Teenage Pregnancy and Neighbourhood Renewal: Learning from New Deal for Communities

A pack produced by the Teenage Pregnancy Unit with support from the Neighbourhood Renewal Unit
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NDCs, Pathfinders and other neighbourhood renewal initiatives are in an ideal position to contribute to teenage pregnancy work. The new resources available in these areas, combined with the increased capacity for co-ordination, planning and implementation have the potential to significantly increase the impact of teenage pregnancy work already underway.

Neighbourhood renewal programmes are in an ideal position to carry out teenage pregnancy work in a positive, integrated and holistic way. As part of their remit to renew deprived neighbourhoods, they are charged with looking at the broader issues which impact on young people and influence their self esteem and the opportunities that are open to them. These broader issues – education, health, employment, community safety and housing – play a crucial role in those choices. Most important, perhaps, is the new and increased involvement of communities in the planning and implementation of these neighbourhood-based programmes, which will be the strongest force for change. This pack aims to use these valuable elements to help young people make more informed decisions about their future and to support them in the decisions they have already made.

The pack provides examples of interesting practice from NDC neighbourhoods across England and outlines suggestions for an approach to integrating teenage pregnancy work into neighbourhood renewal programmes. It is designed for those who have not yet considered whether teenage pregnancy is a priority in their area, and who need some guidance on how to go about determining whether it is an issue and how to take it forward. It is also for those who have teenage pregnancy programmes underway and who may want to review whether the approach is effective and the partnerships are producing the desired results. The pack looks at the steps involved in integrating teenage pregnancy work into neighbourhood renewal programmes. It takes the lessons learned in the examples, gathers them into themes and provides suggestions for an effective approach, which are covered in detail in Chapter Three.
Contacts, organisations and other resources are also included in the pack. Anyone requiring further information or support in this area should contact the Teenage Pregnancy Unit, 0207 972 5073.
Acknowledgements

Special thanks are offered to all those who participated in developing this pack.

Examples:
Staff and residents of the following NDC neighbourhoods that provided examples

- Birmingham. Kings Norton. Three Estates
- Derby. Derwent
- Leicester. Braunstone
- London. Hackney. Shoreditch
- London. Newham. West Ham and Plaistow
- London. Southwark. Aylesbury
- Manchester. East Manchester
- Plymouth. Devonport

Testing:
Testing meetings on the effectiveness of the pack were held with selected staff in the following NDCs and Neighbourhood Management Pathfinder areas

- Brighton
- Easington
- London. Greenwich
- London. Tower Hamlets. Ocean Estate
- Sunderland

Development of Pack:

- Hazel Stuteley – Secondee, TPU (examples research)
- Barbara James – Independent consultant (main author)

This pack was produced by the Teenage Pregnancy Unit. If you have any queries, please contact Jude Williams, TPU, 0207 972 5073.
## Abbreviations and Acronyms

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>BCA</td>
<td>Braunstone Community Association</td>
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<tr>
<td>BME</td>
<td>Black and Minority Ethnic</td>
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<td>DfES</td>
<td>Department for Education and Skills</td>
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<td>DoH</td>
<td>Department of Health</td>
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<td>DTLR</td>
<td>Department for Transport, Local Government and the Regions</td>
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<td>GUM</td>
<td>Genito-urinary Medicine</td>
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<td>NDC</td>
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<td>NRU</td>
<td>Neighbourhood Renewal Unit</td>
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<td>PSHE</td>
<td>Personal, Social and Health Education</td>
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<td>SEU</td>
<td>Social Exclusion Unit</td>
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<td>SRB</td>
<td>Single Regeneration Budget</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<td>TPC</td>
<td>Teenage Pregnancy Co-ordinator</td>
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<td>TPU</td>
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Introduction to the Pack

This pack is the result of a Teenage Pregnancy Unit initiative supported by the Neighbourhood Renewal Unit (NRU), designed to forge and strengthen links between the Government’s Teenage Pregnancy Strategy and the neighbourhood renewal initiatives (including the New Deal for Communities [NDC] and Neighbourhood Management Pathfinders [Pathfinders] programmes). The NRU is responsible for spearheading implementation of the national strategy for Neighbourhood Renewal; the vision is to narrow the gap between deprived neighbourhoods and the rest of the country so that, within 10 to 20 years, no one should be seriously disadvantaged by where they live.

Objectives:

The objectives of the project leading to this pack included

- Alerting all Teenage Pregnancy Co-ordinators in NDC neighbourhoods of the project
- Alerting all NDCs of their Teenage Pregnancy Co-ordinator, local teenage pregnancy strategy and ward conception numbers
- Roughly estimating the level of teenage pregnancy work being carried out in NDC neighbourhoods
- Collecting examples of interesting practice regarding teenage pregnancy in NDC Round 1 and planned for NDC Round 2
- Exploring both positive and negative factors influencing development
- Developing a resource for NDCs, Neighbourhood Management Pathfinders and other neighbourhood renewal and regeneration partnerships on interesting practice examples and extracted learning

The pack will be used in a series of workshops to promote the findings of the initiative and will be available for use in stimulating local discussion and generating new activity. Findings will be fed back to the NRU and TPU to help inform thinking at a national level.
Process:

Questionnaires were sent out to 39 units; 22 were returned. After a review of the results, informal visits were arranged in eight NDC neighbourhoods to have a more in depth look at the work underway or planned. In addition, discussion workshops were held to help analyse the findings and further develop a critique. This is very much a record of work in progress. There was no expectation that all areas would be at the same stage of development. Projects were identified because they represented a range of integration of teenage pregnancy issues in the NDC agendas, different levels of commitment to partnership working and various degrees of progress.

How to use this pack:

If your NDC or Neighbourhood Management Pathfinder (or other neighbourhood renewal partnership) is thinking of beginning to address teenage pregnancy issues or would like to review the progress that is being made, the Integrating Teenage Pregnancy section could be a good place to start. In this section, the lessons learned in the Examples section have been gathered together into themes and basic steps in undertaking teenage pregnancy work. The specific examples may help illustrate similar issues in your area and may provide some suggestions for directions to take.

The pack is designed for those who have not yet considered whether teenage pregnancy is a priority in their area, and who need some guidance on how to go about determining whether it is an issue that should be integrated into the general programme. It is also for those who have teenage pregnancy programmes underway and who may want to review whether the approach is effective and the partnerships are producing the desired results.

Teenage Pregnancy Unit/Neighbourhood Renewal Unit: New Deal for Communities and Neighbourhood Management Pathfinders

The key national partners in this work are the Teenage Pregnancy Unit (TPU) and the Neighbourhood Renewal Unit (NRU), two cross-cutting units within Government designed to guide innovative programmes across a range of government departments. The NRU’s New Deal for Communities and Neighbourhood Management Pathfinders are the programmes identified in this project as having the particular potential to play a key role in integrating teenage pregnancy work into broader neighbourhood renewal programmes.

The following is an outline of the roles of the TPU, NRU, NDCs and Pathfinders.
Teenage Pregnancy Unit

Britain has the highest teenage birth rate in Western Europe. In 1998, the baseline year for the strategy, there were around 41,000 conceptions to under 18s in England, resulting in 23,600 live births. Britain’s teenage birth rates are the highest in Western Europe – three times those in France and six times those in the Netherlands. While other countries have achieved dramatic reductions in teenage pregnancy rates during the 1980s and 1990s, the UK rates have remained static.

In 1999, the Government launched a report from the Social Exclusion Unit (SEU) on teenage pregnancy that set two goals:

- To halve the rate of conceptions among under 18s in England by 2010 and to set a firmly established downward trend in conceptions among under 16s
- To reduce the risk of long term social exclusion for teenage parents and their children by supporting teenage parents in education, training and employment.

To achieve its goals, a comprehensive, cross-governmental Teenage Pregnancy Strategy was launched. The strategy is implemented nationally by the Teenage Pregnancy Unit (TPU) and locally through Teenage Pregnancy Co-ordinators (TPCs), jointly nominated by Local and Health Authorities. Ten year strategies have been developed, including a detailed, costed, three year action plan. These are available from local TPCs; they constitute an essential first step in any local planning process. The TPU supports the network of TPCs and sets standards for monitoring of local delivery.

There are four main categories of action:

1. Joined up action, with mechanisms to co-ordinate local and national action
2. A national campaign
3. Better prevention of the causes of teenage pregnancy, including better sex and relationship education and access to young people-friendly contraceptive services
4. Better support for pregnant teenagers and teenage parents.
The rationale

Although many young parents manage extremely well, teenage births carry increased risks for both the parents and their babies. The national programme is needed because:

Social Exclusion:

Teenage pregnancy is a cause and a consequence of social exclusion. The risk of becoming a teenage mother is almost ten times higher for a girl from the lowest social class compared to a girl from a professional background. Rates are also very high for those who have been in care and those who have been excluded from school. Teenage mothers are less likely to finish their education, less likely to find a good job and more likely to end up bringing up their child alone and in poverty.

There are large geographical variations between wards. Under 18 conception rates for 2000 range from 19.4 per thousand (Richmond upon Thames) to 89.8 per thousand (Hackney) – a nearly five fold difference. Between 1992 and 1997, 54 per cent of all under 18 conceptions occurred in the 20 per cent of wards with the highest under 18 conception numbers. Also over the same period of time, 45 per cent of teenage conceptions occurred in the 20 per cent most deprived wards as measured by the Index of Multiple Deprivation. The complete index is available from the DTLR website at: http://www.regeneration.dtlr.gov.uk/research/id2000/index.htm.

Health:

Teenage parenthood often results in health problems for the mother and child. Forty per cent of teenage mothers suffer from post-natal depression (a rate 3 times higher than for other mothers). The infant mortality rate for babies born to teenage mothers is 60 per cent higher than for older mothers, accounting for about 400 deaths each year. Birth weights are more likely to be below average for children of teenage mothers and 1 – 3 year olds are twice as likely to be admitted to hospital as a result of an accident or gastro-enteritis.

At least 10 per cent of sexually active teenagers are estimated to have a sexually transmitted infection and chlamydia rates are increasing fastest among 16 – 19 year old women. Many young people do not know enough about the consequences of pregnancy, parenthood and sexually transmitted infections to be able to avoid them. Many of those who are sexually active don’t have the knowledge and confidence to say ‘not yet’ or to obtain and effectively use contraception.

Information:

Young people need to be given the facts: the risks of pregnancy and STIs and the consequences of early pregnancy. Messages to young people should be simple and should not preach.
Conception rates are beginning to fall. Data shows that rates have been dropping continually since 1998, the baseline year for the Government’s Strategy. Figures also show that the percentage of mothers aged 16 – 19 years old in education or work has risen from 16 per cent in 1997 to 29 per cent in 2001. Work in neighbourhood renewal areas is needed to ensure that conceptions are reduced in areas with the highest rates. Further information can be found on the TPU website on: www.teenagepregnancyunit.gov.uk.

Neighbourhood Renewal Unit: NDC/Neighbourhood Management Pathfinders

The Neighbourhood Renewal Unit has been set up to take forward the New Commitment to Neighbourhood Renewal: A National Strategy Action Plan launched in January 2001. Setting ambitious targets for improvements in employment, education, housing, health and the environment as well as a reduction in crime, the Action Plan represents a sustained assault on deprivation through enhancements to mainstream public services and a grassroots empowerment of people in their communities. The aim is clear – within 10 to 20 years, no one should lose out because of where they live.

However this work will be complemented by a number of programmes aimed at kick-starting work to involve the local community in developing local solutions to local problems. These programmes include New Deal for Communities (NDC) and Neighbourhood Management Pathfinders (Pathfinders). Information on other NRU programmes can be found on the website www.neighbourhood.dtlr.gov.uk.

The Government is committed to delivering an additional £43 billion per year for key public services by 2003/04, with the extra spending starting from April 2001.

The quality of public services depends not only on how much the Government spends, but also on how effectively it spends it. The National Strategy for Neighbourhood Renewal showed how core services in many deprived neighbourhoods are compromised by their failure to work with each other, with local people and with organisations from other sectors.

Alongside the extra spending, therefore, the Government is setting challenging targets for the next three years. For the first time there will be minimum standards (‘floor targets’) set for education, employment, health, crime and social housing. These targets will have a key role in narrowing the gap between deprived areas and the rest of the country. The Neighbourhood Renewal Fund – providing some £900m from 2001/2 to 2003/4 – is being allocated to the 88 most deprived areas in England to help kick-start this process.

Local Strategic Partnerships will play a key role in ensuring that resources are spent in the most effective way. Generally operating at the local authority level, they will form a partnership between public sector (including key service providers) and the business, voluntary and community sectors. Their key role will be to agree local priorities and objectives, setting a strategic framework within which other partnerships, agencies and groups can work and prosper.
New Deal for Communities

New Deal for Communities (NDC) is a key programme in the Government’s National Strategy for Neighbourhood Renewal. NDC is acting as a pathfinder, testing out the new approaches to neighbourhood renewal set out in the National Strategy. It sits within the context of the Government’s wider agenda to tackle poverty and social exclusion, alongside policies such as welfare to work, tax/benefit reform and the minimum wage.

The key characteristics of NDC are:

- It is a ten year programme.
- There are 39 NDC partnerships (17 Round 1 Pathfinders and 22 Round 2 partnerships). A total of approximately £2bn has been committed to the partnerships.
- The NDC partnerships cover neighbourhoods of between 1000 – 4000 households.
- The NDC partnerships have grants of £30 to £61 million each.
- NDC supports inclusive local partnerships comprising representatives of key local organisations, including public agencies, businesses, voluntary bodies and the local community.
- The partnerships identify the priority needs of their area, develop appropriate regeneration strategies and work with other local initiatives and agencies to maximise impact and deliver ‘joined up solutions to joined up problems’.
- Each partnership works to deliver outcomes that make a real impact on the people living in their neighbourhood, by developing regeneration strategies that tackle the five key themes highlighted in the National Strategy:
  - poor job prospects
  - high levels of crime
  - educational under-achievement
  - poor health
  - housing and the physical environment.
Key principles of NDC

The NDC partnerships have begun to reveal some important lessons:

• Public agencies must be open to changing the way their services are delivered to ensure that they meet the needs of the local community

• Communities must be at the heart of the regeneration process, but it is also crucial that key local agencies and public service providers are involved in working with the partnership

• It is important to look at what already exists and works, and what best practice is available, and where possible build on this

• It is important to invest in people and not just in buildings or physical regeneration

• There must be a focus on delivering outcomes – taking action which will deliver long term and sustainable change

• Building a strong and robust partnership takes time, but will show benefits in the long run.

Current key challenges for NDC

The issues that individual Partnerships are working to address vary, but there are some current issues that a number of partnerships have in common:

• **Widening community participation:** Partnerships encourage the involvement of local people through ensuring that local people are on their board and sub-committees and through awareness raising (newsletters, household surveys, and clubs, etc).

• **Improving the engagement of local agencies:** NDC aims to encourage the active involvement of local agencies (such as the council, police, Employment Service) with the partnership. The Government is pressing partnerships to develop Service Level Agreements with all of the key local agencies to set this involvement on a formal footing.

• **Improving the delivery of the main existing public services:** Ensuring that local public services meet the needs of local people better is key in delivering long-term change. Some partnerships have Neighbourhood Managers who work to join up the activities of different service providers, act as a contact point for local people and feed their views to local service providers.

• **Keeping a focus on delivering real change for local people:** It can be easy for a partnership to get bogged down in politicking between factions, or between residents and agencies, or simply to become pre-occupied with issues around the process or structures. The challenge is to keep focused on delivering change.
Neighbourhood Management Pathfinders

Neighbourhood management is a key vehicle to provide the focus for neighbourhood renewal. Working within the context of local government reform, its role is to help deprived communities improve local outcomes, by improving and joining up local services, and making them more responsive to local needs. Different approaches are appropriate in different places, but neighbourhood management projects are more likely to be successful if they adhere to the following five principles:

- **someone with overall responsibility at the neighbourhood level**: when it is no one’s job to solve difficult problems, they will not get solved

- **community involvement and leadership**: unless renewal efforts are led and owned by local people, they will fail

- **the tools to get things done**: these include agreements with local service providers, devolved delivery, devolved service purchasing, ability to put pressure on agencies or government, and spending of special resources

- **a systematic, planned approach to tackling local problems**: there need to be agreed ways to decide which areas get neighbourhood managers, involving the community itself and local strategic partners (police, local authority, health authority) with whom the manager would have to do business; and

- **effective delivery mechanisms**: different bodies will be best placed to perform this role in different areas (e.g. the local authority, a regeneration agency, a housing organisation, a community development trust or private company).

Effective local service partnerships are crucial to provide a forum at local level to pull together all relevant providers, and ensure that public services join up with one another to address the needs of priority communities. They also need to tie into regional and national strategic levels, and not just function at local level.

In January 2001, 83 eligible areas across England were invited to submit an Expression of Interest to participate in the National Neighbourhood Management Programme. Twenty Pathfinder areas have been selected. Neighbourhood Management will work at the neighbourhood level to ensure that local people’s priorities and needs are taken on board in shaping the delivery of services.
Sure Start and Sure Start Plus

Sure Start and Sure Start Plus are also key initiatives in addressing teenage pregnancy issues.

Sure Start And Teenage Pregnancy

Sure Start is an innovative programme, which aims to work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children – particularly those who are disadvantaged – so that they can flourish at home and when they get to school. Sure Start has four main objectives: improving social and emotional development, improving health, improving children’s ability to learn and strengthening families and communities. By 2004, the Government will be investing £500m each year in Sure Start and reaching a third of poor children aged under four through some 500 local programmes.

Each local programme is different – to meet local needs – but all offer core services. All new parents are visited within two months of the birth to introduce them to Sure Start services. Programmes offer enhanced childcare, play and early learning opportunities, and better access to health services, from antenatal and baby clinics to specialist services for children with special needs. Parents are offered a range of help and advice from parenting courses and groups to healthy eating and training for work.

All Sure Start programmes have an important part to play in implementing the Government’s strategy to reduce the number of teenage pregnancies and tackle the risks of health and other problems among babies born to very young mothers. They should make sure that:

- their services meet the needs of teenage parents, including young fathers
- they try to engage young, inexperienced and vulnerable parents in relevant core services such as parenting support and information
- they seek to provide childcare to enable teenage mothers to return to education and training, or to enter employment
- they work closely with the local teenage pregnancy co-ordinator, health professionals and the relevant statutory and voluntary bodies, including Health Action Zones; and
- they develop links with local schools and colleges and with personal advisers from the Connexions service.
Sure Start objectives are

- Improving social and emotional development
- Improving health
- Improving children’s ability to learn
- Strengthening families and communities

Sure Start Plus, Teenage Pregnancy and Regeneration

Sure Start Plus is a three year pilot programme in 20 areas in England, launched in April 2001. The pilot programme aims to improve health, education and social outcomes for pregnant teenagers, teenage parents and their children. As recommended in the SEU report, pilot areas selected have high rates of teenage pregnancy, fall within a Health Action Zone and have at least one existing Sure Start programme.

Pilot programmes have been designed through consultation with teenagers and young parents, leading to changes in the way mainstream services are delivered and the development of new services to fill identified gaps.

Through Sure Start Plus Advisers, all pilots provide specialist one-to-one support throughout pregnancy and after birth through:

- Personal advice and support to pregnant teenagers to enable them to make responsible and informed decisions according to their personal circumstances
- A co-ordinated and tailored support package for young parents to help with healthcare, parenting skills, education, childcare and housing.

With links to the Teenage Pregnancy Strategy, Connexions Service, Early Years and Childcare Development Partnerships, the Benefits Agency and Education and Employment Services, Sure Start Plus seeks to address all areas of social and economic inequality, limited choice and access to services experienced by pregnant teenagers, young parents and their children.

The objectives of Sure Start Plus are:

- Improving health
- Improving the learning of teenage parents and their children
- Strengthening families and communities
- Improving social and emotional well-being
Chapter 2

Examples of Interesting Practice

The following are just a few examples of the many initiatives that are underway in NDC neighbourhoods and are either focused specifically on teenage pregnancy or have an impact on teenage pregnancy work.

These examples are provided to stimulate discussion and to supply insight into both the successes and the challenges facing the initiatives. Some show a thorough integration of teenage pregnancy work within NDC strategic objectives, others less so. Many of the programmes described below are funded and managed through NDC; others are being carried out within NDC neighbourhoods through other initiatives. Many, particularly in the NDC Round 2 programmes, are in the initial stages of development and are described briefly to indicate the range of work currently underway throughout England. Others are part of well-developed initiatives with a longer history of joint working. Programmes have been selected to show some of the lessons that have been learned as the projects have developed.

The main lesson learning is captured in the next chapter. The lessons in each of these examples – developed in discussion with those working in the example areas – are snapshots that inform the fuller lesson-learning chapter. The examples present a generally positive view of the partnership and joint working processes. Several of the examples, however, described troubles in partnership processes, some of which were significant. Some of these problems are due to individuals who put up barriers to progress, others to institutions finding working in partnership difficult and challenging. For reasons of confidentiality, these are not described here, but lessons are drawn out in the next chapter.

The overall programme of teenage pregnancy work in each city or area is not described. For more information on this broader programme, contact the local Teenage Pregnancy Co-ordinator for the area you are interested in.

Examples are described from the following areas:

- Birmingham. Kings Norton. Three Estates
- Derby. Derwent
- Leicester. Braunstone
- London. Hackney. Shoreditch
- London. Newham. West Ham and Plaistow
- London. Southwark. Aylesbury
- Manchester. East Manchester
- Plymouth. Devonport
Birmingham. Kings Norton. Three Estates

Background
The Three Estates has a population of 10,807 people in 4,226 households. The total black and minority ethnic population is 6.4 per cent; 4.5 per cent are African-Caribbeans and Africans. It is somewhat isolated from amenities and centres of employment, with poor public transport. Demand for housing here is low and as a result large numbers of teenage parents and parents-to-be are re-housed on the estate.

New Deal for Communities
The NDC team has prioritised developing strong relationships between sectors, including the voluntary and private sectors, education and lifelong learning. The team is strongly engaged with Primary Care Teams and Health Promotion. This process of alliance building – particularly at the grass roots level – required considerable time and commitment. The team resisted pressure to hurry the development of the alliance and now feel that groundwork has paid off. As a consequence, residents, who were until recently the passive recipients of services, are now helping to inform the re-shaping of existing services and the development of NDC funded projects, whereas if the programme had been hurried it would have been very service dominated.

Teenage pregnancy was not initially seen as a community priority when the NDC programme was started, but there has since been something of a change in attitude as a result of the strong alliance building and information sharing. Reducing the gap between the number of teenage pregnancies in the area and the rest of Birmingham by 100 per cent is one of the NDC’s strategic objectives.

Some financial resources have been directed to teenage pregnancy work. Future plans include a health visitor dedicated to the Three Estates who will produce family health care plans and work intensively with teenage parents who are moving into the area. A community psychologist, working with other agencies, will address the special and behavioural needs of young children and will develop a sexual health programme for use in schools. A nurse practitioner will work together with the psychologist and health visitor as part of a family health team, which will aim to take a proactive rather than a ‘fire-fighting’ approach.

“Despite the energy and time – as well as the general messy-ness – of partnership working, it is well worth it in the long run. Resist the ‘quick hit’ approach.” NDC staff member
Four elements of the programme are described below.

Community Advice Team (CAT)

The Community Advice Team provides long term support to young parents and those in need. The relatively high numbers of teenage parents and parents-to-be who have been re-housed on the estate, many of whom have no family support or other support networks, make up a large proportion of the Team’s caseload.

The Team of three, seconded from Birmingham City Council, has a highly proactive approach to empowering young parents. Funded by and working from the NDC offices at the heart of the community, the Team is able to signpost and fast-track appropriate resources. The Team has found that young parents are often at their most vulnerable when they are moving into the estate and so they offer long-term support to the parents at this point. The CAT is able to achieve this by having built up a strong inter-agency partnership network with Health, Mental Health, Education, Social Services, Local Government, Police and others. The Team holds a case conference on each new referral (including self-referrals). A monthly report of action statistics and data is produced. Currently it has a caseload of 115 clients, with only three families having moved to other areas since the service began nine months ago. This is against the trend of transient residence previously experienced on the estate. This focus on support around re-housing related issues links with the Government’s targets for supported housing for lone parents (all under-18 teenage lone parents who cannot live with their family or partner will be offered supported housing by 2003).

Lessons

- A team approach fully integrated across all sectors will produce the best results for residents
- Spend time at the beginning of the programme to get partnerships and alliances right – it will pay off in the longer term
- Despite being time consuming and “messy”, a bottom-up, community engagement approach, as opposed to a “quick hit” way of working will help to ensure services meet community needs
- Re-housing already pregnant young women in the NDC neighbourhood can ‘import’ the issue into an area – and change local teenage pregnancy statistics
Chapter 2  Examples of Interesting Practice

A typical issue the Team is currently working with involves an alcoholic, substance-dependent mother whose 15-year-old daughter is pregnant. Says Razir Butt, one of the staff in the project, “I love coming to work. In nine months I have seen people grow. Trust between us and our clients came very quickly”. The Team developed strong communication and support with the clients at a crucial point – when they moved to the estate, but also ensured that the links were ongoing. This is seen as crucial to the success of the work.

**Lessons**

- An integrated, multi-sectoral approach enhances the ability to respond quickly when action is required
- Re-housing can be a key opportunity to initiate successful programmes with young parents

**Young Parents Project**

The Young Parents Project was established in 1996 by the South Birmingham Family Service Unit, which supports families in stress and provides a range of services to children and their families. Its aim is to empower young parents to improve the quality of their lives and increase the range of choices and opportunities available to them. Some support from NDC has helped to extend its programme.

The group has been highly successful in filling a need and has attracted a large number of young parents over the years. Many of these parents were over 18 and established in their first tenancies when they came to the unit for a service and a large amount of time was given to supporting their individual needs and helping them with childcare. The group was used extensively as part of the consultation process that took place before the NDC programme was established here. The women involved were able to talk with some confidence about what it was like to live in the area and what it was like to be a young parent.

In partnership with the NDC, Cadbury and Fircroft Colleges, West Midlands Arts and others, the group produced a video and resource pack – **24/7** – to look at the issues that face teenage parents during pregnancy and after the birth of their children. The name – 24 hours a day/7 days a week – details the commitment required when you are a young parent. The pack includes exercises that relate to images of parenthood, strengths of young parents, myths and stereotypes. Financial concerns, factual information about teenage pregnancy and where to get help are also covered. The members of the Young Parents Group have led the exercises and discussion groups as part of peer support and training to discuss their own experiences. This has played a key role in empowering other young mothers. For information on the video, contact the project (see Contacts).
The benefits of the group—still attended by many of its founder members after five years—are summed up in this poem:

**Sorting It Out**

*From being in a hostel,*  
*I have a home,*  
*From being an outcast I’m no longer alone,*  
*From being afraid,*  
*I’m now at ease,*  
*From having nothing but trouble*  
*I’m now at peace,*  
*From having to leave school,*  
*I’m learning again.*  
*I’m sorting myself out*  
*No longer in pain.*

By Corina  
Member of 24/7

**Lessons**

- It is important for projects to provide transition/exit arrangements to help young parents to move on to other facilities to allow other young parents in need access to resources.
- Young mothers who have been supported by programmes can be a valuable peer resource for others.
- Rather than setting up new projects, additional funding can allow groups already working in the local area to build on their experience to the benefit of others.

**Three Estates Youth Shop**

Known locally as the ‘Youth Shop’ – it occupies two shop units within a row of community shops – this facility is funded by Birmingham City Council. It offers an easily accessible, non-stigmatised sexual health service. Uptake for this is high, as it is run alongside The Matrix, a popular IT suite in the same premises. It is accessed by many ‘hard to reach’ young people who have little or no contact with other agencies. The School Nurse estimates that the local comprehensive school has as many as 60 – 80 ‘ghost’ pupils of both sexes who are school refusers and truants who use the Youth Shop. They were initially attracted by access to computers and the internet.
Available services include:

- **Daily drop-in sessions** between 12-5pm set in a private, convivial setting (designed and decorated by local users). Free condoms, contraception advice and pregnancy testing are available, facilitated by trained, young male and female staff.

- **Young Men's Sexual Health Programme.** This ten week programme aims to address low self esteem, the implications of fatherhood, sexually transmitted infections (STIs), alcohol and drugs as being fundamental elements of teenage pregnancy issues. It includes two residential sessions away from the Three Estates to encourage team building and have fun while learning. The group’s facilitator aims to set up a peer support group using graduates of the programme.

### Lessons

- It is important to take services to local venues that young people use
- Access to computers and the internet have been the key to bringing in large numbers of ‘hard to reach’ young parents
- Combining sexual health services with other services can make it easier for young people to access them confidentially

### Family Service Unit. Parents Advocacy, Learning and Support (PALS)

This is an outreach project providing long term support through home visits to young learning disabled parents – a vulnerable group who are often hidden from attention. Support and learning packages are tailored to the needs of each family. Support workers work closely with partners and/or extended family to provide the best learning, leisure and play opportunities for parent and child. The caseload averages six families within the NDC neighbourhood, reaching young parents who would not have access or could not cope in mainstream community groups.

Feedback from Health Visitors suggest this intervention is a vital preventive measure in a situation that often leads to family breakdown, child protection issues or unwanted pregnancies. The programme aims to have these families form their own support group as a follow-up to the home visits, but as yet there is no long term funding for this project.

The same unit also deals with domestic violence issues including frequent instances of teenage parents who are victims of domestic violence.
Derby City. Derwent

Background

The Derwent NDC neighbourhood has a population of 9,355 in 3,882 households. Black and minority ethnic communities account for 2.9 per cent of the population. Single parent families make up 26.2 per cent of households. As with all New Deal for Communities neighbourhoods there are many indices of poverty and deprivation: 44 per cent of the social housing does not meet the DTLR decent homes standard and many of the residents in Derwent are disadvantaged and socially excluded. The conception rate among girls under 16 years is about twice the national rate. More than 20 per cent of all children registered with Derby City Council Social Services who are at risk of significant harm live in Derwent.

There is strong evidence of an intimidating culture of violence, which can result in community reluctance to report crimes for fear of reprisals. In spite of this reluctance, there is also a higher than average incidence of reported violent crime and domestic abuse. The low percentage of black and minority ethnic residents reflects the fact that black and minority ethnic households are likely to experience racial harassment.

New Deal for Communities

In the Derwent NDC, education, the police, local government and health are all working together under the same roof. In the initial stages of the programme the whole team devoted a great deal of time to planning, dialogue and team building. Although they felt there was an expectation to achieve, the team agreed that breaking down barriers and establishing effective working and communication were the priority. An initial two-day session was a useful way to begin this process, although at times the programme was difficult for the participants. All now agree that this early investment has paid dividends, in that they are a committed, fully engaged team.

Lessons

- The needs of special groups—for example young people affected by domestic violence, young people with learning difficulties, among others—need to be identified and targeted for special support
- The concerns of young, mild to moderately learning disabled parents and their children are often invisible, but intervention often prevents family breakdown and child protection issues as well as unwanted pregnancies
- It takes time to do this sort of work and any sustained changes do not happen quickly
One of the NDC’s strategic objectives is to reduce teenage conceptions by 25 per cent by 2007 and to halve them by 2011. Health professionals are aware of the poor health outcomes and the implications for mothers and babies of teenage pregnancy. However, teenage pregnancy is not perceived by the community as a high priority. This is perhaps not surprising given the other indices of poverty and deprivation that exist within the community.

The NDC Health and Welfare Theme Leader has prioritised getting teenage pregnancy issues higher on the agenda. Programmes underway include a confidentiality toolkit produced by the Brook Advisory Service with the Royal College of General Practitioners, which is being piloted in a surgery in the NDC neighbourhood. This involves the whole practice shutting down for half a day and working through a learning package on confidentiality issues for teenagers. Much more is planned. Increased support will be offered to teenage mothers through the ‘Best Beginnings’ programme. Flexible learning opportunities through the Life Long Learning theme will be available to young mothers to maximise their educational and employment potential. A teenage pregnancy sub-group is planned which will be allied to the NDC health, social care and housing support sub group. Funding has also been given by NDC for resources for school health and the youth service to deliver a co-ordinated sex and relationships education programme in schools in the NDC neighbourhood.

One of the important areas of difficulty identified by a number of staff was the short-term nature of the funding and secondments for some of the key projects, which is resulting in low staff morale and difficulty in long term planning.

**Lessons**

- It is well worth devoting a substantial amount of time to teambuilding in the initial stages of a project – the benefits in terms of trust and understanding of roles will be long term
- Having all key agencies housed in one building can encourage synergy and cross-fertilisation of ideas as well as facilitating communication, team spirit and efficiency
- The health lead can be the key to breaking down barriers and highlighting the importance of teenage pregnancy
- Secondments can offer a good opportunity for involving large organisations in local work and getting someone with local knowledge and good skills
- Funding and secondments that are short term can result in low staff morale and difficulties in planning services
Derby City Council Youth Service. Working with boys and young men: ‘Get Your Kit On!’

Derby City Council Youth Service is the lead agency for the South Derbyshire Teenage Pregnancy Strategy. Its Specialist Youth Work Team offers a Get Your Kit On project. Initially funded in Derby by the Teenage Pregnancy Strategy, the project was set up in September 2000 with the aim of reducing teenage pregnancies by giving young men more information, support on sexual health issues and access to contraception (mainly condoms) and services. This project covered Derby City, but NDC funding allowed a more intensive programme in the Derwent area.

The Derwent NDC has funded community based outreach sessions within the NDC neighbourhood. Local provision of services was seen as essential as the resident young men tend not to access services available in wider Derby.

Working in partnership with the NDC Health Lead and Teenage Pregnancy Co-ordinator they provide:

- Confidential unbiased information and advice on sexual health
- Access to condoms and information on how to use them
- Confidential support sessions on sexual health issues
- Training on sexual health and relationship issues
- Information regarding access to other services (e.g. GUM and ‘The Space’, which holds male-only sexual health sessions for young men aged 12 to 25, providing condoms, advice and information)

The programme has been rated as effective and enjoyable by the young men attending.

Lessons

- Community based provision is essential as young people will generally not travel to services based elsewhere in the city
- Existing programmes can be delivered in a more intensive form in NDC neighbourhoods through the benefit of both additional co-ordination and funding provided by the NDC
Leicester. Braunstone

Background

Braunstone is an outer city estate on the west side of Leicester, approximately three miles from the city centre and railway station. Various indices of deprivation show Braunstone as the most deprived area in the East Midlands. The area has a population of 13,200 in 5,050 residences. The NDC neighbourhood also includes the Meynells Gorse caravan site where travellers live. The black and minority ethnic population is under four per cent, resulting in social isolation. The area has the highest mortality rates and the second highest level of unemployment in the city, poor housing, low levels of educational attainment, high rates of crime and low pay.

Braunstone has three times the national rate of teenage pregnancy. North Braunstone ward has the highest rates of teenage conception in Leicester City. From 1994 to 1996, there were 116 teenage conceptions per 1000 women aged 13 to 19 compared to 52 in Leicester City and 35 in Leicestershire. Although the actual numbers are relatively small, the rate of conceptions in Braunstone for girls under 16 was 22, which is twice as high as the rate for Leicester. A lack of family planning services has been identified as a problem in the area.

New Deal for Communities

Leicester has a long history of successful partnership, community development and joined up working. Braunstone Community Association (BCA) is the organisation that is responsible for the administration of the New Deal for Communities programme. The NDC have used the Sure Start model of joint working to tackle the issues of parent and family support, including teenage pregnancy. As partners had already embraced the Sure Start model, the ground was ready for additional agendas.

The high rate of teenage pregnancies in Braunstone has been identified as an important issue. Reducing teenage conceptions is a focus of the NDC delivery plan and is reported on in its publications and annual report. The Annual Report 2001 says that the rate of teenage pregnancy “presents probably one of the most startling youth statistics to have emerged over recent years” and concludes that mainstream approaches to combating the issue were undoubtedly failing within the Braunstone community.

The Leicestershire Teenage Pregnancy Strategy for the whole area emphasises better co-ordination, as one of its main themes and requires “No short-term fixes. No short projects.” The local plan produced through the NDC – Braunstone People and Health: Promoting Positive Health Strategy – strongly supports both prevention of conception and support for young parents. Recommendations include fast-tracking the Sure Start and Sure Start Plus programmes to be the driving force in the development of programmes and services, satellite family planning clinics being set up in young people’s centres, pioneering inter-disciplinary training for both clinical
and community providers which should result in radical changes to the delivery of services, and development of the PSHE agenda and linkages to other programmes. The broader strategy is planning an integrated health and social care centre.

Having the right people around the table in clear working structures has been prioritised in the initial planning phases of the teenage pregnancy work. This ensures that people who attend are in appropriate roles in key agencies with the right knowledge and a remit to make decisions. All key agencies in both the statutory and voluntary sectors as well as community representatives have input in planning, consultation and ongoing partnership working. Ensuring that joint working is an enjoyable process is seen as crucial to the success of the partnership. The partnership has also recognised that joint working may require particular skills and can be time consuming and has planned accordingly. These elements have combined to create an effective joint working process that is making good progress with targets.

Geraldine Connor, Community Development Worker from an organisation called NCH, seconded to work with the People and Health Team of Braunstone Community Association, has been working in the city for over two decades. She is certain that this long term acquaintance with the community helps to build up trust and facilitate communication. People who work on programmes such as NDC that rely on community input need to have the trust of the local people.

“Communities have long memories. It’s important for them to see services being offered by faces they recognise and committed people they know they can trust.” NCH/BCA Community Development Worker

Lessons

• Make sure the right agencies and individuals are part of the partnership to ensure knowledgeable, effective decision making

• Make joint working an enjoyable process – refreshments, time for people to get acquainted and going out for lunch can break down barriers and make working more effective as well as more pleasant

• Clarity about working structures and areas of responsibility is crucial

• A key element in the delivery of successful programmes is staff in the agencies having ongoing relationships with the community
Teenage Pregnancy Project. Turning Point Women’s Centre (funded by Braunstone Community Association)

The Braunstone Community Association has adopted a varied and innovative approach to addressing teenage pregnancy, developing a pioneering model for family planning services which will include both a model of best practice and clinical and community workers being located in non-traditional centres of service delivery. Through Social Services, Sure Start Plus funding is developing training programmes for young parents. The programme of the Braunstone Community Association and Turning Point Women’s Centre, a long established (20 years) organisation, has featured peer education at the core of its approach. Elements of the programme include:

- Since August 2000 training courses for peer educators have been developed and provided, resulting in the project leader and the peer educators working with over 500 young people in four local schools
- Work with other voluntary youth groups (such as the Guides) and statutory agencies (for example, youth offending teams and school exclusion units)
- The production of resource packs to work with 11-13 and 14-16 year old girls and, more recently, 14-16 year old boys
- Supporting parents in talking with young people and sex – through the development of a parents training programme

The programme has had organic growth through young people who have been users of the service taking on the role of peer educators. Peer educators are paid for their work, taking into account benefits issues. Accountability and consistency of service are addressed through the ongoing management of the programme. The programme negotiates with local secondary schools to determine the correct level and pitch of the approach. There will be close links with the PSHE worker to ensure a consistent message. Turning Point Women’s Centre is currently writing a best practice guide to teenage pregnancy work, based on the success of this well evaluated programme.

“It’s changed me and the way I do things in a positive way. Before, I was drifting – I have more drive and energy now.” One of the Peer Educators

“This has given me more information on what I would miss out on if I became a teenage mum.” Student from Riverside College.

Lessons

- Peer educators can make real and valuable connections with other young people
- Programmes with young people can be improved when consistent messages have been agreed between partner agencies (such as community groups and education)
Parent and Family Support Group

The Parent and Family Support Group came into being in May 2001, with a remit to take forward issues and concerns highlighted in the earlier consultation with the community while preparing the New Deal Delivery Plan. Membership is open to anyone who has an interest in developing positive, quality services for children, parents and carers in the NDC neighbourhood. Members are drawn from the local community, health and social services, local childcare providers and the local and national voluntary sector. Teenage pregnancy is one of the areas of the group’s concern. The group plans to use its Sure Start resources to develop local services to improve the health and wellbeing of families and children before and from birth. Emphasis will be on outreach and home visiting, additional childcare spaces and primary health care and special needs services.

Lessons

- ‘General’ parent and family support groups can ensure they meet the needs of the whole community by integrating teenage pregnancy issues into their programmes

London. Hackney. Shoreditch

Background

Shoreditch is in the inner London Borough of Hackney, which, according to a range of indicators is among the ten most deprived boroughs in Britain. It is large for an NDC neighbourhood, with approximately 18,000 people in about 8,000 homes. The population is 63 per cent white, which includes 16 per cent Turkish and Kurdish people. Twenty eight per cent of the population is Black African Caribbean and African with smaller numbers of people from the Indian subcontinent, China and Vietnam. Shoreditch has high levels of need in a number of areas. Although improving year on year, education standards and income levels are still below the national average and unemployment is still approximately double that of comparable parts of London. Crime is high and fear of crime is even higher. Drugs and substance misuse are an issue among both young and older people. Numbers of pregnancies in young women under 18 are amongst the highest in Britain.

At the same time, the area is very near the City of London and the fringe of the area has become a trendy neighbourhood, with galleries, bars and housing. This offers increased opportunities for employment and leisure, but at the same time potentially increases the cost of housing and general cost of living.
New Deal for Communities

Health is on the agenda of the NDC’s Delivery Plan. Aims include improving access to existing services, working in partnership with providers to develop the best (defined locally), responsive services and enabling residents to improve their health and well-being. The NDC Delivery Plan has not prioritised specific teenage pregnancy work, as such. It has taken a holistic, integrated approach that addresses issues of general empowerment with young people. It has produced two videos with young people – Speak Out, and another specifically about health. Save the Children and NDC are working together on a Children and Young People’s Participation Project, which aims to support the children and young people getting their voices heard through a range of youth forums. Listen Up, the project’s newsletter, outlines opportunities for young people to participate in local decision making.

Another project is One Voice, a magazine written and produced by Shoreditch young people as part of the Hoxton Community Safety Project Summer Scheme 2001. An article within it, “Baby Love”, is an interview with a 15 year old teenage mother. Details are given of a group providing support for young mothers and mothers-to-be. On a practical level, the NDC, along with a number of others, has pressed for primary care professionals to be able to give out free condoms to young people.

In addition to the work under development in the NDC, the local Teenage Pregnancy Co-ordinator, located in the City and Hackney Primary Care Trust has produced a Teenage Pregnancy Strategy, 2001 – 2010 for the whole area, in line with national requirements. This is an extensive plan, with youth centred service provision, increased partnership working, addressing inequalities and sensitivity to black and minority ethnic communities among its principles. The TPC operates through a steering committee, with participation from the voluntary sector, the Local Authority, school nurses, Sure Start, Sure Start Plus, Education and others. The Strategy aims, among other things, to reduce teenage pregnancies locally by 60 per cent.

Programmes are wide-ranging and include media campaigns, better prevention (including Sex and Relationship Education), better contraceptive advice and information services, and better support for teenage parents.

Examples of programmes include conference days, which are held in schools and allow students to choose from a range of options including ‘choices and decisions’, parenting, contraception, STIs, sexuality, and culture and sexuality. A GP condom scheme provides GPs with a starter kit of condoms and training on issues such as confidentiality and support in bringing up the topic of condoms with young people. Hackney Young Families, a support service for young parents up to 21 years old, has had over 200 referrals in the first year (with some from the NDC neighbourhood). It facilitates support groups for young mothers and a peer network and is part of the Sure Start Plus service. Housing and childcare have been identified as the most important problems.
Lessons

- Increased communication between leading agencies could facilitate complementary working and provide a boost to teenage pregnancy initiatives in the NDC neighbourhood.
London. Newham. West Ham and Plaistow

Background

Newham is the second most deprived authority in England. While the borough has benefited from an influx of regeneration grants, which have contributed to unemployment falling to its lowest level for twenty years, poverty remains widespread. The levels of unemployment are greater than the national average, in particular among the young and long-term unemployed. Thirty five percent of Newham’s children live in non-earning households and 40 per cent are in receipt of Housing Benefit.

Newham is characterised by its young population – it has the youngest and fastest growing population in London. According to the latest ONS figures (1996) 73,000 out of Newham’s population of 233,400 are children (0-19). The borough’s population is projected to rise by 17 per cent between 1993 and 2011, compared with an increase of 6 per cent for Greater London. Newham has a diverse population where children (aged 0-19) from Asia, Africa and Caribbean background constitute the majority. This is estimated to rise to 72 per cent by 2011. The diversity of the population is reflected in the range of languages spoken with more than 60 languages spoken by young people in Newham.

New Deal for Communities

The NDC West Ham and Plaistow neighbourhoods are located within East London along the western boundary of the borough. The area is essentially residential. At present the majority of services and shops are accessed in either Stratford or Canning Town. The area has a complex history. Traditionally the area grew up as part of the docks with significant employment both within the area and within the docks themselves. The demise of these industries has left a structural legacy of decline and inappropriate skills that has only in recent years begun to change as new opportunities develop in Newham, East London and surrounding areas.

The population of the NDC area is younger than the UK and London, with 30 per cent aged 16 and under, compared with 19 per cent London wide. Household sizes are therefore significantly higher than London and the national average with 36 per cent of homes with dependent children. There are also a high percentage of single parent households, 20 per cent compared with 10 per cent for inner London. Over half the NDC households have no wage earners and unemployment rate is double that of London as a whole. Monthly earnings are also lower, £270 for the West Ham and Plaistow area compared with £492 for London.

The NDC programme is broad, with five theme groups to take forward this initiative, including Economy, Education, Health, Crime and Environment, and Social Network. The NDC has prioritised teenage pregnancy both as a specific topic and as part of an integrated, holistic approach within other programmes.
Teenage Advice Project

The NDC is supporting the development of a first phase teenage advice project in the NDC neighbourhood. Inspired by the Devon Tic-Tac scheme, the project has been developed by a multi-disciplinary /multi-agency approach. The Newham Teenage Pregnancy Co-ordinator has been instrumental in the development of the proposal, ensuring that teenage pregnancy issues will be integral to the approach.

The programme aims to target 12 – 17 year olds who do not readily make use of primary care or advice services. The project will be offered in school premises during lunch hours and after school. The service will be confidential, easily accessible and will be staffed by a multi-disciplinary team (including Community Health Improvement Workers, Health Visitor, drugs worker, alcohol worker, GP, School Nurse, Well Family Service Co-ordinator, youth worker, and a worker for employment issues). Health information, advice, counselling support, listening, career advice and consultation with other professionals will be among the services offered. Topics will range from bullying, gambling, alcohol, drugs, falling out with friends to sexual health, contraception and pregnancy.

Pupil involvement in the planning and implementation of the service is seen as crucial to its success. This first phase, to open mid 2002, will be thoroughly monitored and evaluated to inform the potential rollout of the programme across all Newham schools.

Lessons

- Good information exchange at a national level is essential to ensure that innovative programmes can be replicated nationally
- Monitoring and evaluation are essential for rollout of locally initiated programmes
- NDC can provide the impetus for the piloting of innovative programmes
London. Southwark. Aylesbury

Background
The Aylesbury NDC neighbourhood is located in the London Borough of Southwark. It has a population of about 10,000 in 2,739 homes. The black and minority ethnic population is thought to be about 66 per cent. In 1999 a MORI survey showed that 16 per cent of residents were unemployed and 50 per cent of households earned less than £200 per week. The estate is mainly made up of high- and low-rise blocks.

Tenants and residents of the estate have been experiencing a degree of insecurity and uncertainty about their future as a result of a proposal that the estate be taken over from the care of Southwark Borough Council by a housing association. A recent vote went strongly against the proposal and the area now faces further uncertainty until the future of the estate has been decided. This uncertainty could slow progress in local developments. However NDC and the Council are working together to collect up to date information on residents’ views and the physical nature of the estate, and intend to develop a practical Joint Investment Strategy in full consultation with residents. It is hoped that wide consultation on ways forward can begin in mid 2002 and a decision made shortly afterwards.

New Deal for Communities
Currently teenage pregnancy work is not a high priority of the Aylesbury NDC. The community and local agencies agreed that teenage pregnancy was an important issue, but felt that it was being adequately dealt with by other agencies and initiatives locally. The NDC Delivery Plan includes funding to refurbish the local Brook Advisory Centre and Community Health Centre where family planning and related activities take place. In addition, the NDC currently funds the Access Centre that provides the Aylesbury Plus Young Parents Project with a place to meet free of charge and use of IT and photocopying equipment to produce posters and flyers. NDC Community grants are available for projects to apply for small grants funding to develop or extend programmes. The NDC Health Working Group includes representation from Brook, Family Planning (Community Health South London) and Sure Start, but at this time there is no specific TPC representation. The NDC representative felt that there was positive scope for improved communication. NDC would welcome more Aylesbury Estate residents to its Health Working Group meetings, and can offer support with childcare and training to active residents.

Lessons
- Lack of ongoing mechanisms for communication between all key partners has the potential to result in reduced co-ordination and both duplication and gaps in provision
Aylesbury Plus Young Parents Project

Initially given short-term funding by the Aylesbury Plus Small Grants Scheme, this voluntary peer led group aims to empower and raise the self esteem of pregnant teenagers and young parents by providing information and sign-posting to relevant support services.

Highly inclusive, this vibrant, proactive group attempts to engage ‘hard to reach’ individuals including some members with multiple health and social needs. It meets weekly in NDC funded premises. Young fathers and parents-to-be are well represented. The ethnically mixed group is democratically run, its ethos being that there are no ‘sleeping members’ and that every member contributes something to the running of the group.

One of the recent activities organised by the group was a well attended day trip to Brighton on public transport. The trip was viewed as a success, fun was had by all and there were no mishaps, with each member taking responsibility for an area for the day.

Rightly proud of their success in improving the lives of their members, the group acknowledges that it would benefit from long-term funding but is anxious not to lose its independence and credibility within the community by becoming part of a large organisation. It does have some logistical support from the NDC and short-term funding from Southwark College to provide some practical sessions on ‘Healthy Eating on a Budget’. The group is interested in a number of potential projects, including setting up temporary respite care and counselling for these pregnant young women, possibly in a refurbished empty shop. The ‘healthy eating on a budget’ course could be extended, but would need to find new premises with work surfaces, cookers and other facilities. All these plans have obvious resource implications.

At a recent focus group led by Georgina Okoro, eight parents who are members of the group and their children, recounted graphically their experiences upon moving to the estate. The group talked about issues ranging from problems in cleaning out their new flats of cigarette staining to the difficulties of socialising with young babies—and how the group had supported them in these problems. The group described its problems avoiding getting into rent arrears as well as the high cost of child care facilities. The group is now represented on the Aylesbury Tenants and Residents Association, which updates members on current housing issues and signposts members to appropriate resources.

There is an overriding feeling that large, well-funded government initiatives are not to be trusted and that they are likely to impose their agenda on small groups such as theirs. They referred to these organisations as “the big fish”.

Overall, the members said that the group was a lifeline for them—that it had given them a voice.
Chapter 2  Examples of Interesting Practice

Lessons

- Handing out leaflets is not enough; it is important to make it easy for young parents to use services
- Peer support and buddying can be very effective in making sure that services meet the needs of young people as well as empowering young people
- Local volunteers can be crucial in attracting young people to services and resources
- Funding and support are required to allow groups to develop ideas into programmes
- Statutory bodies can be very intimidating to local people. Local groups can act as a liaison between large agencies or organisations and members of the community

“It’s all very well for health professionals to give you information leaflets but they just expect you to turn up. It’s very hard to do that. Why don’t they introduce us to another young mum? It would be so much easier to go to a new group with someone who had the same problems as you.”

Local young mother
Manchester. East Manchester

Background

The area’s total population is 11,231. The NDC neighbourhood of Beswick and Openshaw sits at the heart of the New East Manchester urban regeneration area, which represents an opportunity for regeneration on a scale and diversity almost unprecedented in an English city. Until the 1970s this area was mainly given over to heavy industry, mining, and the textile industries. With the decline and closure of these industries from the 1960s to the 1970s and 80s, 20,000 jobs were lost, resulting in the area being characterised as among the most deprived in the country. The area is characterised by large open spaces and derelict spaces, previously occupied by factories and coal mines. The area is now dominated by a vast stadium being built to house the 2002 Commonwealth Games.

East Manchester NDC neighbourhood has about twice the average Manchester rate of teenage pregnancies.

New Deal for Communities

East Manchester has a long tradition of partnership working, developed during the 1990s, which has created a momentum for improvement and change through synergistic working. New East Manchester Ltd, a partnership pilot regeneration company has been formed to provide strategic direction to the neighbourhoods in East Manchester. The Partnership aims to ensure that the Beacons for a Brighter Future Initiative responsible for the delivery of the NDC and Single Regeneration Budget (SRB) programmes complements the other regeneration programmes in East Manchester such as Sure Start, the Education and Sports Action Zones On Track. It also ensures that the initiatives are co-terminous and co-ordinated. Links are strong with Sure Start, Youth Services, the Education Action Zone, the Voluntary and Community Sector and the mainstream public agencies – health, social services and education.

East Manchester NDC is committed to addressing teenage pregnancy and, working closely with the city wide Teenage Pregnancy Co-ordinator and other partners, has produced a thematic East Manchester Teenage Pregnancy Action Plan, which aims to reduce the rate of teenage pregnancy by 30 per cent by the end of year six of the Beacons Programme.

The Plan focuses on the delivery of a range of small scale innovative projects from a wide variety of different agencies and reflects the themes highlighted in the National Strategy including

- Better education about sex and relationships in schools
- Involving parents in prevention
- Effective advice and contraception for young people
- Prevention work for those most at risk
• Access to training and education
• Support for teenage parents, including housing

Projects developed to deliver the initiatives include drama work with young people in a variety of settings; the development of an interactive computer white board programme for use in schools; the production of information leaflets and publicity by young people for young people around issues of sexual health. There is also targeted work with young people, including young mothers and young men. Involving front line workers and engaging parents are priorities. The work outlined in this local Action Plan acted as a pilot for the city-wide teenage pregnancy strategy. NDC funding plays a key role, matching the Department of Health Local Implementation Fund and mainstream resources.

Processes for the rollout of the Sure Start Family Support programme are reported in the NDC Annual Report (1999-2000). Emphasis is very much on an integrated multi-agency approach and programmes are well evaluated. Initially restructuring of local services (for example the new Primary Care Trusts in the NHS) delayed some project implementation, but capacity is now building to carry out the planned programmes. The past two years have seen an initial 25 per cent drop in numbers of teenage pregnancies in the area.

**Lessons**

• A high-level commitment to joined up partnership working helps to drive that approach at all levels of the programme
• Having the same boundaries and responsibilities helps joined up provision
• Restructuring of services can, in the short term, reduce capacity to carry out programmes
• Long-term history of joint working can give a jump-start to current initiatives
• Strong leadership is necessary to kick start the strategy

**East Manchester Young Parents Group (Discus Project)***

Using NDC detached youth workers and run as part of the youth programme, this group aims to research the needs of young parents who do not access mainstream provision and who would not otherwise be included in research findings. The group leader and her team talk to young parents on and around the streets of Beswick. Although some initial contacts were unsuccessful, with the young mothers making their resistance to the approach very clear, persistence and building up a core of contacts has proven successful in the longer term. The experience has demonstrated that this is the only successful way to engage this group.
The group offers a comprehensive programme of fun and leisure outings, education and employment opportunities. Programmes have included computer skills and first aid for babies. It has grown and developed dramatically this year, with a core group of 15 members proving that such interventions can bring about behaviour change and increased self-esteem in a comparatively short space of time. A mentoring scheme using trained peer mentors is planned.

Lessons

- Persistence may be necessary in gaining the trust and interest of young parents
- It is important to approach young parents where they are, rather than expecting them to come to services

Condom Vending Machines – Pilot Scheme

Manchester’s Family Planning Service, working in partnership with NDC East Manchester, have identified that many young men use vending machines as their main source of condoms. Yet most machines are expensive and sited in licensed premises, national restaurant chains or leisure facilities, making access difficult, particularly for disadvantaged groups. These obstacles have been addressed by working with a private vending company to improve young people’s health by offering affordable (£1 for pack of three) condoms in easily accessed public places such as youth centres.

The NHS subsidises the running costs of the scheme. If the pilot scheme is successful, it is anticipated that in time this could become a self financing, sustainable operation, providing local employment for a vending machine operator. NDC funding is being sought to extend the scheme. Between 20 and 30 machines are planned for the area.

Lessons

- Accessible provision of resources such as condoms can be important for uptake and use
- Self financing condom provision schemes that do not rely on funding from statutory agencies can ensure easy access to low cost condoms for those who need them most
Housing for Young Mothers

Work has begun, led by NDC, to build supported housing units of one and two bedroom flats for teenage mothers, with full time warden support, a large staff team, training and broader community services.

After an initial period of two years in such a unit, the intention is to transfer the young mother into mainstream housing stock and make the transition into the community as easy as possible. A partnership steering group is driving this project forward and has now secured a site, Housing Corporation funding and planning permission for the unit.

Crossley House Youth Centre Prevention Programme

Part funded by NDC, Crossley House in Openshaw has developed a wide range of service provision for young people. This includes the Pregnancy and Sexual Health Awareness Project (PASHA) Music stuff, with its own recording studio, which has used music and song writing to engage young people in activities, developing their self-esteem, confidence and discovering some remarkable local talent. The group has recently produced a CD with songs about teenage pregnancy to be given away with an information booklet. Song titles, written and performed by the group include ‘Don’t think you can sleep with me’, ‘Sex is not a game’, ‘One night stand’. This has been widely distributed at the ‘East D-Code Experience’ at the Crossley House Youth Centre, an interactive event aimed at providing young people from East Manchester with accurate information on drug misuse and sexual health.

Lessons

- Creative approaches to teenage pregnancy issues using young people’s culture can engage a diverse range of young people
Plymouth. Devonport

Background

Devonport is a distinct and diverse community of 7,000 people in 2,700 households that exhibits all the signs of multiple deprivation and exclusion. Base line information shows a growing gap between Devonport and elsewhere in Plymouth. The way services are currently provided can be seen to be failing the people of Devonport. The local community is determined to influence what happens in the area to address the issues of poor educational attainment, basic skill levels, unemployment levels (at twice the average for Plymouth), low levels of economic activity, poor housing conditions, very poor health and high levels of crime.

Conception rates for women under 20 are 130 births per 1000, which is more than double the city average. Deaths from coronary heart disease and cancer are double the national average. 60 per cent of people feel under high levels of stress. There has been an increase in numbers of black and ethnic minority people (students, asylum seekers and refugees) in the area in the last few years. A local household survey showed that nearly all had experienced racial harassment of some kind. 56 per cent of households receive housing benefit.

New Deal for Communities

The New Deal for Communities programme is currently in its first year of operation within a ten year programme. Plymouth Primary Care Trust have seconded a Community Health Project Manager to the programme to take the lead on health issues for Devonport. All current health data are about to be reviewed with all the identified stakeholders in the area. The group will then use the project cycle management or log frame process to identify all the issues and problems, local priorities and an action plan to implement the solutions. Key health issues already identified include sexual health of young people, teenage pregnancy, parent support, poor nutrition and stress. The community health project manager is currently working with local parents and professionals to develop the solutions needed to support parents to meet their aspirations to be the best parents that they can be.

A young people’s forum will develop programmes to raise young people’s aspirations and develop solutions to the problems and issues raised by young people and the wider community. A young people’s drop in centre is currently running as a pilot in a local school and its focus is primarily on sexual health and contraception. In relation to teenage pregnancy, young mothers and mothers-to-be from Devonport can access the Young Mothers Centre at the Plymouth Centre.
Plymouth Tuition Service Young Mothers Centre

This DfES funded Plymouth Centre’s services include mothers from the Devonport area. Up to 18 teenage mothers and mothers-to-be are supported while they finish their education by offering both childcare and personal attention to engage teenage mothers in returning to education. The crèche is staffed by qualified workers so the young women can be confident their children are being adequately cared for while lessons are in progress. The unit has a highly motivated staff and is run along ‘sixth form’ lines, allowing greater autonomy for the young women; the results so far are very positive.

Although there has been a health visitor in the unit for over thirteen years providing health visiting, parenting training and some elements of the Personal, Social and Health Education (PSHE) course, additional Sure Start funding has extended the service to allow a more holistic approach. A local health visitor, working in partnership with the centre’s headmistress, recognised that the students faced many barriers in accessing primary health care services, increasing the risk of poor health outcomes for themselves and their children. The project involves the centre having a dedicated midwife and health visitor to whom care can be transferred. This provides seamless, on-site, ante and postnatal care as well as regular child development surveillance, for the duration of their education (often up to four years). The health visitor has more age-specific skills for dealing with young parents. Young women who have returned to school six weeks after delivery are able to access services without missing classes.

This three year pilot provides four hours health visitors’ time a week. Following a positive evaluation, this has the potential to be developed further in partnership with other stakeholders across the city.

Lessons

- Offering health care services where young mothers are attending school can increase use of those services
This section looks at the steps involved in integrating teenage pregnancy work into neighbourhood renewal programmes, notably NDC and Neighbourhood Management Pathfinders. It also takes the lessons learned in the examples above and gathers them into themes.

If you are new to teenage pregnancy work or you would like to review the work you are doing, these steps may be useful for you to consider.

1. Get the information you need

If your neighbourhood renewal programme has not yet undertaken any specific work around teenage pregnancy, you will need some information about the issue to help you decide whether it should be a priority for your programme. Is teenage pregnancy a concern in your area? Find out the teenage pregnancy rates for your local authority area. Rates are quoted for under 16 year olds, under 18s and under 20s. Local Teenage Pregnancy Strategies have specific targets for reducing under 18 rates. Also available are data giving numbers of conceptions by ward, which will help in identifying whether there are particular areas where teenage pregnancies are concentrated. The local Teenage Pregnancy Co-ordinator (TPC) will be able to provide you with this information if it is available, as well as discuss the implications of the data.

Some of this information – the ward level data – must be considered carefully. It gives actual numbers of conceptions in each ward. Because the numbers are often very small, there are issues of confidentiality. These figures give different information than rates, as the population of different wards varies between 1000 and 30,000. The ward level figures will give an idea of the scale of the problem in an area and the rate will give an idea of its intensity. The ward level figures may be used within organisations for planning purposes, but they may not be put on the internet and should not be made available to the press.

The TPC will also be able to give you the local strategy for work on teenage pregnancy. These strategies cover broad aims over the next ten years and give a more detailed, costed action plan for the first three years. This strategy will be an essential first step in considering what specific goals and outcomes you might consider locally. The TPC can describe what services and programmes are already underway across the authority as well as in your local area.
It is also likely that you are already doing work that relates to or will support teenage pregnancy work. Check through your Delivery Plan to see which elements could link with teenage pregnancy work. Most opportunities for joint work will be in employment, education, young people and health. Again, discussions with the local TPC could be helpful in identifying priorities and key areas for joint work. If you are in a Sure Start or Sure Start Plus area, which cover many issues relating to teenage pregnancy, staff there should be able to help as well.

2 Agree teenage pregnancy is a priority

Your Partnership Board will have to agree that teenage pregnancy is priority for your area. The local information gathered from the TPC, along with the Teenage Pregnancy Unit’s rationale for its work [see p.10 ] can form the basis of a useful discussion in your Steering Committee. Topics for discussion could include

- Numbers and/or rates of teenage pregnancy in your ward/s compared to other local and national areas
- Local social deprivation issues where teenage pregnancy is the main cause (e.g. single mothers on benefit, out of education or training)
- Local health statistics (including rates of sexually transmitted infections)

Key issues for discussion:

There are many issues that will come up in discussions about whether teenage pregnancy is a priority for your area. It is important to recognise that teenage pregnancy can sometimes be a very emotive, difficult subject. Issues that may come up include:

- Teenage pregnancy is not necessarily considered to be a ‘problem’ by many people. Many young people do choose to have a baby because of a variety of reasons, including feeling grown up, having someone to love, something of their own. The issue should not be presented as one that will result in blame being attributed to parents who have children at an early age. It is much more productive to frame teenage pregnancy work as informing choices to young people who may be considering the issues. Those choices can be backed up with concrete services and resources to support decisions both to avoid conception and to have a baby.
- Black and minority ethnic communities may be concerned about racism if particular communities are targeted for campaigns to reduce conceptions.
- There may be differing ethnic, faith or cultural perspectives about what is a reasonable and appropriate age for having children.
- Local people may feel defensive about a campaign that seems to criticise the choices they have made over generations to become parents at an early age.
• Some people may feel providing young people with information about sex and contraception is wrong – that it will encourage sexual activity rather than discouraging or stopping it. In fact there is evidence that the opposite is true.

• Termination of pregnancy – as well as contraception and support for young parents – can raise moral and ethical concerns.

• Some people feel teenage pregnancy is the least of the area’s worries – there are bigger, more important issues to deal with, such as community safety, employment or housing.

It is important to discuss and work through these issues if they are important to people on the Board or in the community. It is useful to take a positive, choice-oriented approach, rather than a blaming one throughout all discussions. It can be helpful at this stage to point out the health and social problems that face teenage parents. These are outlined on page 10, but include postnatal depression, higher infant mortality and greater poverty. You will need to come to a broad agreement of goals in the early stages to avoid problems later on. If you don’t feel confident with the issues that may come up, ask your TPC for help in any meetings or discussions you may have.

3 Get partnership right

It is clear from the examples above that a successful programme of co-ordinated work depends on getting partnership right, and on best use of the structures that are currently in place. If you are in a NDC, Neighbourhood Management Pathfinder or other regeneration programme, it is likely that there will have been considerable groundwork laid in developing effective partnerships.

• Fit into the existing neighbourhood renewal partnership structure: whatever group of partners you draw together to tackle teenage pregnancy, it will need to fit into the existing partnership structure (for instance, in the case of NDC, it should report to the NDC Partnership Board, who will also need to agree how it fits into overall NDC structures). It is important not to create duplicate or parallel structures, which will have difficulty influencing decision making and will have a much less co-ordinated approach.

• Existing teenage pregnancy co-ordination: There may already be local partnerships within neighbourhood renewal structures that are dealing with young people’s issues, health or parenting, but which have not taken on teenage pregnancy specifically or to a very great degree. Try to incorporate teenage pregnancy into such a group if it is working well rather than setting up another group and set of meetings. There is probably already a teenage pregnancy working group at top tier local authority level that can give some support and guidance. Alternatively, you may judge that a new set of
partners and meeting schedule is needed to tackle the issues; make sure that any such arrangements link effectively with regeneration structures and systems currently in place.

- **The right partners:** If you find that you do need to establish a specific group, or you would like to review existing groups, it is useful to think about membership. Considerable work will already have been undertaken locally in developing partnerships. Investigate to see who is already working on this issue. A partnership to deal with teenage pregnancy can usefully include a wide range of partners, including
  - Local people, including young people
  - Local and national voluntary groups that are working in the area
  - Teenage Pregnancy Co-ordinator
  - Local GPs, Health Visitors, School Nurses
  - Teachers
  - Youth Workers
  - School Governors
  - Representatives of local initiatives, including Sure Start, Sure Start Plus, Health Action Zone, Education Action Zone, Healthy Schools Programme
  - Local government representatives, such as Social Services, Housing, Employment, Early Years/Childcare partners, Education
  - Community and religious leaders

It is also important to make sure that those representatives are well informed, in a position to **make decisions** – and **can attend these meetings**. Progress of many committees has been held up by the lack of availability of partners. The right mix of **skills and knowledge** is important. The **ethnic communities** of the area should be represented, through local people and/or the voluntary or statutory sectors.

Some of these groups do not have to be represented on the committee at every meeting. The partnership should also invite experts or representatives of particular interests to speak at meetings when needed.

- **Partnerships take time:** The examples show that all the partnerships that took time – to get acquainted, learn of each other’s priorities, develop shared goals and agree ways of working – felt it was time well spent, particularly in relation to this potentially emotive topic. Partnership requires **specific skills** – communication, diplomacy, facilitation, negotiation, teamwork, compromise and others. Sometimes a **facilitator or trainer** can help develop these skills in the group.

Many of the examples have successfully taken both a **bottom-up and top-down** approach to the work. It is important to be sure that you are gaining the agreement both of the community and those with financial resources.
• **Communication:** When partnerships consist of such diverse groups, understanding each other’s terminology can be like learning a different language. Developing effective communication is essential to joint working. It is also crucial to be clear about who is responsible for each area of work. Because some partners come to the table with large budgets and positions of power, it is important to look at the balance of power to be sure that everyone—particularly local people—have their say. Agendas must be set in agreement with all partners. Decision making processes must be clear. Larger organisations must be aware that small local groups want to maintain their independence.

• **Dealing with statutory and voluntary organisations:** Some of the examples that have shown the greatest successes have been ones where there is a long history of organisations working together. Others have not developed the trust and understanding necessary to successful partnership. Historical mistrust and misunderstanding, as well as problems about power and responsibility can lead to significant difficulties in joint working. It is important when going through the steps described for integrating teenage pregnancy work into broader programmes to ensure that a shared understanding of principles is a priority for discussions and agreement. Go for the high level at the early stage. Focus on the goals. Stay away from too much detail in the first stages. Identify key decision makers within institutions who are prepared to consider teenage pregnancy as a priority for joint working and gain their support in ensuring the institutions as a whole are prepared to work together.

• **Dealing with individuals:** One of the most important aspects of joint working is the individuals who participate. People must be willing to collaborate and prepared to work as a team and compromise when necessary. Excellent programmes of work can be driven by the positive energy of committed people. Some of the examples described individuals who put up barriers to progress. Make sure your ground rules ensure that people will deal with each other respectfully. If joint working or programmes are at risk because of disruptive behaviour and informal measures fail to deal with these problems, occasionally concerns must be addressed formally within employment structures.

• **Planning:** Workshop sessions or awaydays can be useful ways to develop shared agendas and ensure good communication. Updates and information sharing in meetings allow partners to describe what they are doing or air concerns.

• **Integrated approach:** National guidance and many of the examples above suggest that an integrated approach to planning and service provision, when properly done, can increase the efficiency of service delivery and have long term benefits for communities. Planning should be a collaborative process and the resulting service provision should be
joined-up’ and effective. A well developed, integrated team approach has a good chance of delivering fast results. Co-terminosity – making sure that the boundaries of programmes are the same – is important to help collaboration and reduce the number of agencies and areas that have to be dealt with.

- **Joint working should be enjoyable:** People – most of whom have many other things to do – will be more committed to joint working, more prepared to attend meetings and more willing to fulfil their commitments if they feel their contribution is valued and they enjoy the work. Efforts should be made by the partnership to develop ground rules which ensure respect for all partners and their contributions as well as make joint working effective and efficient. Have refreshments at meetings. Occasional social events, whether formal ones that celebrate progress or informal lunches, can break down barriers between sectors and individuals.

**4 Develop strategic programmes**

**National and local strategic requirements:**

The national Teenage Pregnancy Strategy provides targets and performance indicators for teenage pregnancy (for both reducing teenage conceptions and for supporting teenage parents). Each top tier multi-agency teenage pregnancy strategy group (one in each local authority area) has agreed local targets based on the amount of change needed in their area to deliver the national targets. They have drawn up a ten year strategy and a three year action plan to deliver those targets. Based on these plans some additional funding has been allocated from the Teenage Pregnancy Unit to pump-prime or accelerate local initiatives, although most funding for improvements is expected to be found within mainstream provision.

Your local strategy and action plan are available from your local Teenage Pregnancy Co-ordinator and it is important that you take this work into account when planning your neighbourhood work. Discussions with your TPC could be extremely productive too, with both sides benefiting from developing work together and giving mutual support.

The Department of Health is currently up-dating the ‘New Deal for Communities – Guidance from the Department of Health’ to be called ‘Health and Neighbourhood Renewal: Guidance from the Department of Health’. This will also be a valuable tool to refer to when planning your work.

**Review of local demography and epidemiology:**

Staff from the Health Authority or Primary Care Trust can provide and help to interpret information on local populations and their health profile. This will let you know whether there are particular health issues (for example sexually transmitted
infections, HIV) that will have to be taken into account when developing teenage pregnancy work. It is also important to take into account the community profile, in terms of race, culture and ethnicity, as well as particular community issues such as levels of domestic violence or child abuse, physical and learning disabilities. There is central government action in partnership with local agencies to develop better local level data on deprivation related issues. This will take critical data sets on crime and health down to ward level, and in future years to a lower level of geography (e.g. estates). If you would like more information, please access neighbourhood statistics information at www.statistics.gov.uk. Having a clear view of the current situation will help set ambitious yet realistic and achievable goals.

Consultative processes:

It is important to use consultative processes and structures that are in place already whenever possible. Partners should be consulted about developments in your programme. Specific and varied efforts should be made to involve community members. Representatives of the various ethnic communities should be included in consultative processes. It is important to engage parents, whose approval can increase the successful implementation of programmes. Young people may initially be difficult to engage on this topic, particularly if they have not been asked to contribute their views on teenage pregnancy before, but they are key to developing effective programmes. It is important when consulting young people who may have not been involved in these processes, that you are open to new ideas yet set clear boundaries so expectations are not too high. (See Resources: TPU Guide to Involving Young People).

Review of evidence based practice elsewhere:

The TPU has examples of a range of teenage pregnancy initiatives. It may also be worth considering contacting or visiting other areas where there are examples of good practice in teenage pregnancy work. Contacts from this pack may be useful. Most colleagues will be more than happy to share the lessons that they have learned. The Health Development Agency is developing a database on promising practice of teenage pregnancy work.

Develop clear, achievable programmes:

It is important to establish clear aims and objectives with realistic targets. Following the above steps will help you to establish a clear idea of the work that is needed and what is achievable. An example of an overall outcome could be ‘reduced STIs and teenage conceptions through increased use of condoms’; a measurable indicator in the short term could be ‘the number of condom machines installed locally and the numbers of condoms being purchased’. There are several useful techniques for project planning and management. Seek support from your local partnerships, TPC, Primary Care Trust or local authority.
5 Implement programmes

From the examples above, it is clear that many of the most successful programmes involve the following elements:

- **Integrated approach to teenage pregnancy work:** Clear communication and collaborative, co-ordinated service delivery can increase efficiency and access to services. The example described above had sexual health services delivered in a more generic setting, allowing young people to use them confidentially.

- **Community development:** A community development approach, which involves empowered communities as an integral element of the work is seen as being an essential key to successful programmes.

- **Easy access:** Services should be provided where young people go – through schools, youth groups and clubs. Providing local services that are easy to use is the key to young people using the services.

- **Timing:** Consider the best points for interventions with young people and young parents. One of the examples suggested that the point at which teenage parents are re-housed can be a critical point for providing support. Collaborative working can be the key to ensuring that you get the timing of interventions right.

- **Added funding and/or co-ordination:** Where there are already well evaluated and established programmes underway, the added funding and/or co-ordination that NDC or Neighbourhood Management Pathfinders can provide will give a boost to the programme and allow more intensive provision in that area.

- **Longer term:** It is important to provide funding over a sufficient time to allow the programme to have the desired effect. Secondments and staff appointments should be long enough to allow the job to be done. It can take a long time to build up trust in communities. It is important to allow time for staff to build up relationships with the community.

- **Involving young people:** Involve young people in the work – as volunteers, staff and participants. Peer support is one of the crucial elements of these programmes. When carried out properly – with ongoing support, funding and monitoring – it can empower young people and be a significant force for change.

- **Effective use of young people’s culture:** Young people’s interests and concerns should be taken into account in service provision. As the ‘in’ language, music, and culture can change very quickly, young people must be part of both the planning and implementation of programmes to be sure they are reasonably up to date and of interest to local young people.
• **Building on local skills and resources:** Using and developing the skills and resources that exist locally is an important theme of regeneration and teenage pregnancy work. It will help the economy and the health of the people in your local area and help your programmes be sustainable. Make sure all **jobs** in programmes are well **advertised** locally to allow local people access to employment. Local people can also be involved as **volunteers**. Make sure volunteers are supported and reimbursed in some way for the work they do; try to have a policy for dealing fairly with volunteers. Many small local voluntary organisations can play a useful role as intermediary between local people and larger, statutory organisations. Many local people are very committed to their neighbourhoods and can be strong forces in supporting this work. Be **positive** about the local area – people don’t want to keep hearing that they are deprived.

• **Building on related experience:** Areas of related work, such as HIV prevention, can provide useful insights into some areas that can appear difficult to address, such as condom use by young men.

• **Staff:** In addition to building up trust with local communities, staff working on teenage pregnancy need a range of **skills** to deal with some complex and difficult issues including sexuality, contraception, parenting, benefits, confidentiality and many more. Training and support should be provided to staff to ensure they feel equipped to deal with these areas. (see TPU Service Guidance, Resources). Some staff feel that taking on another issue – teenage pregnancy – will be too much for already heavy workloads and therefore it needs to be made as easy as possible for them.

• **Taking account of diversity:** Small populations within NDC neighbourhoods can be particularly isolated and can experience discrimination. Services should be provided in **culturally appropriate** ways, which will increase uptake. Where possible, staff should represent the diverse communities of the area. Publicity materials, publications and other resources should use images of young people from all the different communities, and unless you are producing targeted resources, should not emphasise any particular group. While generic services should be inclusive and take into account the needs of ethnic communities, specialist services may be required if there is sufficient need. Tensions in communities – relating to ethnicity, race, age, intergenerational or other factors – will need to be considered and addressed if they will have an impact on teenage pregnancy programmes. A new resource will be available later in 2002 which supports teenage pregnancy work within diverse faith and cultural communities.
• **Special needs:** Learning and physical disabilities should be taken into account in service delivery to ensure that services are accessible and useable by clients. In addition, if there are large numbers of young people with, for example, learning disabilities, specialist services (both for prevention of conception and support for young parents) may be needed. Problems such as child abuse and domestic violence can have a major impact on teenage pregnancy. These issues need to be kept in mind as services are delivered to ensure they are being addressed as they come up.

• **Champions:** Champions or advocates for this work, both within organisations to encourage the development and implementation of programmes, and as part of the programmes themselves (for example, using local figures in media campaigns or for launches of projects) can be helpful in maintaining the profile of the work.

• **Private sector:** The private sector is often interested in collaborative working that can be mutually beneficial. Young people interact in many private sector settings—shops, clubs, music venues etc. There can be a useful synergy in developing this alliance. Links with the private sector can sometimes be useful for funding, local employment opportunities for young parents as well as using desirable brands to capture young people’s attention.

• **Self-financing:** Programmes such as the condom pilot described in the previous section, are more likely to survive if they are self-financing. It is important to look at the sustainability of all programmes and see whether there are elements that can become self supporting.

• **Persistence:** Many of the examples described above were not highly successful projects from the day they opened their doors. You should be prepared to create a balance between persevering with your original ideas to give them a chance for success and adjusting them as you gain evidence of ways to improve them.

• **Celebrate success:** Build people’s morale by celebrating the success of local programmes. Highlight teenage pregnancy issues and programmes in annual reports and local media. Hold occasional or end-of-year events to draw attention to progress being made. Draw examples of good projects to national attention through local and national websites and through your local TPC.
6 Review

Innovative yet based on evidence:

As the examples above show, there is a wide range of programmes and initiatives. Many are new, innovative projects; others are based on experience of programmes that have been well tested.

Both for the purposes of reporting and for the success of the programme, it is important to monitor and review programmes on an ongoing basis as they progress. As one example showed, successful support programmes for young parents can be the victims of their own success, in that young people do not want to move on. If this happens, there can be a lack of resources to support new young parents in need. Review your programmes as they progress to make sure they are continuing to meet the needs you originally planned for them or, alternatively, review your original aims.

It is also important to have – wherever possible – in depth evaluation of programmes in order to provide feedback on progress towards objectives. If you need help with evaluation of particular aspects relating to teenage pregnancy, speak to your TPC or ask for help from someone in your local Primary Care Trust.

Making sure you keep good records of these initiatives can help provide evidence of how a programme is meeting needs.
Role of NDCs and Neighbourhood Management Pathfinders

NDCs, Pathfinders and other neighbourhood renewal initiatives are in an ideal position to contribute to teenage pregnancy work. The new resources available in these areas, combined with the increased capacity for co-ordination, planning and implementation have the potential to significantly increase the impact of teenage pregnancy work already underway. Regeneration programmes are in an ideal position to carry out teenage pregnancy work in a positive, integrated and holistic way. Regeneration programmes are charged with looking at the broader issues that have impact on young people and influence their self esteem and the opportunities that are open to them. These broader issues of education, employment, community safety and housing play a crucial role in those choices. Most important, perhaps, is the new and increased involvement of communities in the planning and implementation of these neighbourhood-based programmes, which will be the strongest force for change. This pack aims to use these valuable elements to help young people make more informed decisions about their future and to support them in the decisions they have already made.

As the examples show, there is a tremendous amount of interesting and valuable work going on throughout the country, at all different stages of development. Much more is currently going on that could have been included. In some cases the work was underway in the broader area, but NDC co-ordination and resources have been able to boost the impact of the efforts. In other areas new programmes have arisen as a result of the new dynamic alliances that have been developed through NDC. It is hoped that this pack will support new and existing teenage pregnancy work in all neighbourhood renewal areas.

If you need further support or information, please see the contact list for a range of agencies, both local and national that will be able to help you.
Contacts and Organisations

NATIONAL

TEENAGE PREGNANCY UNIT

Teenage Pregnancy Unit
Department of Health
5th floor, Skipton House
80 London Road
London SE1 6LH
Enquiries: 020 7972 5073
Email: MB-Teenage-Pregnancy-Unit@doh.gsi.gov.uk
Website: www.teenagepregnancyunit.gov.uk

NEIGHBOURHOOD RENEWAL UNIT

This includes NDC and Neighbourhood Management Pathfinders

Neighbourhood Renewal Unit
Department for Transport, Local Government and the Regions
4th Floor, C/5
Eland House
Bressenden Place
London SW1E 5DU
Helpline number: 020 7944 8383
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Website: www.neighbourhood.dtlr.gov.uk
Contacts from Examples

Birmingham, Kings Norton, Three Estates

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Leicester, Braunstone

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Teenage Pregnancy Co-ordinator: Philip Garner: Phone 0116 258 8750
Teenage Pregnancy Project, Turning Point Women’s Centre: Ruth Epstein:
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London. Hackney. Shoreditch

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NDC/Health
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London. Southwark. Aylesbury

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NDC Health Coordinator
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Aylesbury Plus Young Parents Group
C/o The Access Centre
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Manchester. East Manchester

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Sean McGonigle, Principle Regeneration Officer
Roger Bysouth, Health and Well Being Development Officer

New Deal for Communities
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Manchester Healthy City Initiative
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Plymouth. Devonport

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Email: lism@ndcplymouth.co.uk
Resources


Social Exclusion Unit. 1999. Teenage Pregnancy Report by the SEU. UK


Teenage Pregnancy Unit. 2001. Guidance for Developing Contraception and Advice Services to Reach Boys and Young Men. Department of Health, UK


