teenage Parents implementation group. Joint work is under consideration around SRE and transition to high school: see Year 2 Action Plan.

- **Health Action Zone:**
  The Director of Luton HAZ is a member of both the Better Support for Teenage Parents and the Contraception, Advice and Information implementation groups.

- **New Deal for Communities:**
  The New Deal for Communities Youth Group in Marsh Farm has been extremely active on teenage pregnancy issues. It is hoped that Year 2 will see some joint work on supported housing issues.
3. **Media and Communications**

Year 1 of the local strategy highlighted Media and Communications as an area for intensive work, including the development of a media strategy, design and distribution of local teenage pregnancy media materials and a campaign and strategy launch. Most of the Action Plan objectives have been met, although underestimation of both costs and time have caused deadlines to slip and a considerable overspend on this area of the budget, which has been absorbed through slippage on salary costs for the Co-ordinator and Sexual Health Trainer. With both now in post, there will not be the same degree of flexibility during years 2 and 3, and further production of local materials will need careful costing and project management.

**Practice Example - Local Media Campaign**

As part of the Year 1 Action Plan, local media materials were designed and developed by a Bedfordshire design firm in conjunction with young people. A total of ten initial designs were produced and storyboards developed. These were then presented to groups of young people who discussed the messages put over and what they felt the emphasis should be, as well as voting on their favourite designs. People consulted included a young mums' group in Leighton Buzzard, a youth group in Bedford and Foyer residents in Luton. The consultation took place with the help of a Senior Health Promotion Specialist who works with young people in informal settings.

After collating the results of the consultation, the favourite design, 'The Club', was developed into posters, postcards and credit cards, containing information about local contraception and sexual health services and contact numbers for advice and help.

Distribution has been targeted at informal venues which might be accessed by young people who would not necessarily attend surgeries, clinics or other venues where health information can be picked up. PLAN B, a local voluntary organisation training and supporting peer educators, has managed the distribution which has been undertaken by peer educators (mostly local sixth formers) working in pairs. The distributors take small numbers of postcards and credit cards into record and clothes shops, nail bars, cafes, motorcycle shops, take-aways and village stores and ask the staff to display them on the counter, explaining some of the campaign aims at the same time. As the young people are covering their own areas, they have been able to update the distribution lists using their local knowledge. A media campaign was launched once 80% of the distribution venues had been accessed, which highlighted the availability of materials and was supported by several young mothers who shared their experiences.

One of the dilemmas produced by the development process was that the young people consulted overwhelmingly favoured a design which, to some people, conveyed negative messages about teenage parenthood which might exclude or stigmatise young parents, particularly mothers. This design was also the favourite of the young mothers' groups consulted. After some debate and minor changes to the design and text, it was agreed to go ahead with the selected design.

- Media and communications work has been led during year 1 by the Communications Manager of Bedfordshire Health Authority, together with the Local Co-ordinator. A Media and Communications Implementation Group was formed but not well-attended: links with the Local Authority Communications Managers have been difficult to cultivate. The Media and Communications lead on the Partnership Board is currently the Health Authority’s Public Involvement Officer.
• Developing a method of ensuring consistent responses to media enquiries has been hindered by the difficulty in linking with Communications leads. During year 1, this has had a minimal impact on press coverage, as the vast majority of enquiries came to the Health Authority, with which communications channels are well-established. The handover of the Communications lead role within Health to PCTs presents challenges in this regard: however, Luton PCT has appointed a full-time Communications Manager, who is already involved in Teenage Pregnancy and Sexual Health work. Plans for improving the network supporting Communications leads are detailed in the Year 2 Action Plan.

• Credit card-sized information for young people, referral checklists for professionals and a young people’s directory have all been produced. The credit cards formed part of the locally developed media materials, and have been distributed throughout Luton and Bedfordshire (see box). The young people’s directory has been produced in a magazine format and will be distributed through schools and a range of informal venues. In a number of schools, the magazines will be used within SRE lessons. In addition, work is underway with Connexions to ensure that their information for young people also contains local contact details for contraception and advice services and organisations supporting young parents. Funding has been earmarked in the year 3 budget for updating the referral checklists and local media materials, but preparatory work will begin during year 2.

• Updated details of local services are submitted to the Sexwise database six-monthly as routine by the Local Co-ordinator. However, if there are changes to local services between updates, these changes are highlighted and submitted by email to the administrators by the Local Co-ordinator.
4. Better Prevention: Sex and Relationships Education (SRE)

Work within the area of SRE during year 1 of the strategy has progressed steadily and again, most targets detailed in the Action Plan have been met. Progress has been in no small part due to a very active and successful Healthy Schools Scheme, which has focused on SRE in particular this year. Work in year 2 and beyond should consolidate the support at universal level to schools, but also focus more on young people at risk of early parenthood, particularly those who may not receive school-based SRE input.

- In Luton, links with the LEA have been strong, with support from the curriculum adviser for PSHE, who attends the SRE Implementation Group. The Luton Education Development Plan is in the final stages of formulation, and will include SRE development as an area of work.

- 27 schools have joined the Healthy Schools scheme this year across Luton and Bedfordshire. In Luton, 15 schools have action plans for developing SRE and 5 schools (four primary and one secondary) are focusing on their SRE development during 2001-2. As yet, however, no Luton schools have gained SRE accreditation (in Bedfordshire, 5 schools have already done so).

- The Healthy Schools Scheme, together with Luton and Bedfordshire LEAs, has issued SRE information and guidance folders, interpreting the DfES guidance with additional local input, to all schools. This distribution was supported by a series of free seminars for management, PSHE co-ordinators and teachers on implementation of the guidance. Ongoing support on policy writing and revision, as well as training to teachers, governors and parents, is provided through the Sexual Health Promotion Training team run as part of local Sexual Health Services by Bedfordshire and Luton Community NHS Trust. This team has been strengthened with an additional worker until March 2004 through local implementation funding.

- One action plan target which was not achieved was the appointment of a seconded teacher to the Sexual Health Promotion Team. The post was advertised as a one-term secondment but no expressions of interest were received. Possible changes were discussed, including using the year 2 and year 3 budget to fund a 0.5 FTE post for a full academic year. However, the partnership board felt that the priorities had changed: co-ordination between the LEA and Sexual Health Promotion Training team has improved considerably, this being the primary motivation for creating the post originally. Some of the funding earmarked will be used for co-ordinating SRE work with vulnerable children during year 2.

- Two 'enhanced access' to contraception pilots are underway in a total of four Luton High Schools. In three High Schools, the school nursing service is offering extra input into SRE provision with timetabled drop-in sessions for individuals following the SRE input. The School Nurse will provide condoms on request to individuals and refer directly into local contraceptive services. A drop-in clinic providing emergency contraception is provided at a fourth High School: further information can be found in the 'Practice Example' box under Contraception, Advice and Information.'
Two different approaches to work with parents have been piloted across the county during year 1. Relate undertook a series of workshops with Middle School parents, with limited success. Participants enjoyed the course, but numbers were disappointing, and it is likely that the course did not attract those parents who were least confident in talking about sex and relationships with their children. The Sexual Health Promotion training team arranged a sex and relationships evening for ‘Girls and Guardians’, which was very successful, although the proposed ‘Dads and Lads’ equivalent aroused very little interest and did not go ahead.

Practice Example – Challney Girls High School, Luton

Challney Girls High School, as the only single-sex state secondary school for girls in Luton, is very popular with parents from Luton’s South Asian community and particularly with Muslim families. 94.8% of students are from minority ethnic groups (the average for secondary schools in Luton as a whole being just over 40%). This presents particular challenges in the implementing SRE policy and delivering culturally sensitive and acceptable SRE.

Challney applied for and received funding for SRE development from the grants scheme run by the Teenage Pregnancy Partnership Board and funded from budget slippage. The extra funding allowed for protected time for the PSHE staff, with the support of the school’s senior management team, to have an ‘away day’ to explore both the vision for SRE provision and the practicalities of delivery. Working closely with local community members, parents and governors, the team has revised the SRE curriculum with local needs in mind.

Challney has also been a part of a three-school pilot involving school nurses more closely in SRE delivery. This has proved popular with many parents from minority ethnic communities, who expressed a preference for SRE input from people with medical training. The school nursing service is evaluating the pilot currently and seeking additional funding for continued work.

Ensuring that young people in public care receive SRE: the Sexual Health Promotion Training team has provided two training sessions this year to foster carers, residential social workers and LAC social workers on SRE. The training programme was developed by the NCB and has been rolled out to social workers over the last two years. In addition the Health Assessment Team for Looked After Children, which works across Luton and Bedfordshire, has arranged a one-off health information day for looked after children in Luton, focusing on sex and relationships issues. Ensuring that looked after children receive high quality SRE is detailed as a priority within the QP MAP.

Young people have been involved in evaluating the school nurse SRE pilot and in directing work within individual schools on SRE policy and delivery.
5. **Better Prevention:**

**Better Contraception, Advice and Information Services**

Work around contraception, advice and information has produced some very positive results and proved complex and challenging by turns. Generally, co-ordination with NHS services, and in particular the Sexual Health Service, has worked well, with the Sexual Health Services Manager playing a particularly active role in both the Partnership Board and the Contraception, Advice and Information Implementation Group. Work around the development and implementation of nurse-led contraception services has taken longer than expected, a lesson for the Partnership Board being not to underestimate the time and effort involved in obtaining board approval, at PCT and Community Trust level, for Patient Group Directives covering nurse-led work. It is hoped that the work put in this year will provide precedents, which will ease the way for further initiatives.

- Local NHS Trusts are well represented on the Partnership Board, with members from each of the local PCTs and the Community NHS Trust. Luton PCT, which is leading on sexual health strategy and commissioning for the county following the NHS reorganisation, has established a working group focusing on sexual health strategy development and local modernisation. This is attended by the chair of the Teenage Pregnancy Partnership Board, with support from the Local Co-ordinator when appropriate.

- The audit of contraceptive clinic services has been completed. The main message from the audit was that there was work to be undertaken on the collection of local data, as service managers found it difficult to supply detailed information about individual venues (as opposed to data for the service as a whole) with their current data systems. There are very few young men accessing contraception services, although some progress has been made in this area with the Lea Manor clinic pilot which has implemented much of the good practice guidance issued by the TPU (see box). A further identified priority is to review the confidentiality policy for sexual health services in the light of NHS reorganisation: currently they use the Community Trust’s policy but on becoming a part of Luton PCT this may no longer be adequate.

- The audit of general practice has been completed and the results shared with the PCTs. With a return rate of 40% for Luton PCT, any conclusions drawn must be tentative. It was also found that those filling in the audit forms placed different interpretations on some questions (an example would be chlamydia screening: interpreted variously as history-taking or routine testing). However, the audit highlighted some particular areas for work. In particular, referral routes on for young people who approach a doctor who will not provide contraception advice or abortion referral to under 16s on conscientious grounds vary considerably within and between practices and do not seem well thought-out in all cases. The Confidentiality Toolkit resource has not been taken up by many practices, although 50% of responding practices expressed an interest in training around confidentiality issues, which may provide a good opportunity for introducing the Toolkit.
Currently free emergency hormonal contraception is not available on Sundays from contraceptive clinics, although there is a GP out-of-hours service. Work will be undertaken in year 2 to introduce a pharmacy scheme (with DoH pilot funding) and planning continues for a centrally based NHS Direct walk-in centre, which will provide access to free EHC for 16 hours a day, seven days a week when operational.

Referral to appropriate non-judgemental counselling services: the Local Co-ordinator has been working countywide to link with all groups providing pregnancy counselling and advice, from a variety of perspectives and backgrounds. Funding has been provided to two local voluntary-sector groups seen by many as ‘pro-life’: a church-funded counselling service in Bedford, and LIFE Housing in Luton (see ‘Practice Example’ box under Better Support for Teenage Parents). In both cases, the groups agreed to a set of conditions for receipt of the funding including scrutiny of their code of ethics, guaranteeing the provision of unbiased, non-judgemental information and advice to young people and the provision of information about NHS abortion services. Both engagement with the groups and monitoring information has been positive so far. Luton has a further advice service, with a more radical ‘pro-life’ approach, which has declined to engage in any dialogue with the Local Co-ordinator.

In addition to the community centre-based contraception provision at Lea Manor school (see box), condoms and pregnancy testing kits have been provided through the Social Services 16+ team and the nurse lead for looked after children. Further provision through the youth service and YOTs are possibilities.
6. Better Support for Teenage Parents

The work around supporting young parents has been the area in which the slowest progress has been made locally, perhaps due to the number of people who need to be involved to co-ordinate services which are young person-centred. Involvement with housing authorities in particular has been a challenge and is discussed in more detail below. We have also not made the most of opportunities to involve young people in the formation and implementation of the strategy: some consultation has been undertaken, but the focus has been local media work. It is hoped that, working with the Children’s Rights Service, which is employing a young parent as a trainee with a brief to initiate a young people’s advisory panel, it will be possible to involve young parents in this part of the strategy to a much greater degree.

**Supported Housing**

- Luton will have to work extremely hard to deliver the supported housing policy targets by 2003, and it is unlikely that all lone parents under eighteen will be in supported accommodation by then. As the table below indicates, there are considerable shortcomings in the collection and sharing of data on both supported housing units and sole tenancies. There is currently a pilot floating support scheme running with LIFE Housing (see box), funded directly from local implementation funding. Raising the priority of supported housing for teenage parents, along with improving communication with housing leads and Supporting People staff is crucial to any improvement in this area.

<table>
<thead>
<tr>
<th>Table 4: Supported Housing and Sole Tenancies let to Lone Parents under 18 (From Housing Strategy Statistical Appendix: HIP Returns 2001)</th>
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</thead>
<tbody>
<tr>
<td><strong>No. of supported housing units</strong></td>
</tr>
<tr>
<td><strong>for lone parents under 18 with on-site support</strong></td>
</tr>
<tr>
<td>LA run</td>
</tr>
<tr>
<td>Luton</td>
</tr>
<tr>
<td>East of England Region</td>
</tr>
</tbody>
</table>

- There are concerns about the accuracy of the data submitted: it does not, for example, include the 7 units provided by LIFE Housing (a registered social landlord), which have on-site support. This is in itself a cause for concerns as it indicates either that the Housing Authority does not have an accurate picture of the local situation, or that there are problems in communication.

- Identification of a ‘Teenage Parents’ Champion’ from within the housing department, and links with the Supporting People Team, would seem to be the most logical starting points for addressing housing issues. A summary of the management information required has been submitted to the co-ordinating JPT(C) subgroup.
Reintegration into education for school-age mothers

- The Education lead for teenage pregnancy is the curriculum adviser for PSHE, who has been very involved with development of the strategy and attends the SRE implementation group. The social inclusion subgroup of the Joint Planning Team for Children, through which issues around better support for teenage parents will be progressed from April 2002, is chaired by the Council’s Head of Lifelong Learning.

- Luton Borough Council operates a very strong policy of inclusion in mainstream schools, and pregnant students and school-age mothers are encouraged to remain within their current school wherever possible. Mothers receiving home tuition (for example following the birth) receive a minimum of two hours’ schooling per week.

- A recent meeting involving the Education Welfare Service, Teenage Caseload Midwives and Connexions identified eight young people in 2001 who gave birth at the Luton and Dunstable Hospital, who were of statutory school age but not in school. The majority are probably on the roll of Luton schools, although the hospital serves South Bedfordshire as well. The main barrier identified in returning to school was the atmosphere and attitude of the school (staff and other pupils) as opposed to any practical concerns or limitations. Work is planned to engage with individual schools to work on inclusion issues as they relate to young parents and pregnant students.

Practice Example – Floating Support Worker, LIFE Housing

LIFE housing applied for funding from the local implementation fund as part of a small grants scheme. Currently the LIFE House in Luton provides accommodation for up to seven pregnant young women or mothers and babies. Residents have separate bedrooms with shared bathrooms, kitchens and living and dining areas. A support worker works with residents during the week, but there is not 24 hour staffing.

The proposal was to create a new support worker post with a remit to work with residents of the LIFE Hostel on preparation for taking up independent tenancies, and to support the residents during and after moving into new accommodation. The pilot will run during 2002-3 and a mid-way evaluation may provide some useful input into planning for additional floating support services in the town.

The project manager was keen to stress that all workers put the needs of the young woman first. In the grant application process, a number of ‘what if?’ situations were explored – including the response of the support worker to any resident experiencing a subsequent pregnancy and wanting advice on termination. In receiving funding, the organisation has signed up to a set of terms and conditions including the provision of unbiased advice and monitoring around this issue.

The partnership has already gone some way to creating a more positive climate for supporting young parents and has created better understanding between local groups. LIFE Housing is in the process of becoming independent from the parent, campaigning organisation in order to concentrate on service provision, and it will be interesting to see how it develops as an organisation.
Education and Training for parents aged 16+

- Co-ordination arrangements with Connexions Bedfordshire and Luton are strong, with Connexions staff attending implementation groups and the local Teenage Pregnancy Co-ordinator a member of the Connexions Local Management Committee. Connexions has funded some pilot work using existing organisations working with young mothers to undertake the Personal Adviser role.

- Co-ordination arrangements with the sixth form and FE colleges are yet to be developed, although it is hoped that some joint work will be undertaken on a 'mystery shopper' scheme to evaluate local sexual health services. The social services 16+ (leaving care) team works closely with the colleges to provide education and training opportunities for care leavers.

- A major development for year 2 will be the creation of a support worker post offering support and advice both to young people at risk of early parenthood and to young parents. The initiative is a partnership between YMCA and Luton Borough Council and the post-holder will be based with the 16+ team. It is hoped that the post-holder will be able to fulfil some of the tasks within the re-integration officer's remit, for which Luton did not receive standards funding.

Childcare

- The EYDCP’s lead officer is a member of the Social Inclusion subgroup of the Joint Planning Team for Children, and it is hoped that contact with the Early Years Partnership around teenage pregnancy issues will increase. There is a pilot childminding project underway in Bedfordshire, and the evaluation of this and lessons learned may prove useful in forming a Luton-specific strategy. The current view of the EYDCP is that a wide range of approaches to provision, sing Neighbourhood Nurseries, baby rooms in existing crèches and childminders, is to be encouraged.

- One gap identified as priority for work is provision at the main local FE college, which does have a crèche but is unable to take children under 2 years old. Further needs assessment is also required.
Other Support for Young Parents and Parents-to-be

7. A range of support offered to young parents locally may integrate elements of access to education and training, childcare or independent living skills, alongside medical care, parenting or more general support. Examples include a support group for young African-Caribbean mothers across Luton, a Sure Start project teaching young parents in Marsh Farm cookery skills, and the work of the dedicated Teenage Caseload Midwifery team (see ‘Practice example’ box, below). It is important to recognise that, whilst progress on the workstreams detailed above can provide a useful ‘shorthand’ measure of improved levels of social inclusion, a holistic and needs-led approach to supporting young parents and their children encompasses many other activities and methods of support.

Practice Example – Teenage Caseload Midwives

A dedicated midwifery service for young pregnant women and young mothers under eighteen began at Luton and Dunstable Hospital in September 2000. The four midwives work as a team, with lower than average caseloads to allow extra input to each young woman.

Many aspects of the service differ from mainstream antenatal services. The midwives hold clinics at young person-friendly venues each week, and will also visit at home where necessary. As well as individual checkups the clinics have a group session, which incorporates preparation for labour and parenting input with a chance for young women to share experiences and input from other organisations such as the careers service. Young women are welcome to bring partners, friends, parents or siblings with them to all appointments.

Although they cannot offer a guarantee, one of the team is able to attend for most births of young women in their care.

The Teenage Caseload Midwives offer enhanced postnatal care with visits on most of the first ten days, with input up to 28 days which can be just as intensive if needed.
### Research and Evaluation of Local Projects

Brief details of local (countywide) research and project evaluation initiatives are listed below, together with contact details for more information.

<table>
<thead>
<tr>
<th>Name of Lead Organisation</th>
<th>Brief Project Details</th>
<th>Project Status</th>
<th>Contact Name</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Services for the Community (ASC)</td>
<td>Focus groups with local young people to examine attitudes to alcohol use and risk-taking behaviour including higher-risk sexual activities</td>
<td>Current</td>
<td>Rachel Houghton Prevention Manager</td>
<td>01582 723 434 <a href="mailto:preview-asc@btinternet.com">preview-asc@btinternet.com</a></td>
</tr>
<tr>
<td>Bedford Hospital Midwifery Service</td>
<td>Research to inform a review of maternity care delivery to under 18s including focus groups with users</td>
<td>Current</td>
<td>Hilary Jones Practice Development Midwife</td>
<td>01234 355122 ext 2787 <a href="mailto:hilary.jones@bedhos.anglox.nhs.uk">hilary.jones@bedhos.anglox.nhs.uk</a></td>
</tr>
<tr>
<td>Bedford PCT and Relate Bedford</td>
<td>Research with local young people at high risk of early parenthood, examining access and attitudes to current service provision</td>
<td>Current</td>
<td>Lorraine Cardoso Relate Centre Manager</td>
<td>01234 400 730 (tel/fax)</td>
</tr>
<tr>
<td>CAMHS Academic Unit</td>
<td>Local mapping and evaluation of parenting services</td>
<td>Complete</td>
<td>Leventa Lawson Project Manager</td>
<td>01582 707 635 <a href="mailto:sbcht1@business.ntl.com">sbcht1@business.ntl.com</a></td>
</tr>
<tr>
<td>Jupiter Project</td>
<td>SRB-funded consultation work with young people in Bedford</td>
<td>Current</td>
<td>Cath Johnson Project Manager</td>
<td>01234 344 911 <a href="mailto:plan.b@breathemail.net">plan.b@breathemail.net</a></td>
</tr>
<tr>
<td>PLAN B</td>
<td>External evaluation of 'KISS', a pilot sexual health peer education scheme (with De Montfort University, Bedford)</td>
<td>Imminent</td>
<td>Jenni Lake Peer Education Volunteer Co-ordinator</td>
<td>01234 344 911 <a href="mailto:plan.b@breathemail.net">plan.b@breathemail.net</a></td>
</tr>
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<tr>
<td>School Nursing Service Luton</td>
<td>Evaluation of pilot project providing enhanced SRE input and drop-in sessions in High Schools</td>
<td>Almost complete</td>
<td>Barbara Rowe Clinical Lead</td>
<td>01582 708 228</td>
</tr>
<tr>
<td>Sexual Health Service, Bedfordshire and Luton Community NHS Trust</td>
<td>Review of process of formulating and implementing patient group directives covering the provision of contraception/EHC to under 16s</td>
<td>Current</td>
<td>Angela Cooper Sexual Health Services Manager</td>
<td>01582 511 000 <a href="mailto:angela.cooper@sbcchc-tr.anglox.nhs.uk">angela.cooper@sbcchc-tr.anglox.nhs.uk</a></td>
</tr>
<tr>
<td>Supporting People Bedfordshire (JB consultancy)</td>
<td>Supported housing needs review for Bedfordshire</td>
<td>Complete</td>
<td>Hannah Gladman Supporting People Research and Information Office</td>
<td>01234 228 274 <a href="mailto:gladmah@sccd.bedfordshire.gov.uk">gladmah@sccd.bedfordshire.gov.uk</a></td>
</tr>
<tr>
<td>Teenage Caseload Midwives</td>
<td>Evaluation of input into SRE programme at Queensbury School, Dunstable</td>
<td>Current</td>
<td>Shirley Reynolds Midwife</td>
<td>01582 497 020 07714 064 412 (mobile)</td>
</tr>
<tr>
<td>Youth Offending Team, Luton</td>
<td>Evaluation of parenting work with parents of YOT clients from South Asian community; Evaluation of sex and relationships workshops for young men at risk of early fatherhood</td>
<td>Both current</td>
<td>Carole Wren Health Representative</td>
<td>01582 547 900 <a href="mailto:yot@luton.gov.uk">yot@luton.gov.uk</a></td>
</tr>
</tbody>
</table>