

Evidence Based Public Health Practice

Teenage Pregnancy

NHS North Lincolnshire

Sex and Relationship Education Database

North Lincolnshire Teenage Pregnancy Partnership and Big Talk Education

Introduction

Good quality Sex and Relationship Education (SRE) is highlighted by the Teenage Pregnancy Unit as a factor that delays first time sex and makes it more likely that young people use contraception when they do become sexually active.

This Project has been chosen because it is inclusive of all students and pro-actively identifies those young people who are especially vulnerable.

This ensures that all young people receive their entitlement to valuable life skills and knowledge to resist pressure to have sex, keep themselves safe, and make their own choices, building resilience against risk. It is cost effective and simple in concept.

Background

A young teenage mother told us, like many other of her pregnant contemporaries, she had missed out on SRE at school. Their reasons were usually sporadic/non-attendance of school.

We discovered that this was a common experience of our teenage parents. They had often missed their SRE lessons, and consequently they lacked knowledge around sexual issues, the most effective methods of contraception and local services.

We asked young people what would have helped them/their girlfriends not to get pregnant. They told us:

“Well you could check if I’d missed the lessons and then I could catch up later.”

We said: *“... and if you’re not in School we come round to your house?”*

North Lincolnshire already had a consistent eight Lesson SRE programme delivered over two years in ALL schools including Faith and Academy Schools. This standard SRE is viewed as an entitlement. It covers: local age-related rates of sexual activity, Sex and Language, Risk Taking, Alcohol and Decision Making, Sexuality and Sexual Norms, Parenthood and Contraception, STIs and Correct Condom Use, ‘Ask it Basket’ and the location of Support Services.

Aims and Objectives

We had two main aims:

1. To ensure all students receiving SRE were entered onto the database
2. And identify which students were missing.

Objectives

- Ensure ALL young people receive their entitlement of good quality SRE before they leave school.
- Every step is taken to identify and engage with those young people who had previously missed out on their SRE.
- Ensure all students, especially the most vulnerable, receive consistent messages regarding risk taking, their relationships, sexual health and local services.
- Provide a programme which is appropriate to the current needs of students in an increasingly sexualised society.
- Ensure the Programme is acceptable to and valued by parents / carers.
- The Programme to work within the ethos of all sections of the community including faith schools and Academies whose students are from wide ranging backgrounds.

Appropriateness

Our baseline is the Local Authority's school roll. It is viewed as being in the student's interest to receive their SRE and in return for the data, each attending student receives a Certificate of Attendance for participating in the SRE lessons at the end of each year. This is popular with the schools and pupils, and reassuring for parents, in many cases this is a catalyst for discussions at home.

An Administrative Officer works one day a week throughout the year administering entries for 4,500 Students (12 senior schools). From this we can establish who has received what, and more importantly who has missed what. As a rule of thumb these are the same young people who are at risk of alcohol, drugs, crime, domestic violence etc.

Accessibility and Acceptability

We are currently delivering over 50% of the SRE Programme to 99.5% of Students before they leave Year11.

Registers are passed onto the Administrative Officer after each class has had their four lessons; these are then put into the system. Every term the results are printed, and any student missing over 50% of the lessons initiates a phone call to the school for more information.

If possible we arrange for the student to move to another class to “catch up”. If this is not possible due to absenteeism, moving school or to a Pupil Referral Unit (PRU), we will discuss the case at the termly meeting of community based practitioners. This small group includes the School Nurses for PRUs, Children in Care team, the Youth Offending Service sexual health worker and a youth worker from the SRE Team.

We identify and locate the missing pupils, and arrange to meet and deliver the SRE lessons to them. Sometimes this is done in a PRU, sometimes as part of their support by the Youth Offending Service, and occasionally as a home visit, wherever is best for the young person. For any we can't locate; we pass on details to the Missing Pupils Officer. Information on ‘catch-up’ SRE delivered is then passed back to the SRE Database administrator.

Service User Feedback

“If I didn't get my Sex Ed through Youth Offending Service I wouldn't have had any as I was always either not at school or moving between different ones.”
Yr11 PRU Attendee

It's great having the Team in, we can ask them anything, and in a way we maybe wouldn't ask our Teachers.”
Year 10 Girl

“You cannot underestimate the benefits of the SRE for our girls from Asian backgrounds. Although Parents are supportive of SRE, because of cultural reasons many are not able to discuss these issues within the family, so we know that all the boys but especially the girls have had their SRE entitlement.”
Senior Manager, local Academy

Partnership Working

Without effective partnerships this Project could not work. There has to be a level of trust regarding confidentiality and sharing information. We need to consider the best interest of the student, especially in the tracking process. Our main partners are -

- North Lincolnshire Children's Services
- Integrated Youth Support Service
- The 12 Senior Schools, including Academy and Faith Schools
- Young People across North Lincolnshire in Yrs 9 - 11
- Parents
- Youth Offending Service
- Pupil Referral Units
- Alternative Education Providers
- Choices (Local Young People's Health Service)
- School Nursing Service
- Big Talk Education

Funding

The Database itself costs approximately £6,000 p.a. to run - this is monitoring 4,500 students each year. Funding was accessed from the Teenage Pregnancy Partnership to buy administrative time (6 hours a week) from the Youth Service. There are additional costs to locate and educate the missing students but these are often invisible as they can be built into current staff duties (work undertaken by Youth Worker from the SRE Team, School Nurses for PRU's, Children in Care team and the Youth Offending Service Sexual Health Educator).

Effectiveness, Efficiency and Equity

As each lesson starts, the register is taken. We found it was important to do this actually in the lesson, as registers taken at the start of the school day are sometimes inaccurate.

We now know exactly what level of SRE every child has received in Year 9 and 10. The standard of SRE knowledge has greatly improved in the last few years, especially in our more vulnerable young people. We can now offer this group a much better quality SRE because it is often 1:1 and can be tailored around their particular needs. This can often result in a direct referral to other agencies including 'Choices', our local Young Person's Health Sessions.

Children's Services and Social Workers are now able to access information as to what SRE the young person has received, particularly if there is a cause for concern regarding risk and vulnerability. Additional bespoke SRE can then be arranged.

We are currently delivering over 50% of the SRE Programme to 99.5% of Students pupils before they leave school. Of the 2,250 Students pupils who left in Year 11 in the Summer of 2010, only 11 had not received the SRE Programme (due to leaving the area, illness or custody).

The SRE Database has been part of an integrated strategy to reduce Teenage Pregnancies.

¹A LARC advertising campaign added momentum to the high profile it was already given in SRE Lessons and Parent SRE Training Sessions. The LARC uptake rate showed an increase of 67% in just 12 months between 2006/07 – 2007/08. When the campaign ceased in 2008/09, uptake had increased by 75%. In 2008/09 increased uptake over the three years was up by 159%.

Our rates of teenage conception have reduced 20% from the baseline of 53.9 per 1,000 15-17 year olds in 1998, to 43 per 1000 in 2008.

¹ LARC – Long Acting Reversible Contraception

5 key Steps to Setting Up the Service

1. Map what SRE is taking place. Set a benchmark standard, an appropriate level of quality, content and entitlement.
2. Designate a database administrator and establish the systems of data collection. Keep it simple!
3. Identify who and how you are going to track missing students/pupils, it may be possible to do this within current capacity, roles etc.
4. Promote the scheme. It ties in with Healthy Schools, and the data enables effective commissioning of targeted work. It demonstrates a commitment to Health and Wellbeing, Safeguarding etc.
5. Forward plan to meet, measure progress and evaluate.

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