



Joint Commissioning Unit

Teenage Pregnancy and Sexual Health Needs Assessment



Trafford Healthcare **NHS**
NHS Trust

Trafford **NHS**
Primary Care Trust

Trafford CYPS brings together council and health services to improve outcomes for children, young people, their families and schools.

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TABLE OF CONTENTS

Section One - National Policy	3
1.1 SEU report Teenage Pregnancy 1999.....	3
1.2 Accelerating the Strategy.....	3
1.3 Self Assessment.....	4
1.4 You're Welcome.....	5
Section Two - National and Local Statistics	6
2.1 Under-18 teenage conceptions.....	6
2.2 Under-18 teenage conceptions - Targets	8
2.3 Termination of Pregnancy.....	9
2.3.1 Greater Manchester data/comparisons with statistical neighbours.....	9
2.4 Trafford Ward Data.....	11
2.5 Chlamydia Data	12
2.5.1 Greater Manchester Data.....	12
2.5.2 Men Tested In Greater Manchester for Chlamydia.....	15
Prevention services that offer support to young people, parents and careers around young people's sexual health/teenage pregnancy	20
3.1 Sexual Health Provision:	20
3.1.1 Well Adult Service	20
3.1.2 Brook.....	20
3.1.3 Condom Distribution Scheme	20
3.1.4 Pharmacy Project.....	21
3.1.5 Termination of Pregnancy.....	21
3.1.6 Long Acting Reversible Contraception (LARC)	22
3.1.8 Genito-Urinary Medicine (GUM)	22
3.2 Sex and Relationship Education (SRE)	23
3.2.1 SRE Officer.....	23
3.2.2 Healthy School Scheme	23
3.2.3 School Nurses.....	24
3.2.4 PSHE Development Nurse	25
3.2.5 Youth Service	25
3.2.6 Youth Offending Service (YOS):.....	26
3.2.7 Unity (formally Partington Children's Society)	27
3.2.8 Straight Talking.....	27
Section Four - Scoping of Local Services – Young Parents	29
4.1 Christine Court	29
4.2 Youth Service	29
4.3 Midwifery	30
4.4 Connexions	30
4.5 Learning and Skills Council	31
Section Five - Consultation	32
5.1 PHSE Audit Report	32
5.1.1 Sex and Relationship (SRE) policy.....	32
5.1.2 Drug Education Policy.....	32
5.1.3 Conclusions	33
5.2 Review of Sexual Health Clinics.....	33
5.2.1 Overall Recommendations.....	33

5.3 Children’s Rights Consultation	34
5.4 PhD Research.....	34
5.4.1 <i>Wider reasons behind choices</i>	35
5.4.2 <i>Sex education</i>	36
Section Six - Conclusions	38

Section One - National Policy

In England, there are nearly 90,000 conceptions a year to teenagers; around 7,700 to girls under 16 and 2,200 to girls aged 14 or under. Within Western Europe, the UK now stands out as having the highest rate of teenage births. Trafford has one of the lowest teenage pregnancy rates in the North West, but has not experienced a significant reduction since 1998. Trafford has around 150 teenage conceptions a year, approximately 50% of which lead to terminations.

1.1 SEU report Teenage Pregnancy 1999

This report details the Social Exclusion Unit's analysis of the problem and the actions required to tackle it.

Why it matters?

Teenage pregnancy affects just about every part of the country however it is far worse in areas of deprivation and among the most vulnerable young people, including those in care and those who have been excluded from school.

Of those who do get pregnant, half of under 16s and more than a third of 16 and 17 year olds opt for a termination – thus 15,000 under 18s a year are having an abortion nationally.

Teenage parents are more likely than their peers to be trapped in poverty and unemployment, through a lack of education, child care and encouragement. The death rate for the babies of teenage mothers is 60 per cent higher than for babies of older mothers and they are more likely to have low birth weights, childhood accidents and be admitted to hospital. In the longer term, their daughters have a higher chance of becoming teenage mothers themselves.

1.2 Accelerating the Strategy

In 2005 the Teenage Pregnancy Unit carried out in-depth reviews to identify how local strategies need to develop, taking account of what has been working in areas with sharply declining rates. These reviews identified 5 key factors that are crucial in underpinning priorities:

- **Engagement of delivery partners**

Active engagement of all of the key mainstream delivery partners who have a role in reducing teenage pregnancies: health, education, social services, youth support services, and the voluntary sector.

- **Selection of a senior champion**

A strong senior champion who is responsible for the local strategy and can take the lead in implementing it.

- **Effective sexual health advice service**

The availability of a well-publicised contraceptive and sexual health advice service which is centred on young people. The service needs to have a strong remit to undertake health promotion work, as well as delivering reactive services.

- **Prioritisation of sex and relationships education**

High priority given to PSHE in schools, with support from the local authority to develop comprehensive programmes of sex and relationships education (SRE) in all schools.

- **Focus on targeted interventions**

A strong focus on targeted interventions with young people at greatest risk of teenage pregnancy, in particular with looked-after children.

- **Training on SRE for partner organisations**

The availability and consistent take-up of SRE training for professionals in partner organisations who work with the most vulnerable young people, such as Connexions personal advisers, youth workers and social workers.

- **Well-resourced youth service**

providing things to do and places to go for young people, with a clear focus on addressing key social issues affecting young people, such as sexual health and substance misuse.

1.3 Self Assessment

In 2006 the Teenage Pregnancy Unit produced a Self Assessment Toolkit designed to help local areas in planning and reviewing progress. The toolkit 'aimed to bring together the range of current advice and guidance on the partnerships, strategies and interventions that need to be in place locally if under-18 conception rates are to be reduced and the reduction maintained in the long-term. These resources are synthesised to highlight characteristics to aim for (and characteristics to avoid) in order to achieve the target' (TPU 2006). The Trafford Teenage Pregnancy Partnership Board completed the self assessment in January 2007. The Teenage Pregnancy Partnership Board identified that most areas needed to be given a high priority status as our rates were rising (2005 data) and there was not an even spread of service provision across the borough. These findings formed the basis of the 2007/'08 action plans.

1.4 You're Welcome

The You're Welcome quality criteria lays out principles to help health services to 'get it right' and become young people friendly. You're Welcome clearly states that young people are entitled to receive appropriate health care wherever they access it and that services in all primary care trust areas need to take young people's needs into account.

The criteria highlight the following as necessary in the provision of sexual health services for young people:

- Opportunistic Chlamydia screening and treatment of young men and young women, with referral pathways for partner notification
- Accurate information about the full range of hormonal, reversible and long-acting methods of contraception
- Free condoms (with information and guidance on correct use)
- Emergency hormonal contraception
- Free and confidential pregnancy testing and the opportunity to obtain accurate and unbiased information about pregnancy options and non-directive support
- Referral for NHS abortion services, and
- Referral for antenatal care.

This guidance also identifies the need for:

- STI (sexually transmitted infections) testing and treatment to be offered in conjunction with GUM (genito-urinary medicine) services. Where STI services are not available 'in-house', there are clear, integrated care pathways for seamless referral to other services or clinicians.
- Young people to be offered appropriate information and advice to help them develop their ability to make safe, informed choices. This should include helping them to develop the confidence and skills to delay early sex and resist peer pressure.
- Appropriate, easy-to-understand information is available on a range of sexual health issues – including contraception, STIs, relationships, use of condoms and sexuality. The information makes it clear that prescriptions for contraception are free.
- Where any member of staff is ethically opposed to abortion, the relevant professional guidance for those with conscientious objections is applied. Arrangements are in place to enable young women with unplanned pregnancies to be seen immediately by another practitioner known not to have objections, to enable impartial discussion of options.

Section Two - National and Local Statistics

2.1 Under-18 teenage conceptions

As previously stated, Trafford has one of the lowest teenage pregnancy rates in the North West, but has not experienced a significant reduction since 1998. Trafford has around 150 teenage conceptions a year, approximately 50% of which lead to terminations. Two main PCT measures exist to assess the levels of teenage conceptions in Trafford. The first compares the Trafford rate with England. The second measures the reduction in the teenage conception rate in Trafford in order to achieve national targets (see table below).

Area	Type	1998	1999	2000	2001	2002	2003	2004	2005	2006
Trafford	Conceptions	137	161	138	153	135	154	133	154	130
Trafford	Rate	34.0	39.6	33.2	36.2	32.7	37.5	32.9	37.5	31.3
England	Rate	46.6	44.8	43.6	42.5	42.7	42.2	41.6	41.3	40.4

Figure 2.1.1 Under 18 Conception data 1998-2006

Sources: Office for National Statistics and Teenage Pregnancy Unit

The chart below shows how Trafford's under-18 teenage conception rates compares to the England rate. The Trafford rate is lower than the England rate in all years from 1998 to 2005. Where the England rate shows a steady decline, Trafford's rates oscillate year on year.

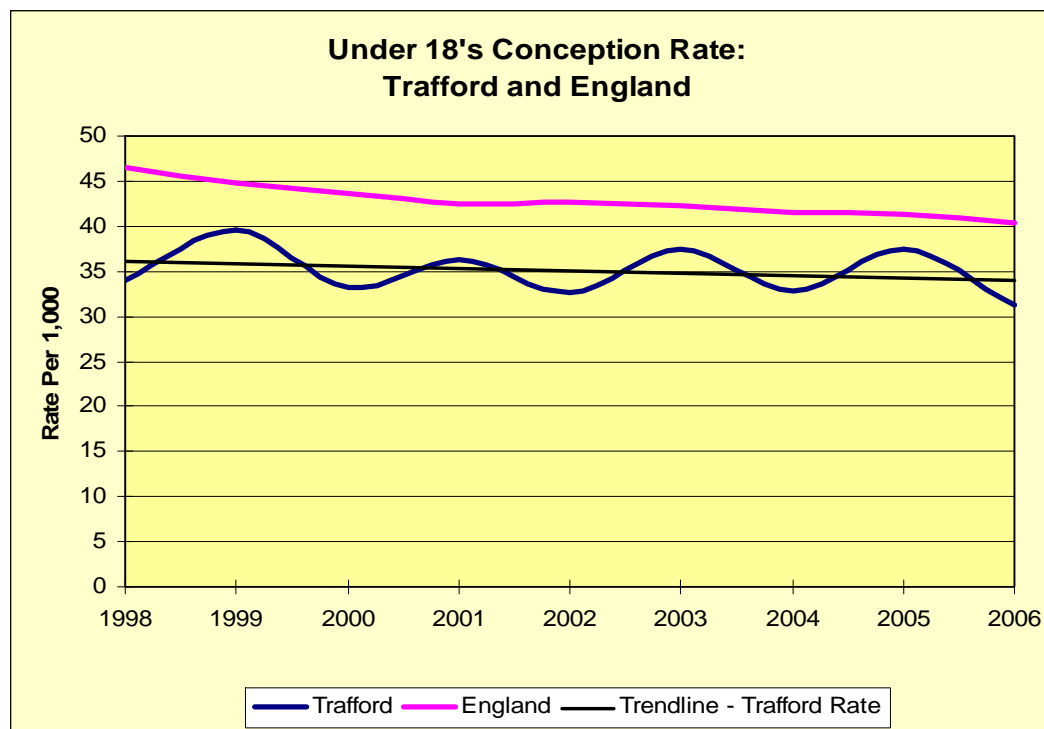


Figure 2.1.2 Under 18 Conception Rate: Trafford and England

2.2 Under-18 teenage conceptions - Targets

National Target

Data relating to teenage conceptions is provided by the Office of National Statistics and the Teenage Pregnancy Unit. A national target for the reduction of teenage pregnancies has been set from a baseline rate set in 1998. Trafford's target is to reduce pregnancies by 45% by 2010. This means Trafford needs to have a rate of 18.7 conceptions per 1,000 in 2010 down from a rate of 34.0 per 1,000 in 1998 as seen in Figure 2.2.1 and Figure 2.2.2.

Trafford	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Actual Data	34.0	39.6	33.2	36.2	32.7	37.5	32.9	37.5	31.3				
Trajectory							28.9	27.2	25.5	23.8	22.1	20.4	18.7

Figure 2.2.1 Trafford's Teenage Conception Rate Target

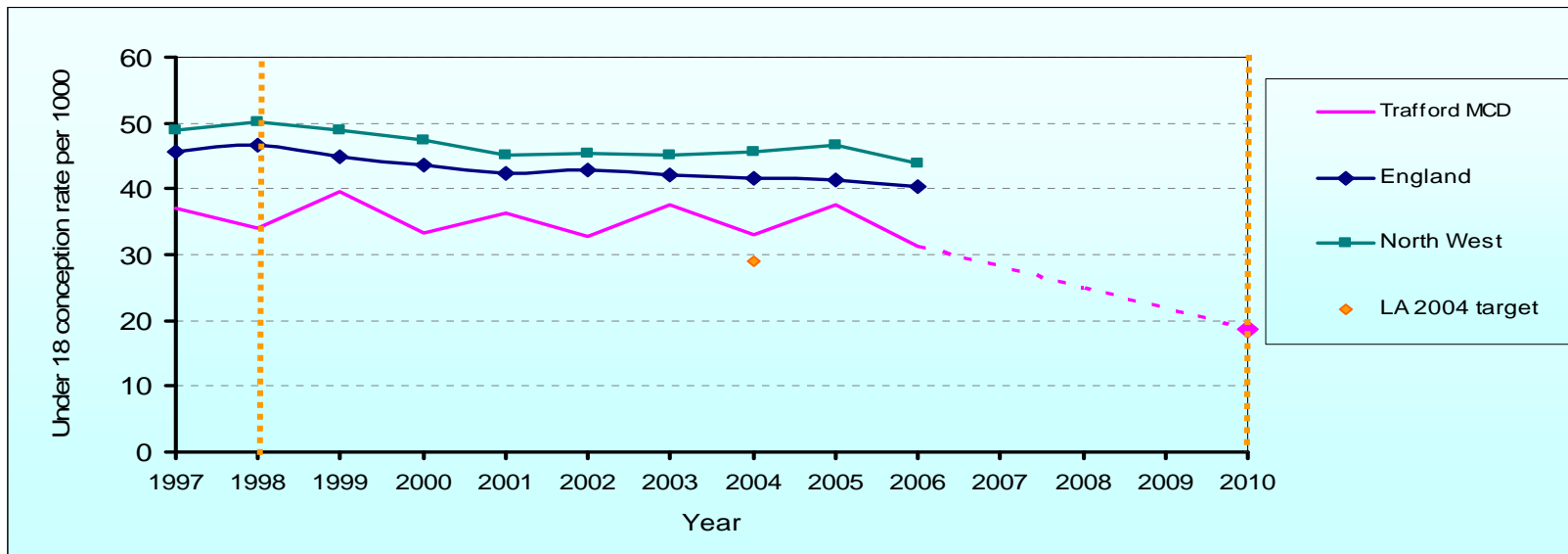


Figure 2.2.2 Trafford – Under 18 Conception Rates: 2004 Interim Target

Figure 2.2.3 further highlights Trafford’s position on the trajectory. The rate recorded for Trafford follows a pattern of increase followed by decrease. The red trajectory line is the decrease required from 1998 to reach the 2010 target. The dashed trajectory line is the remaining trajectory to reach the 2010 target. If the current pattern continues, the 2010 rate would be in a year that recorded a decrease from the previous year.

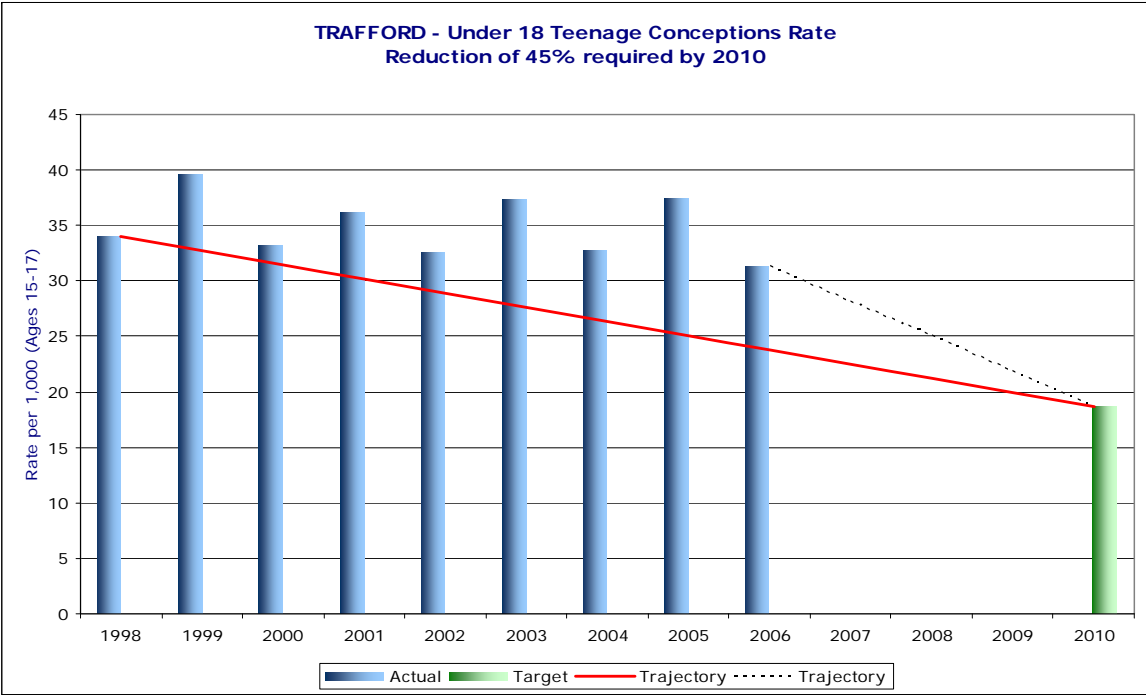


Figure 2.2.3 Trafford – Under 18 Conception Rate Target and Trajectory

2.3 Termination of Pregnancy

2.3.1 Greater Manchester data/comparisons with statistical neighbours

Teenage pregnancy rates are declining nationally. However the 50% reduction target is not being met. Figure 2.3.1 clearly shows that Trafford had the lowest baselines in Greater Manchester in 1998, however where some areas have begun to steadily reduce,

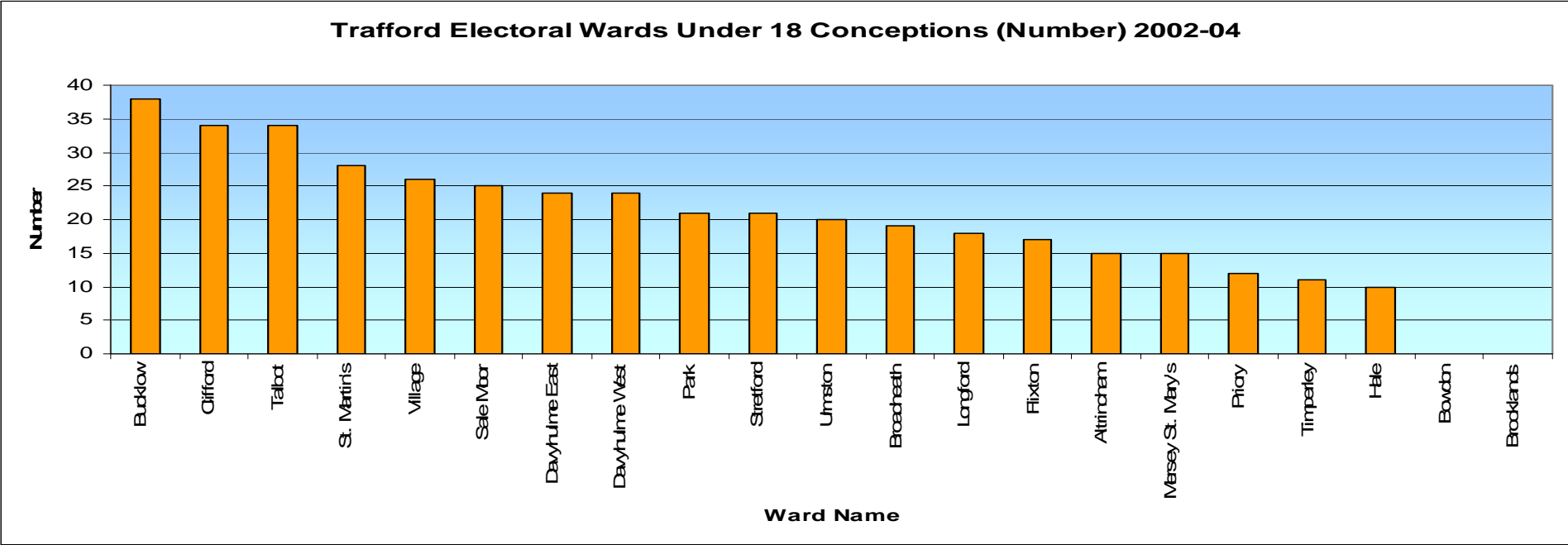
for example Trafford's statistical neighbour Stockport, Trafford's rates oscillate. Also apparent in figure 2.3.1 are the Trafford termination rates which have steadily increased from 2000 with a slight dip in 2004. Trafford now has the highest termination rate in Greater Manchester; this is alarming as such a high percentage of our young women are seemingly becoming unintentionally pregnant.

LAD1 and GOR	1998			1999			2000			2001			2002			2003			2004			2005			1998 - 2005
	NUMBER	RATE	%TOP	NUMBER	RATE	%TOP	NUMBER	RATE	%TOP	NUMBER	RATE	%TOP	NUMBER	RATE	%TOP	NUMBER	RATE	%TOP	NUMBER	RATE	%TOP	NUMBER	RATE	%TOP	%RATE CHANGE
Greater Manchester	2642	54.5	35.1	2569	53.3	35.9	2479	51.2	39.4	2546	51.6	40.7	2504	49.8	38.1	2667	52.4	41.3	2678	52.6	40.2	2733	53.6	42.2	-1.8
Bolton MCD	249	50.3	36.9	272	54.8	40.4	272	55.2	41.9	252	48.5	35.3	286	53.5	30.4	276	50.2	40.4	298	53.8	32.1	296	53.1	38.1	5.6
Bury MCD	177	55.6	42.4	148	45.1	42.6	145	42.9	38.6	156	44.2	46.8	149	41.0	43.6	162	43.8	43.2	180	49.0	46.1	182	49.0	48.4	-11.9
Manchester MCD	540	61.3	28.3	492	59.9	33.3	524	65.8	34.9	541	69.0	36.6	508	61.1	34.4	564	67.3	37.3	558	66.7	37.3	591	71.9	40.2	17.3
Oldham MCD	290	66.1	32.8	249	57.0	35.7	239	53.0	38.9	276	59.3	39.1	258	55.8	32.2	256	55.2	39.3	273	60.4	38.6	217	48.3	41.9	-27.1
Rochdale MCD	256	61.9	32.4	229	54.4	26.6	241	56.3	31.5	221	50.4	37.1	212	47.3	33.0	236	52.4	37.9	242	54.1	31.8	227	50.8	41.9	-17.9
Salford MCD	250	61.5	26.4	252	62.1	36.7	219	53.5	40.2	236	56.7	36.4	216	52.9	36.1	238	58.4	40.8	232	57.2	44.0	256	61.2	39.4	-0.5
Stockport MCD	230	43.2	53.5	232	43.2	43.5	173	32.3	48.6	196	36.2	49.0	195	35.8	46.7	218	38.7	44.5	209	36.7	46.4	190	32.9	44.2	-23.9
Tameside MCD	216	53.6	35.2	204	50.3	28.4	218	53.6	40.8	219	52.2	43.8	229	52.4	47.6	253	56.6	43.7	246	53.9	45.5	274	59.7	43.8	11.4
Trafford MCD	137	34.0	43.1	161	39.6	40.4	138	33.2	52.9	153	36.2	52.9	135	32.7	55.6	154	37.5	52.9	133	32.9	48.9	154	37.5	50.6	10.4
Wigan MCD	297	53.6	35.4	330	59.1	36.1	310	54.9	39.0	296	51.4	42.6	316	54.1	38.3	310	52.3	42.8	307	51.4	43.0	346	58.7	42.2	9.5

2.3.1 Greater Manchester Conception and Termination of Pregnancy (TOP) Data

2.4 Trafford Ward Data

Although the Ward data received from the Office of National Statistics a number of years out of date a consistent picture is given. The wards of Clifford, Talbot and Bucklow have remained the wards with the highest conception rates since recording for this agenda began in 1998. These areas have good youth work provision with staff distributing condoms and giving sexual health advice and information.



2.4.1 Number of Conceptions by Trafford Electoral Wards:

2.5 Chlamydia Data

As the various charts below show Trafford are struggling with the Chlamydia screening agenda. There is a strong coordinated approach to moving this work forward and action plans have been devised.

2.5.1 Greater Manchester Data

	Female			Male			Not Known		All Tests			LDP Target to date 08/09	Pop	17%	% pop screened
	Total Tests	Positive	% positive	Total Tests	Positive	% positive	Total Tests	Positive	Total Tests	Positive	% positive				
ALW	322	33	10.25	171	29	16.96	8	0	501	62	12.38	544	38,406	6,529	1.3
Bury	149	18	12.08	43	2	4.65	2	1	194	21	10.82	330	23,270	3,956	0.83
Bolton	122	12	9.84	27	4	14.81	5	1	154	17	11.04	490	34,592	5,881	0.45
HMR	100	11	11	47	2	4.26	3	0	150	13	8.67	399	28,131	4,782	0.53
Manchester	940	78	8.3	182	32	17.58	17	0	1139	110	9.66	1264	89,207	15,165	1.28
Oldham	263	23	8.75	121	10	8.26	5	0	389	33	8.48	408	28,811	4,898	1.35
Salford	167	16	9.58	54	8	14.81	0	0	221	24	10.86	457	32,266	5,485	0.68
Stockport	268	26	9.7	54	7	12.96	0	0	322	33	10.25	469	33,130	5,632	0.97
Tameside	164	12	7.32	57	3	5.26	3	1	224	16	7.14	451	31,832	5,411	0.7
Trafford	68	8	11.76	24	4	16.67	1	0	93	12	12.9	354	24,998	4,250	0.37
Postal Kits	291	24	8.25	159	19	11.95	2	1	452	44	9.73				
UNKNOWN	47	2	4.26	16	1	6.25	0	0	63	3	4.76				
TOTAL	2901	263	9.07	955	121	12.67	46	4	3902	384	9.84	5166	364,643	61,989	1.10%

Figure 2.5.1 Chlamydia Data for Greater Manchester

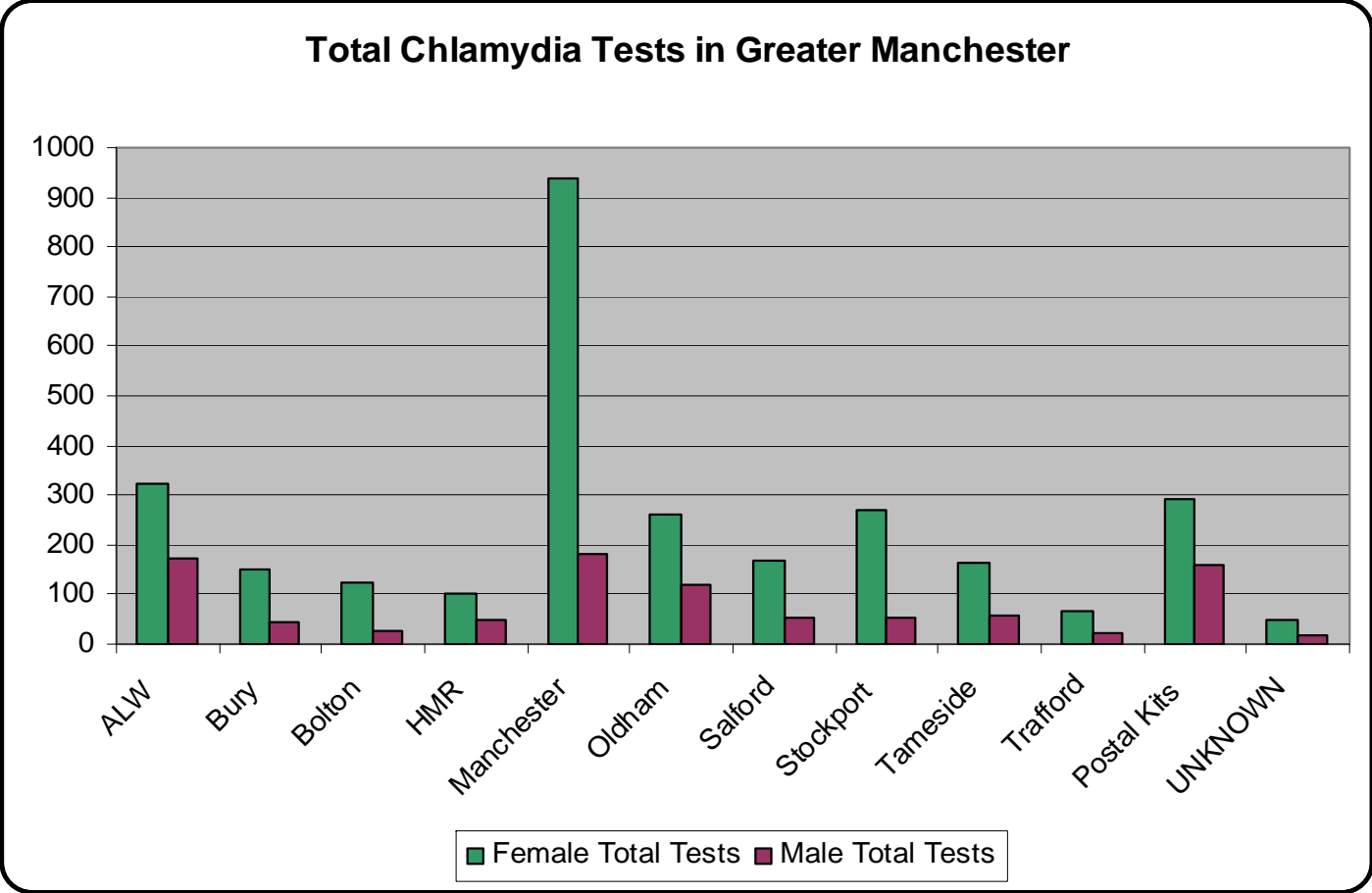


Figure 2.5.2 Total Chlamydia Tests in Greater Manchester

Figure 2.5.3 identifies the percentage of positive results from Chlamydia testing in Greater Manchester. This has caused concern in Trafford as the chart suggests Trafford has a high volume of infected young people. This issue has recently been explored at the Chlamydia Steering Group. The staff leading this agenda in Greater Manchester; R U Clear believes it is because more vulnerable young people are being targeted for screening by staff in this borough. For example the Youth Offending Service nurse encourages all young people accessing the service to be screened.

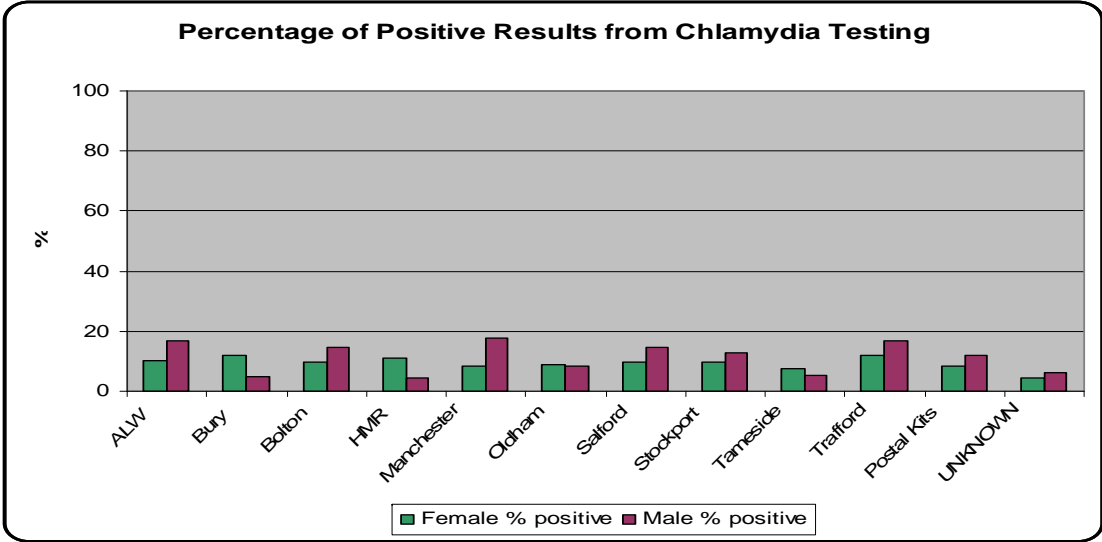


Figure 2.5.3 Percentage of Positive Results from Chlamydia Testing in Greater Manchester

2.5.2 Men Tested In Greater Manchester for Chlamydia

Staff in Trafford have worked hard at encouraging young men to have a Chlamydia test as figure 2.5.2 and figure 2.5.3 show. Young men are a notoriously difficult group to engage with especially around their sexual health needs. This is a very positive achievement for Trafford

Men tested	
	% men tested
ALW	34.13
Bury	22.16
Bolton	17.53
HMR	31.33
Manchester	15.98
Oldham	31.11
Salford	24.43
Stockport	16.77
Tameside	25.45
Trafford	25.81
Postal Kits	35.18
UNK	25.4
Total	32.92

Figure 2.5.2 Percent of Men Tested

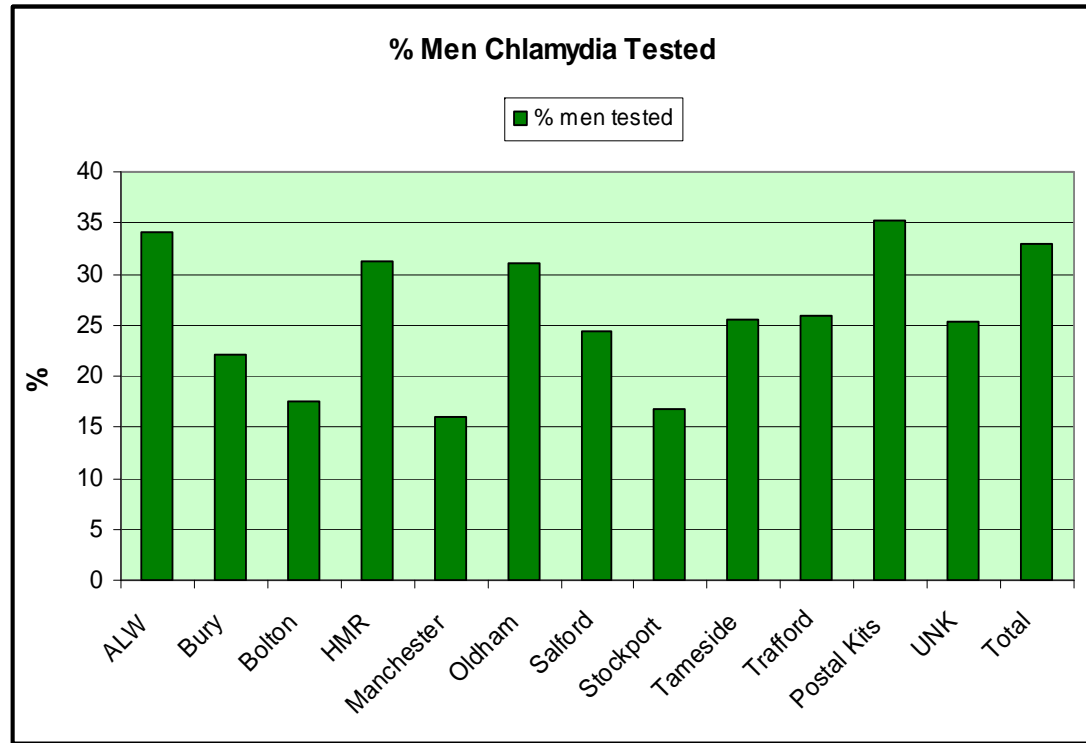


Figure 2.5.3 Percent of Men Tested: Graph

2.5.3 Brook Data 2006-2007

The table below illustrates the numbers of young people aged 25 and under accessing the two Trafford Brook clinics between April 2006 and March 2007. Methods of contraception accessed are displayed in the left hand column.

METHOD		Under 15	15	16	17	18	19	20-25	Over 25	TOTAL	
										F	M
COC		5	2	19	28	11	11	6	0	82	
CONDOMS	F	4	11	28	16	16	10	6	0	91	
	M	10	21	19	14	6	6	6	0		82
CONTRACEPTIVE PATCH		0	0	0	1	0	0	0	0	1	
FEMIDOM		0	0	0	0	0	0	1	0	1	
IMPLANT											
INJECTABLE		0	0	0	0	0	0	1	0	1	
NON	F	1	5	11	13	16	8	13	0	67	
	M	3	4	4	0	3	5	10	1		30
OTHER	F	1	4	3	1	1	2	2	0	14	

Figure 2.5.4 Trafford Brook Service Data

Brook Data 2007-2008

	16 and under	17-19	20+	Total
Male	239	229	68	536
Female	141	112	35	288
Total	380	341	103	824

Figure 2.5.5 Trafford Brook Service Data: 2007-2008

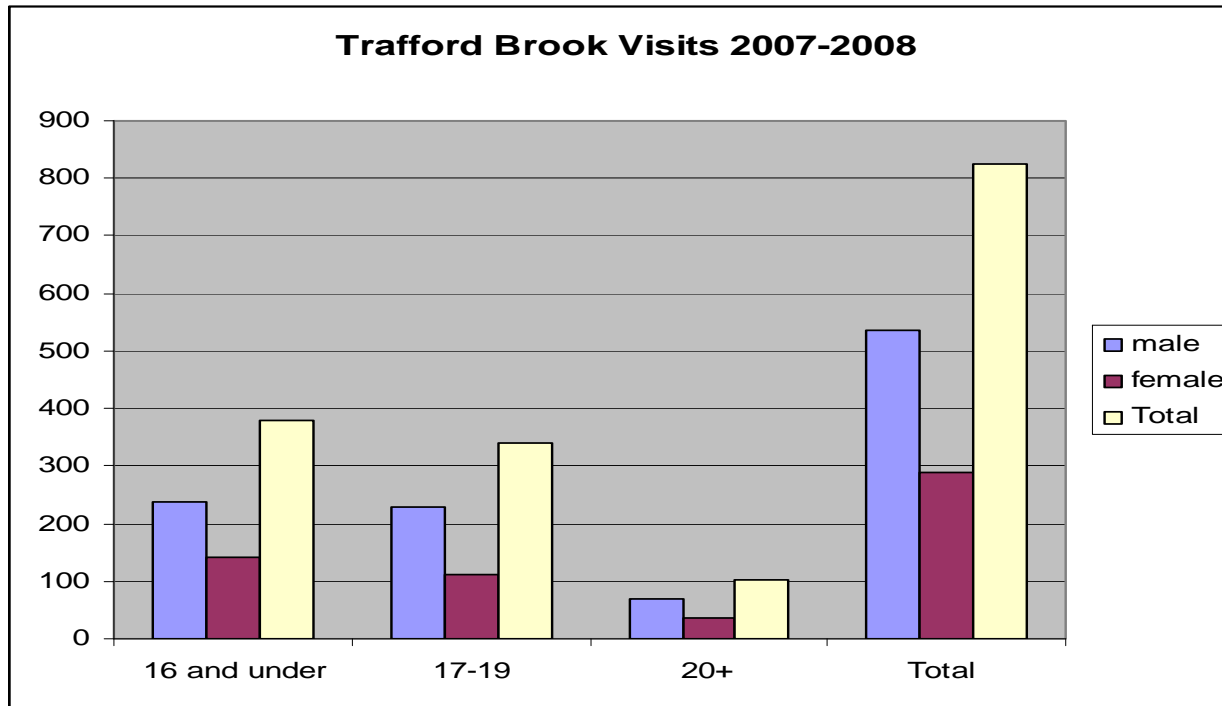


Figure 2.5.4 Well Adult Data

The table below illustrates the numbers of young people aged 25 and under accessing the two Trafford Brook clinics between April 2006 and March 2007. Methods of contraception accessed are displayed in the left hand column.

METHOD	Under 15	15	16-17	18-19	20+	Under 20 TOTAL	TOTAL (all ages)	
COC	20	39	147	149	1091	355	1446	
PROGESTOGEN ONLY	2	5	11	10	297	28	325	
CONDOMS	F	14	12	56	48	598	130	728
	M	2	7	10	9	66	28	94
CONTRACEPTIVE PATCH	0	0	0	1	1	1	2	
FEMIDOM	0	0	0	0	4	0	4	
IMPLANT	1	1	17	12	72	31	103	
INJECTABLE	3	8	25	31	304	67	371	
NON	F	1	7	42	57	1385	107	1492
	M	0	0	2	1	19	3	22
OTHER	F	0	1	2	3	42	6	48
IUD	1	1	4	2	223	8	231	
IUS	0	0	0	1	163	1	164	
CAP, DIAPHRAGM	0	0	1	1	31	2	33	
TOTALS	42	81	321	329	4467	775	5242	

Figure 2.5.5 WellAdult Data 2006-2007

	<15	15	16-17	18-19	20+	under 20 total	total
Hormonal	4	7	27	17	122	55	177
IUD	0	0	1	1	2	2	4
Total	4	7	28	18	124	57	181

Figure
2.5.6
WellAdult
Data 2006-
2007:
Emergency
Contracepti

on

GUM

PCT only currently collect data required for NHS returns. This prevents a clear picture of service user activity e.g. Well Adult only record first contacts and GUM data is stored as block numbers with no breakdown by age, gender or ethnicity.

Section Three - Scoping of services in Trafford

Prevention services that offer support to young people, parents and careers around young people's sexual health/teenage pregnancy

3.1 Sexual Health Provision:

3.1.1 Well Adult Service

The Well Adult Service is based at Trafford General Hospital within the Obstetrics and Gynaecology Department. The service is available for young men and women up to 19 years. Currently the Well Adult Service has three young peoples 'drop-in' sessions a week. These are based at Chapel Road Health Centre (Sale), Mitford Street Health Centre (Stretford) and Trafford General Hospital. All forms of contraception are offered during these sessions, also referral to termination services and Chlamydia screening/treatment is available. The Well Adult service does not provide any counselling. The service is nurse led and operates under a Patient Group Direction (PGD). All three clinics are drop-in with no appointment necessary.

3.1.2 Brook

Brook Manchester has been commissioned by Trafford Children and Young Peoples Service to provide two clinical sessions in Trafford per week, both housed within Youth Service provision (Old Trafford Youth Centre and Sale Talkshop). The clinics provide a range of contraception including long action reversible contraception (LARC) and emergency contraception. Youth Workers provide added support in condom distribution, pregnancy testing, referral for termination (South Manchester Private Clinic only) and referral to the PCT Community Pharmacy emergency contraception scheme (this includes two pharmacists in Sale, one in Old Trafford). Brook Manchester is currently working with Government Office North West on the development of the You're Welcome criteria in particular the participation of young people in evaluating and designing targeted sexual health provision. The service specification for Brook was updated in early 2008, monitoring takes place between the Brook Director, a senior lead from the Youth Service and the CYPS Commissioner on a quarterly basis.

As with the Well Adult Service, Brook is a nurse led service operating under a PGD, and this service is drop-in, however appointments are made for the counsellor. In addition Brook and Youth Service staff have devised an under 16's form to assess for any child protection issues. The form is used if young people are:-

- Being prescribed contraception
- Attending the clinic
- Receiving SRE advice & guidance

3.1.3 Condom Distribution Scheme

The condom distribution scheme was developed to provide free condoms and confidential advice and information on sexual health issues for young people under 25 years. This scheme is funded solely from the Teenage pregnancy budget.

The World Health Organisation recognises the role of condoms in preventing STIs, asserting that, 'Condoms are the only contraceptive method proven to reduce the risk of all sexually transmitted infections (STIs), including HIV. They can be used as a dual-purpose method, both for prevention of pregnancy and protection against STIs' (WHO 2003)

Condoms can be given to young people who request them as long as Fraser Guidelines are followed for under 16's. Training is delivered to all CYPS staff enabling them to give appropriate advice and work to the set protocol. All professionals have a responsibility to give young people requesting condoms full and non-judgmental advice and support and where necessary appropriate referrals to specialist service. In 2007/'08 approximately 12,816 condoms were distributed to young people aged 19 and under across the borough.

3.1.4 Pharmacy Project

In the late 1990's it was recognised that pharmacies could play an increased role in the provision of contraception and other sexual health services, because of their accessibility and convenient opening hours. In December 1999 the Manchester, Salford and Trafford Health Action Zone piloted the supply of emergency hormonal contraception through pharmacies via Patient Group Directions (written instructions for the supply or administration of medicines to groups of patients without an individualised doctor's prescription). This scheme provides free emergency contraception for women of all ages including under 16's.

The Trafford Pharmacists are given training to ensure they are competent to safely provide this service to young women under sixteen. Brook Manchester has also provided training to enable pharmacists to work effectively with young people, through non-judgemental approaches and the implementation of Fraser Guidelines.

There are currently 22 pharmacies in the Trafford scheme. These are spread across the borough and cover all 'hot-spot' areas.

3.1.5 Termination of Pregnancy

On average 50% of Trafford's teenage conceptions lead to terminations (TOP). 2006 data (the latest to be received from the Office of National Statistics) identified that 60% of Trafford conceptions to young women aged between 15 and 17 led to a TOP. This was the highest rate in the North West. Approximately 20% of these are repeat terminations.

The PCT and the Local Teenage Pregnancy Coordinator have been working together in early 2008 to produce a new pathway for TOP which includes the provision of Long Acting Reversible Contraception (LARC) at the time of the procedure. The PCT

are also increasing their portfolio of providers taking a particular focus on support for young women within service provision.

3.1.6 Long Acting Reversible Contraception (LARC)

Long Acting Reversible Contraception enables vulnerable young women to have contraception protection for a substantial period of time through only one intervention. Although the young woman would remain at risk of STI's she would no longer be at risk to pregnancy.

There are four current methods of LARC for women (currently there are no methods of this type for men). Not all LARC methods are suitable for teenagers; the most popular at present are implants (Implanon). Implanon is a small rod that is placed under the skin and releases progesterone, this can be removed at any time, and however it can be effective for up to three years. LARC is now available in Trafford for young women aged 19 and under through the Well Adult Service and Brook. There are plans to make LARC available through the Fairness in Primary Care Community Sexual Health Project (PCT) and at termination of pregnancy.

3.1.7 Chlamydia Screening

In Trafford opportunistic Chlamydia screening is undertaken in partnership with the Greater Manchester Sexual Health Network 'R U Clear' programme. A target of 17% of the resident population aged 15 – 24 is to be screened/tested for Chlamydia outside of GUM between March 2008 and March 2009. Genital Chlamydia is the most common sexually transmitted infection diagnosed in Genitourinary Medicine (GUM) clinics in England, with high prevalence being documented among young men and women aged under 25 attending a variety of specialist and general health care settings. Rates of infection have remained high among 20-24 year group in men aged 16 – 19 year olds in women. (National Chlamydia Screening Programme 2008) This Chlamydia screening target is very challenging and depends upon good publicity and information for young people. Opportunistic screening is being undertaken by a range of Trafford services. RU Clear are Commissioned by the PCT to provide training and all monitoring for the programme. There is a multi-agency group that oversees this programme and supports the development of local action plans. Current action plans for Chlamydia screening are attached at the back of this document.

3.1.8 Genito-Urinary Medicine (GUM)

This service is based at Trafford General Hospital and is part of the Obstetrics and Gynaecology Department, provided by Trafford Health Care Trust. The service is for all ages (there is no age specific provision) and for both men and women. Access to the service appointment only and those people who feel unable to wait are referred to the triage line for assessment by the nurse/Health Adviser.

The service offered includes:

- Referral through primary care and other medics.
- Diagnosis/treatment of STIs and partner notification
- HIV testing is offered to all patients

- Treatment/management of HIV patients
- Staff trained to offer Family Planning advice
- Emergency hormonal contraception available for GUM patients but not as a stand alone service
- Sexual dysfunction.
- Hepatitis B vaccination for at risk groups
- Nurse led clinics for same day HIV testing, screening asymptomatic patients, follow-up, and compliance clinics. and warts and Chlamydia.
- Health promotion and prevention including risk management and sex education for young people.
- An access point for free condoms and information on STIs

3.2 Sex and Relationship Education (SRE)

3.2.1 SRE Officer

The SRE Officer was appointed in 2002 to support the implementation of the SRE DfES guidance for schools. This post takes the operational lead for the development, delivery and evaluation of SRE in both school and non-school settings in Trafford through:

- Coordinating the development of publicity materials in consultation with young people and partners where necessary.
- Taking a lead in developing agreed initiatives that support the reduction of Teenage Pregnancy.
- Link with and supporting key agencies in their delivery of sexual health work with young people.
- Being responsible for projects when necessary.
- Producing reports.

This post also works with the SRE steering group and Healthy School Scheme to:

- Support the delivery of sex and relationship education by ensuring a coordinated approach is given through services such as school health, family planning, youth workers and all associated partners.
- Evaluate the effectiveness of sex and relationship programmes offered in school and non-school settings through direct links with PSHE Coordinators
- Support the SRE strand of Healthy Schools in order to facilitate achievement of identified and agreed targets.

Finally the SRE Officer delivers condom distribution training to all key partners and acts as a link between strategic leads, service providers and young people developing agreed initiatives that support the reduction of teenage pregnancy. The post is placed in the Youth Service and is managed by the Principal Youth Officer. This post has not been placed within the new CYPS structure.

3.2.2 Healthy School Scheme

The National Healthy Schools Programme promotes a whole school approach to health. The programme is a joint initiative between the Department of Health and the Department for Children, Schools and Families, which has been running since 1999. It aims to deliver benefits in the following areas:

- Improvement in health and reduced health inequalities
- Raised pupil achievement
- Increase social inclusion
- Closer working between health promotion providers and education establishments

The public health white paper Choosing Health (2004) set a challenging target for 75% of schools to have achieved healthy schools status by 2009 and for all schools to be working toward this target. The white paper also highlighted the commitment to extend the National Healthy Schools programme to include early year's settings and further education institutions.

A healthy school promotes the health and well-being of its pupils and staff through a well planned, taught curriculum. It does this in a physical and emotional environment that promotes learning and healthy lifestyle choices. Schools need to satisfy criteria in the four core themes within the programme:

- PSHE (including SRE and Drug Education)
- Healthy Eating
- Physical Activity
- Emotional Health and Wellbeing

Current (March 2008) for the Healthy School Scheme (NHSS) in Trafford is:

- Number of schools achieved NHSS - 61
- Number of schools working towards NHSS - 30
- Number of schools not participating - 3

3.2.3 School Nurses

Trafford school health nursing service provides sexual health education, screening and support services to children and young people in school. This includes one to one health education across all key stages. In addition this service supports group education in the classroom following school SRE policy and in liaison with teachers. SRE includes:

- ◆ Relationships
- ◆ Negotiating skills
- ◆ Puberty
- ◆ Sexual health
- ◆ Contraception / emergency contraception
- ◆ Sexually transmitted infections
- ◆ Availability of local resources / support networks.
- ◆ Information sessions for parents.

School health are also providing Chlamydia screening in schools and clinics, this entails:

- ◆ Drop-in services in High schools
- ◆ Support to access sexual health services.
- ◆ Support to access emergency contraception.
- ◆ Support schools in delivering work related to Healthy Schools
- ◆ Support to access other services such as substance miss-use.

3.2.4 PSHE Development Nurse

This post supports schools in developing/reviewing SRE policies, working with school staff, governors, parents and school nurses. (only worker doing this), this may be done via inset days, parent's evenings, meetings with school councils, training sessions for governors.

Take the lead for the delivery of the CPD programme for PSHE for teachers and nurses. Currently 22 teachers and 3 nurses are undertaking this course. Expected that next year course will be open to other professionals working with children and young people. This post works closely with Healthy Schools co-ordinator to support schools in achieving the national Healthy Schools Award.

Support the induction of new staff with reference to PSHE

3.2.5 Youth Service

Trafford Youth Service facilitates and supports young people's growth by encouraging their personal and social development and enabling them to have a voice, influence and place in their communities and society. The priority age group are 13-19year olds, target groups include:

- Young people not in education, employment or training (NEET's)
- Those with a Learning disability
- Looked After young people or those recently leaving care
- Teenage parents
- Black and ethnic minority young people
- Challenging and at risk young people

The Youth Service also work with a number of partner groups, including the Youth Council, Connexions, Schools, Education Business Partnership, Youth Offending Team, Voluntary Sector, Statutory Sector, and Elected Members.

The Youth Service has continued to provide targeted work that both support teenage parents and the reduction of teenage pregnancy. The two Brook clinics are housed within Youth Service buildings (Talkshop and Old Trafford Youth Centre) and Youth Workers work alongside the nurses complementing their role through the distribution of condoms, pregnancy testing, Chlamydia screening and referring to the counsellor. The Youth Service participate in the quarterly monitoring meetings held with the Director of Brook and a Service Level Agreement between Brook and the Youth Service will be completed in 2008 to enable consistency in delivery across the two organisations..

The Youth Service continues to be the greatest distributors of condoms to young people in Trafford and have embraced the Chlamydia screening programme.

Youth Service staff have organised, attended and participated in events, for example: Talkshop Health Day, Looked After Children Conference, Chlamydia Screening Events, World AIDS day, all of which have a strong emphasis on teenage pregnancy and sexual health. The schools based team and the detached street team prioritise SRE in their work.

3.2.6 Youth Offending Service (YOS):

The Youth Offending Team supervises orders on behalf of the court and works with young offenders and victims of crime. Within the service, there is a Prevention Team which looks to reduce the numbers of young people who get involved in offending/anti-social behaviour. They work with young people who have committed crimes to prevent them from engaging in any further offending behaviour.

In addition specific work is focused on the prevention of teenage pregnancy and sexually transmitted infections. The whole YOS team have been trained to distribute condoms and the YOS Nurse Chlamydia screens young people. Where necessary the YOS Nurse takes young women to Brook for pregnancy testing or referral for a termination.

The YOS Nurse and a YOS worker run a group for young men aged 15 – 17 years called Boys to Men. This group runs three times a year over an 8 wee period. The aim of the group is to give young men an opportunity to explore issues of sexual health by – myth breaking, sexual health and responsibility, knowledge around STI's, condom use and testicular self examination.

The YOS and LAC nurses run a young women's group twice a year. The group is made up of young women from both services, the programme focused on self esteem, sexual health information and advice and signposting to sexual health

services. The sessions are held at the Talkshop providing a link between Brook and these 'high risk' young women.

YOS also provide parents support/information groups for the parents of young people involved in the criminal justice system. Again this work includes information for parents on how to talk to their children about sex and where to go for help/contraception.

3.2.7 Unity (formally Partington Children's Society)

Unity (formally the Children's Society) have been in Partington since 1980, offering a range of community-based play and learning opportunities for children and young people (currently aged 0 – 19). The aim of Unity is to develop work that prevents Children and Young People getting into trouble in their local community and being involved in criminal activity. Unity have supported the teenage pregnancy agenda by distributing condoms, supporting the LSC project (see 4.5) and are keen to provide a pregnancy testing service.

3.2.8 Straight Talking

Straight Talking has been successfully delivering its programme in schools since 1997. This course is designed to raise young people's awareness of the problems of teenage pregnancy. It gives them an educated choice for their future. The course is appropriate for Years 9 & 10. The course is ideally 5 sessions of one lesson per week. It can be shortened to 4. Themes running through the course make it difficult to edit it further. The course fits within the school's Sex and Relationships Education programme. All schools can participate. Straight Talking is currently delivering courses in:

The course is tailored to the needs of the school. The Straight Talking programme was purchased by the Trafford Teenage Pregnancy Partnership Board in 2007 to support the SRE agenda in high schools in 'hot-spot' areas. These schools are Broadoak, Lostock High and Stretford High school. The Trafford scheme is coordinated by the SRE Officer who visits the school to discuss the course material before any courses are delivered. A post course discussion also takes place with teachers to evaluate for any alterations needed for the following year. Teachers are encouraged to participate in the sessions enabling them to pick up any issues afterwards. Straight Talking trains and employs young mothers and fathers to deliver the course. The 'Butterflies' young parents group (Youth Service) have supported the young parent peer educators. To date 12 young parents have been trained by Straight Talking to deliver the peer education aspect of this work.

Section Four - Scoping of Local Services – Young Parents

4.1 Christine Court

Trafford's young parents housing support unit (Christine Court) opened in January 2005. This unit houses 9 lone young women who are either pregnant or have a young child. In addition the tenth apartment has two bedrooms and is therefore suitable accommodation for a young couple and their child. The unit provides supported accommodation for predominately young women aged between sixteen and twenty-five. The minimum stay is six months up to a maximum of two years, floating support is also available. The Residential Social Landlord for this project is Manchester Methodist Housing. Many services such as Connexions and Youth Service have begun to provide 'drop-in' sessions for residents tackling issues such as training, employment and parenting.

Although Christine Court supports and accommodates up to ten lone young parents, there is an identified lack of generic supported housing in Trafford. Housing Options are utilising interview time with young people seeking accommodation to explore family relationships and the possibility of them remaining in the family home (to prevent homelessness), however as this is not always possible a number of initiatives are being explored. Firstly Residential Social Landlords have been asked to allocated move-on accommodation for young people, the Children and Young Peoples Service are working closely with Trafford Housing Trust to ensure the suitability of this accommodation and to identify support interventions.

The Children and Young Peoples Services are currently exploring ways of guaranteeing tenancies for under 18's, Trafford has previously had a policy of refusing to act as guarantor to under 18's. A number of initiatives to support young people as tenants are being considered; these include Residential Social Landlords offering introductory tenancies for a period of six months. In order for young people to achieve a more secure tenancy, Tenancy Support Workers will assist where necessary with any difficulties that could jeopardise their tenancy.

4.2 Youth Service

Trafford Youth Service has prioritised work with young parents through the appointment of a Young Parents Coordinator (Nia Arkinstall). This post works across the service to enable consistency in delivery. The Youth Service has two young parents groups – one in Davyhulme and one at the Talkshop in Sale. These groups are run by Youth Workers and offer support, advice around health issues, housing returning to education, employment or training and parenting information. In 2007/'08 a number of young parents attended Speakeasy training enabling them to talk confidently to their children about sexual health issues and answer any difficult questions.

Work with young father is also a Youth Service priority area. A young men's worker was appointed in 2007 and along with another male Youth Worker they deliver a young fathers group attracting young fathers from across the borough. The contents

of this work is driven by the young men, however the staff ensure work complements that delivered in the young parents group which is predominately attended by young women. Work with young fathers was identified as a priority area in the 1999 Social Exclusion Unit report on Teenage Pregnancy.

The Youth Service Schools Team and School Nurses are working together to deliver young men's health session in a number of schools focusing on:

- Testicular cancer
- Relationships
- Sexual health
- Contraception
- Information around local health services

4.3 Midwifery

In 2002 the Teenage Pregnancy Local Implementation Grant match funded a young parent's midwifery service. The aim of this work is

- to support under 19's who are vulnerable/in need of extra support
- reduce unplanned repeat teenage pregnancies
- raise awareness of STI's, and contraception.

Through working closely with services such as Connexions, Youth Service and housing the specialist midwifery provision has been able to support the remaining in/returning to education, employment and training (EET) agenda. This joint working has also provided help and guidance with locating information on benefits and housing.

By providing age specific ante-natal groups the midwives have increased general health and well-being, they have encouraged partner and parental involvement, discouraged home antenatal visits (as this dejects participation in parent education and meeting other young parents), helped to reduce the stress of parenthood on young people and provided sensitive advice and appropriate management of pregnancy for maximum benefit to the young mother, her baby and family.

4.4 Connexions

The Connexions Service has a dedicated Teenage Pregnancy/Young Parents Personal Adviser post. This post is responsible for the following:

- Maintain caseload of pregnant young women and young mothers and residents of Christine Court. (From 12th week of pregnancy through to birth of child – up to 3 months). (Numbers vary from 70-95 throughout the year).
- Utilise variety of methods to contact young people – including phone, letter, home visit, e-mail, text etc.
- Address issues and concerns of young people – including benefit entitlements, housing, and emotional needs etc.
- Encourage take up of Care to Learn.
- Encourage young people to consider employment and training opportunities.

- Maintain links with a variety of external agencies including Job Centre Plus Lone Parent Adviser, local midwifery staff, young parents groups, Children's Information Service, specialised housing projects, youth service, social services etc
- Operate outreach service every fortnight from Trafford General Hospital. This includes managing referrals of pregnant young women from young parents midwife.
- Operate outreach service from Christine Court (mother and baby accommodation) every 4 weeks.
- Operate outreach service from Butterflies Young Parents group in Davyhulme every 3 weeks.
- Refer young people to young parents groups and schemes where appropriate.
- Keep colleagues up to date on information etc relating to young parents
- Refer young parents to appropriate PA when baby reaches 3-6 months (depending on personal circumstances/contact with young person).
- Undertake duty at Unit Connexions Centre half day per week.
- Assist young people with applications to housing.
- Arrange appointments for young people with lone parent adviser at Job Centre Plus.
- Assist young people with applications to employment, education or training opportunities.
- Maintain information around pregnancy and young parents within the Connexions Centre.
- Attend meetings such as Child in Need, Child Protection and CAF conferences.

4.5 Learning and Skills Council

In August 2007 the Learning and Skills Council (LSC) approached the Chair of the Teenage Pregnancy Partnership Board with a proposal of funding basic IT, numeracy and literacy taster courses over 18 weeks for pregnant young women and teenage parents. After an expressions of interest exercise Trafford College were invited to deliver this work.

In January 2008 Trafford College began their delivery of Basic Skills training Partington (Unity), Old Trafford (Youth Centre) and Davyhulme (Youth Centre). In addition to funding the college the LAC also fund a crèche for each session. This work will be evaluated by the end of June; it is hoped that further funding will be available in 2008 for more basic skill training for young parents.

Section Five - Consultation

5.1 PHSE Audit Report

This audit was undertaken by Trafford School Nursing Service behalf of Trafford Healthy schools steering group. The aim of the audit was to assess the level of support required by Trafford secondary schools in delivering PHSE and in writing/reviewing relevant policy documents.

The audit form was delivered to all LEA secondary schools including the 4 senior pupil referral units (PRU's) but excluding special schools (In this report the 'term' school is used to include PRU's). The audit form (see appendix 1) was delivered to schools by their respective school nurses with a request that a relevant member of the senior management team complete it.

23 schools were asked to complete the form. 18 completed forms were returned and one school responded by letter only.

5.1.1 Sex and Relationship (SRE) policy

1. 17 schools reported having an SRE policy. Of these, 12 have policies dated within the last 3 years. One policy was dated 1997. 9 schools indicated a review date of 06/07. 20 schools reported having a scheme of work.
2. 2 schools had consulted pupils in policy development; 3 schools had consulted parents; 4 schools had consulted governors.
3. 14 schools named school nurses as providing support. Other support included Teenage Pregnancy Unit (TPU), PHSE support nurse and Healthy Schools (HSS)
4. The main concern expressed by school was limited resources (including agency time) and the need for 'specialist' input.
5. Actions required included: review policy x4, specialist input x3.

5.1.2 Drug Education Policy

1. 19 schools reported having a drug education policy. Of these, 13 have policies dated within the last 3 years. One policy was dated September 1996. 12 schools indicated a review date of 06/07/09. 17 schools reported having a scheme of work in place.
2. No schools had consulted pupils, parents or governors in developing this policy. 10 schools had consulted the school nurse and 8 schools had consulted DAAT. One school reported receiving support from 'Dr Wibberley' for year 11 pupils.
3. Supporting agencies included SN x9, DAAT x7, HSS x3, and Alcoholics Anon x1.
4. Concerns were expressed by 10 schools and varied. Comments included the need for police involvement and concerns re pupils' use of drugs, alcohol and tobacco.
5. Actions required were listed as need support for delivery/policy development x9, policy review x2.

5.1.3 Conclusions

1. Very few schools indicated consultation with pupils, parents, governors or relevant agencies in developing policies.
2. Not all schools report having up to date policies with a relevant review date.
3. Most schools do not appear aware of the support available in policy development.
4. Most schools do not appear aware of the variety of support available for staff training and delivery of PHSE.
5. Some schools may not be approaching the appropriate agencies for support.
6. PHSE support and training has been delivered in some schools but schools are still requesting more.

5.2 Review of Sexual Health Clinics

A review of the two Brook clinics in Trafford was carried out by a small group of mixed gender young people in 2007 via a 'mystery shopper' exercise. Young people were supported by staff from the Youth Service and Social Services and were asked to consider the following questions visiting the clinics:

How did the clinic look?

Sale Talkshop Brook clinic is the best because it had posters that were set out in a presentable and colourful way, that gave clear information. Also it had a good layout and was well lit, (but it was very untidy with lots of stuff on tables and the floor. The colour scheme was very attractive and eye catching; it also had a very relaxing feeling, a good place to chill.

How did you feel when you were inside?

We have come to a decision that Old Trafford was the best as a better working relationship was built up between us and the youth workers unlike any other clinics. The staff were friendly, but at times looked uninterested in other stuff going on in the building.

How did you describe the staff?

We came to a decision that Old Trafford and Sale Talkshop were both as good as each other in this situation as all members of staff who dealt with us were helpful and friendly. They also were very welcoming and understood our needs completely.

Which was the best clinic overall?

Overall, the majority of the group felt that the best clinic was Sale Talkshop.

5.2.1 Overall Recommendations

- More information about gay relationships
- Training for staff around sexual health, working with young people and customer services
- All staff should know the leaflets and information they are handing out to their clients, and they should be encouraged to read it
- The same information is available at all clinics

- Make sure areas are clean and accessible
- Make sure interviewing space is private at all times

5.3 Children's Rights Consultation

In 2006 the Children's Rights Officer asked looked After Young People a number of 'Tough Questions' focusing on crime, drugs and sexual health. 22 young people responded.

The specific teenage pregnancy question asked: *'Why are young women in care more likely to get pregnant?'*

Responses included:

*They want to feel loved
Because they take drugs/drink and don't know what they are doing.
Mixing with older people who corrupt them
Because there are boys in children's homes.*

The young people were then asked: *'What can we do to reduce this number?'*

Responses included:

*More sex education
Encourage young women to use protection
Be open about sex and pregnancy*

Young people were also asked: *'have you ever tried to hurt yourself intentionally? If yes would you say what you did?'*

One young woman answered: *'...ran away hitchhiking putting myself in danger by sleeping with lads I don't know'.*

5.4 PhD Research

In 2005 The Teenage Pregnancy Coordinator commissioned a PhD student to undertake research to investigate how contraception is used and understood in the area. As an anthropological project the foundation of the research was long term fieldwork focusing on everyday interaction, in depth interviews and participant observation.

Participant observation where the researcher spent time with young people and professionals in their everyday context was supported by in depth recorded interviews, the primary research method. This involved attending meetings, participating with youth groups, and observing family planning services. This method allowed the researcher to view how young people and professionals interact on an everyday level rather than relying solely on reported behaviour.

Interviews were carried out with professionals in Trafford, (e.g. youth workers, school nurses, health managers, and heads of services) as well as young people. The young people were from a variety of areas in the borough: mainly Hale, Partington, Davyhulme and Sale. They were found through a range of settings including schools, youth groups, church groups and other informal networks. They were between the ages of 13 and 19 and were mainly white and females. The interviews were in-depth, semi-structured and lasted from half an hour to two hours and the researcher met up with most informants on more than one occasion in order to build a relationship of trust and thereby gain the most reliable information.

5.4.1 Wider reasons behind choices

The choices around contraceptive use among young people are multi-layered and much more complex than a simple medical decision based on risks and benefits. Some of the most important aspects discussed in relation to contraception by young people were not specifically about their contraceptive use at all. The young people involved in the research revealed that control of the body was a major reason behind particular choices. They talked about control of weight, menstruation, acne, and breast size. If the expected and desired level of control was not forthcoming they were likely to discontinue using the method prescribed. A greater focus on these particular side effects of contraceptives during education and consultation would seem appropriate as often they are the determining factor for use or non-use.

Eating and weight were issues that came up in almost all interviews with young women. The high prevalence of disordered eating is an area that needs more attention in any work on contraception with young women. Disordered eating was particularly common amongst young women living in the more affluent areas of the borough. This included the use of laxatives, the severe restriction of food intake and some reports of bingeing.

Non-contraceptive needs were the most common reason why most young women chose the contraceptive pill. These include the pain associated with menstruation, wanting to control menstruation for holidays and swimming, and acne. A large number of young women who started the Pill explicitly for non-contraceptive reasons then continued to use it as a contraceptive when they did start having intercourse. This meant that at the onset of intercourse most do not attend services or discuss their sexual health with professionals.

Young women talked about control frequently when discussing how they felt about their relationships with young men. About a quarter of the young women involved had started having sex reported feeling a loss of control over their relationship once they had had sexual intercourse. This was often related to feeling that once they had agreed to sex they would have to say yes in the future. This indicates that these young women feel powerless to some extent over their sexual lives. This has implications for their ability to discuss and express their feelings about condom use. Condom use needs to have the consent of their partner and these young women have some problems in expressing themselves around sexual health which makes it unlikely that they would be able to enforce condom use in their partners.

5.4.2 Sex education

All the young people who took part in the research described their sex education as inadequate, although Broadoak School in Partington was felt to be doing a relatively good job, both at sex education and at pastoral care generally. Most young people felt that sex education was 'too little, too late'. There is evidence that many schools in Trafford are making a particular effort in terms of their planning, consultations and delivery of sex education. Schools are in a difficult position balancing the needs of education, parents, and the children under their care, as well as protecting their staff. The worries of staff, particularly youth workers and teachers, are a major problem. These fears about the repercussions of discussing sex with young people mainly revolve around worries about parental and media reactions. Fears can also extend to worries about legal implications. Two workers mentioned worries about Section 28, even though this legislation has been repealed. Such anxieties mean that even when workers do want to talk to young people about sex and contraception they often feel unsure about what they can say and how to approach the topic.

The use of outside speakers was appreciated by most young people and was felt to be very effective. Also the role of the school nurse as educator and provider seems to be a significant resource for the school. Although hampered by a lack of staff which means that each nurse has a number of schools to care for, as well as often cramped rooms, the service they provide is generally excellent and many school nurses seem eager to do more in terms of sex education and contraception. Currently in Trafford nurses cannot give out condoms in schools and this seems unlikely to change but their role as a familiar and confidential person is often undervalued in terms of contraceptive and relationship advice.

- In the Well Adult service some young users are slowed down in their transit through the system because of the need for a doctor's prescription for repeat pills. The use of a Patient Group Directive would allow nurses to prescribe pills and speed up a large number of patients through the clinic.
- Sex education in Trafford is hampered by the fears and anxieties of workers. This can be overcome through better training and greater information. The role of the school in giving information about sexual health can be limited by issues such as the religious aims of the school, the desires of the parents, and the time constraints that teachers are under. It has been the Teenage Pregnancy Coordinator's aim to improve sex education and they have focused on out of school settings as well as within schools. The youth service provides young people with support and guidance. Health education is a significant part of their remit and can be integrated into the relationships that youth workers build with young people. There are still fears among youth workers about reactions to their work if they approach sexual health issues but their role could be excellent especially when they work in collaboration with health professionals.
- When carrying out work within a youth work setting greater attention must be paid to confidentiality. If a variety of work is being carried out with only some of it being confidential it is more difficult to maintain strict confidentiality for some

young people. Ways to address this have to be a major focus of any project design.

- Another problem with health education in youth work settings is that only a minority of young people go to youth projects and spend time with youth workers. School is the one place where almost all young people are located for extended periods of time and as such it is an unparalleled opportunity for sexual health information and education.
- The main finding of this project is that non-contraceptive reasons are the most significant factors when young people chose their contraceptive method. These range from the side effects of the method that affect the body, such as menstrual control and breast size, to what method their friends take. When working with young people and contraceptive use the wider implications of each method needs to be central to the discussion if young people are going to use their chosen method effectively.

Section Six - Conclusions

The teenage pregnancy data supplied by the Office of National Statistics identifies a year on year fluctuation in Trafford conception rates in the 15 – 17 year age group. In 2006 Trafford experienced a 7.8% decrease in rates, although this is positive the trend would suggest that rates will increase in 2007. The current decrease is the greatest Trafford has achieved since 1998, however we are not meeting the necessary point on the trajectory to ensure we meet the 2010 reduction target. Furthermore, although Trafford experienced a significant decrease in 2006, 61% of these conceptions led to a termination, this is the highest number in Greater Manchester and is above the average for England and Wales.

Although services in Trafford across CYPS, health and the voluntary sector are working hard to address the issues of teenage pregnancy further work is necessary. Particular focus must be paid to access to LARC and EHC in order to reduce Trafford's high termination rates in this age group.

To move this agenda forward it is necessary to prioritise the following:

Area for Improvement	Actions to be taken
Access to LARC	<ul style="list-style-type: none"> • LARC to be available: <ul style="list-style-type: none"> At TOP On the Maternity ward at Trafford General In Trafford College In all family planning provision including GP's By all 'family planning' nurses In all Brook sessions
Signposting/better Information about LARC and EHC	<ul style="list-style-type: none"> • Local publicity to be produced promoting LARC and EHC in all settings. • EHC via pharmacists to be better publicised with clear labelling • Young women accessing TOP to be asked if they are aware of how to access LARC and EHC • LARC and EHC to be discussed when pregnancy testing (negative test) and distributing condoms
Condom Distribution	<ul style="list-style-type: none"> • Better publicity for the scheme • Review and develop current training programme
Chlamydia Screening	<ul style="list-style-type: none"> • Increase the numbers of screens through regular Youth Worker provision in Trafford College • Youth Service led sexual health sessions from Youth Centres in teenage pregnancy 'hot-spot' areas to include Chlamydia screening.

Area for Improvement	Actions to be taken
Workforce Development Continued	<ul style="list-style-type: none"> Selected staff in tp 'hot-spot' areas to be offered training to pregnancy test and make TOP pre-procedure consultation and assessment.
	<ul style="list-style-type: none"> Further roll-out Chlamydia screening training Training for pharmacists in teenage pregnancy 'hot-spot' areas to offer EHC and LARC to young women
Data Collection	<ul style="list-style-type: none"> CYPS information unit to liaise with PCT to ensure all tp data set information is gathered and stored on a CYPS database. Supplying quarterly data to be included in the service specification for Brook
PSHE	<ul style="list-style-type: none"> School audit tool is to be rolled out via the PSHE group. Policy development work with schools to continue
Workforce Development	<ul style="list-style-type: none"> Training for CYPS and voluntary sector staff to be available termly, and include: <ul style="list-style-type: none"> Condom distribution Referral for TOP Advice and Information about LARC and EHC