

Teenage Pregnancy and Parenthood – Locality Update February 2010

Targeted work and Impact

1. The accreditation of two `in house` Speakeasy trainers has been commissioned in order to make the training of Speakeasy facilitators in the high rate localities more cost effective and sustainable. Training will soon begin on a cohort of new facilitators in both the inner east and inner south of the city, drawn from a wide range of agencies involved in the locality action planning. Delivery of Speakeasy courses will then be targeted at parents in the `hotpocket` postcodes in the first instance. Robust contracts for managers have been designed by the Parenting Unit to ensure that newly trained Speakeasy facilitators go on to deliver a minimum number of courses for parents in line with geographical targeting. This will ensure that we get good value for money from the Speakeasy commissioning. Evaluations in Leeds have already shown the potential of Speakeasy to raise the aspirations of parents so we are linking this work to our planning around raising aspirations. Speakeasy will also be linked to work in primary schools in the inner east and inner south that are starting to tackle teenage pregnancy through the Healthy Schools Enhancement Model.
2. Extended service clusters are actively involved in the localities' reducing teenage conceptions agenda. The Seacroft/Manston Cluster in the inner east has recruited a specialist worker for two days a week to help further develop SRE and access to sexual health services for young people in a very high rate area. The Beeston Hill and Holbeck Cluster in the inner south have agreed to set aside 15% of their Activity Grant to support activities that will target primary aged children who are assessed as being "At risk of being NEET at 16 or being a teenage parent". The increased inclusion of teenage pregnancy in cluster planning is an indication of the increased local ownership of this agenda, and also the increased confidence of non-teenage pregnancy specialists to tackle high rates of teenage conception locally.
3. As a direct response to concerns being raised by professionals locally about difficulties some young people were experiencing accessing some local services, Children Leeds and NHS Leeds have jointly commissioned locality based mystery shopping of services by young people who live in the inner east and inner south. In the east agencies are developing an innovative multi-agency model to support sustainable mystery shopping with 6 different agencies recruiting, bringing together, and training volunteers (including teenage parents) from across all high rate postcodes in the inner east. Locally owned mystery shopping will improve service delivery through giving young people a real voice and real influence in shaping improvements in local services. The results of the twice annual mystery shopping are being fed back to not only NHS Leeds, but to the Children Leeds South/East Leadership Teams, and to elected members via the Area Committees, thus supporting both increased local leadership and local scrutiny.
4. Work is underway in the inner east and inner south to improve the early identification of children at risk of teenage pregnancy and better coordinate early interventions. One tasking sub-group is looking at how we can identify, refer and work effectively with the younger siblings of teenage parents if they appear to be at increased risk of teenage pregnancy themselves. Tasking groups are also starting to address the issue of KS2-3 transition support for Year 6 pupils identified as being at increased risk of teenage pregnancy. Planned enhancements of primary SRE delivery locally are likely to generate an increased demand for both clear criteria for identification and for a coherent framework for intervention to support these pupils through the transition to high school. We are starting to shift the collective local consciousness towards earlier intervention with regard to reducing teenage pregnancy, i.e. more and more professionals are taking on board that the risk of teenage pregnancy does not actually start with teenagers, and that earlier intervention will need to involve a wider range of agencies than those traditionally working with the teenage age group. This is also driving the development of better coordination of support for children at risk of teenage pregnancy, and improved interagency referral with regard to such risk.