

Good progress but more to do

Teenage pregnancy and young parents



Foreword

It is over 15 years since the then government launched its Teenage Pregnancy Strategy in response to England having one of the highest teenage pregnancy rates in Western Europe. Since then the under-18 conception rate has halved thanks to the hard work of councils and their partners.

This has undoubtedly had a huge contribution to the health, wellbeing and life chances of young people.

But there is more to do. We must sustain this downward trend, accelerate improvements in areas with high rates and narrow the inequalities we see between wards.

As time has gone by it has become clear what works. Evidence shows that high quality relationships and sex education, welcoming health services (in the right place, open at the right time) and friendly non-judgmental staff, help young people to delay sex until they are ready and to use contraception effectively. Meanwhile, dedicated and coordinated support for young parents is important to improve the opportunities for both them and their babies. But key to success is translating the evidence into a whole system approach, making teenage pregnancy everybody's business.

There are undoubted challenges from the financial constraints in the system. But there are also opportunities from council's new commissioning responsibilities for sexual and reproductive health services and 0-19s public health.

Together with targeted programmes like Troubled Families and work around CSE, councils have a real chance to integrate services and help young people develop healthy relationships, delay early pregnancy, look after their sexual health, and support those who choose to become young parents.

Getting it right on teenage pregnancy will not only make a difference to individual lives. It will narrow inequalities, contribute to the safeguarding agenda, build the social capacity of an area, and reduce long-term demand on health and social care services.

And as the continuing successful work of the councils featured in this brochure illustrates, high rates of teenage pregnancies are no longer an intractable part of English life.

You will find advice and information as well as practical examples.



Councillor Izzi Seccombe
Chair, Community Wellbeing Portfolio

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Introduction

In many ways, the focus on teenage pregnancy seen in England during the last 15 years or so has been one of the success stories in the public health field.

The conception rate for young women aged 15 to 17 has been halved since 1998 and is now the lowest it has been since record-keeping began in the late 1960s.

But that doesn't mean the problem has been solved. Far from it. The conception rate still remains higher than a number of other western European countries and the progress made has been uneven across England.

About a third of local authorities have a rate significantly higher than the England average and even in those areas that have low rates, inequalities exist between wards.

These variations matter. Teenage pregnancy is both a cause and consequence of health and education inequalities.

Young parents want to do the best for their children and for many the outcomes are poor. The case studies within this booklet highlight a few good examples local councils have developed.

Children in poverty – 63 per cent higher risk for children born to women under-20

Rates of adolescents not in education, employment or training (NEET) – 21 per cent of the estimated number of 16-18 female NEETs are teenage mothers

Adult poverty – By age 30, women who were teenage mothers are 22 per cent more likely to be living in poverty than mothers giving birth aged 24 or over. Compared with older fathers, young fathers are twice as likely to be unemployed, even after taking account of deprivation.

Infant mortality rate – 44 per cent higher risk for babies born to women under 20

Neonatal mortality and stillbirth – 30 per cent higher rate of stillbirths to babies born to women under 20

Incidence of low birth weight of term babies – 15 per cent higher risk for babies born to women under 20

Maternal smoking prevalence (including during pregnancy) – Mothers under 20 are twice as likely to smoke before and during pregnancy and three times more likely to smoke throughout pregnancy

Breastfeeding initiation and prevalence at 6-8 weeks – Mothers under 20 are a third less likely to initiate breastfeeding and half as likely to be breastfeeding at 6-8 weeks

Emotional health and wellbeing – Mothers under 20 experience higher rates of poor mental health for up to three years after the birth

Teenage mothers are also at higher risk of missing out on further education – a fifth of young women aged 16 to 18 who are not in education, employment or training are teenage mothers. Young fathers are also more likely to have poor education and have a greater risk of being unemployed in adult life.

Their children can be affected too. They have a 25 per cent higher risk of a low birth weight, 44 per cent higher risk of infant mortality, 63 per cent higher risk of experiencing child poverty and at age five are more likely to have developmental delays.

This is the reason why the drive to reduce teenage pregnancy has been coupled with increasing the support available to young mothers and fathers. Taken together the twin-track approach helps ensure every child and young person enjoys the best start in life.

The story so far

The focus on teenage pregnancy as a major public health issue began in 1999 with the then government's Teenage Pregnancy Strategy. The strategy called on councils to lead local partnership boards and ring-fenced budgets were allocated to help tackle the issue. The ambitious target of halving teenage pregnancy by 2010 was set.

It saw local areas make changes to the way they delivered relationships and sex education in schools, provided access to contraceptive services, involved youth and community practitioners and improved the support available to young parents.

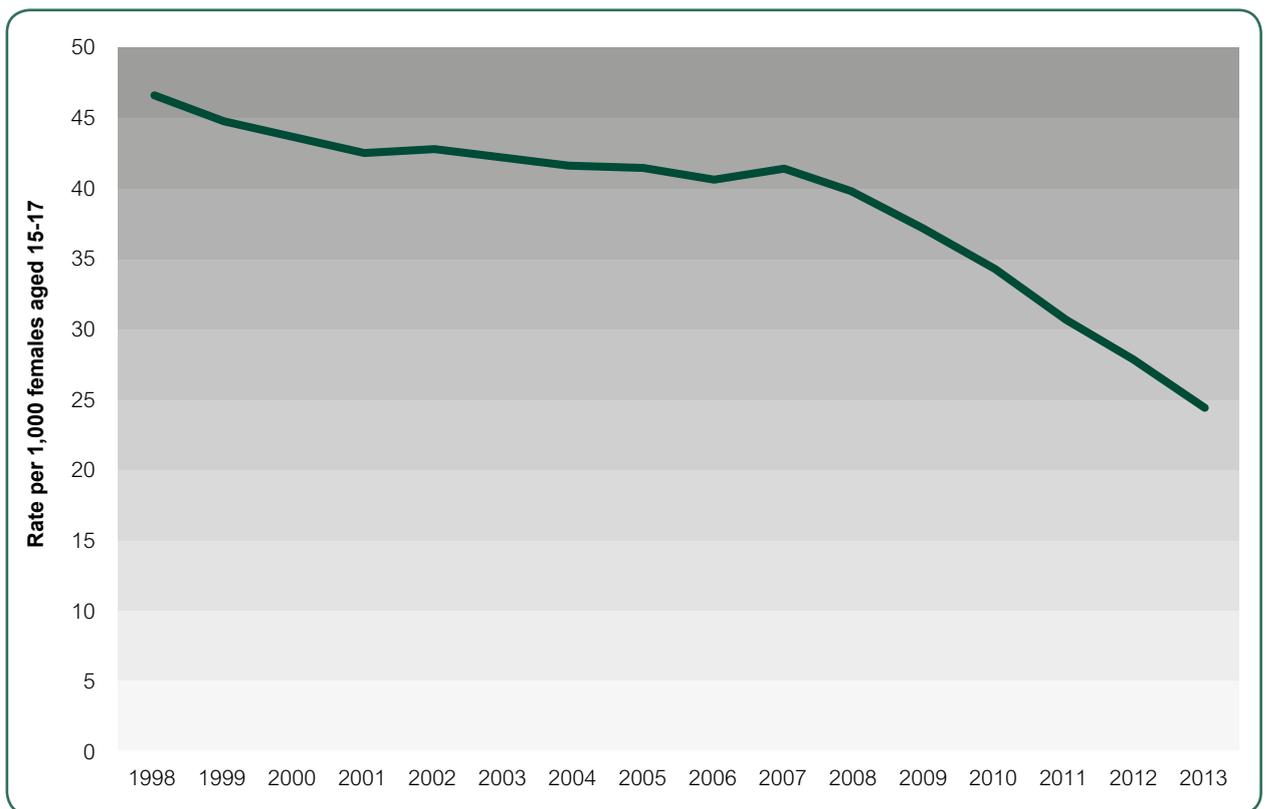
It took time for the Strategy to have an impact on such a complex issue. But after 2008 progress accelerated as the cumulative actions taken by councils and their health partners became embedded in local services. By 2010 there was a 27 per cent drop with the steep downward trend continuing in the following three years. The conception rate has now dropped to half the 1998 level.

However, that overall figure masks what is happening on a local level. Reductions at a council level vary from 30 per cent to 70 per cent, including stark differences between areas with similar demographics; and almost a third of councils have a rate significantly higher than the England average.

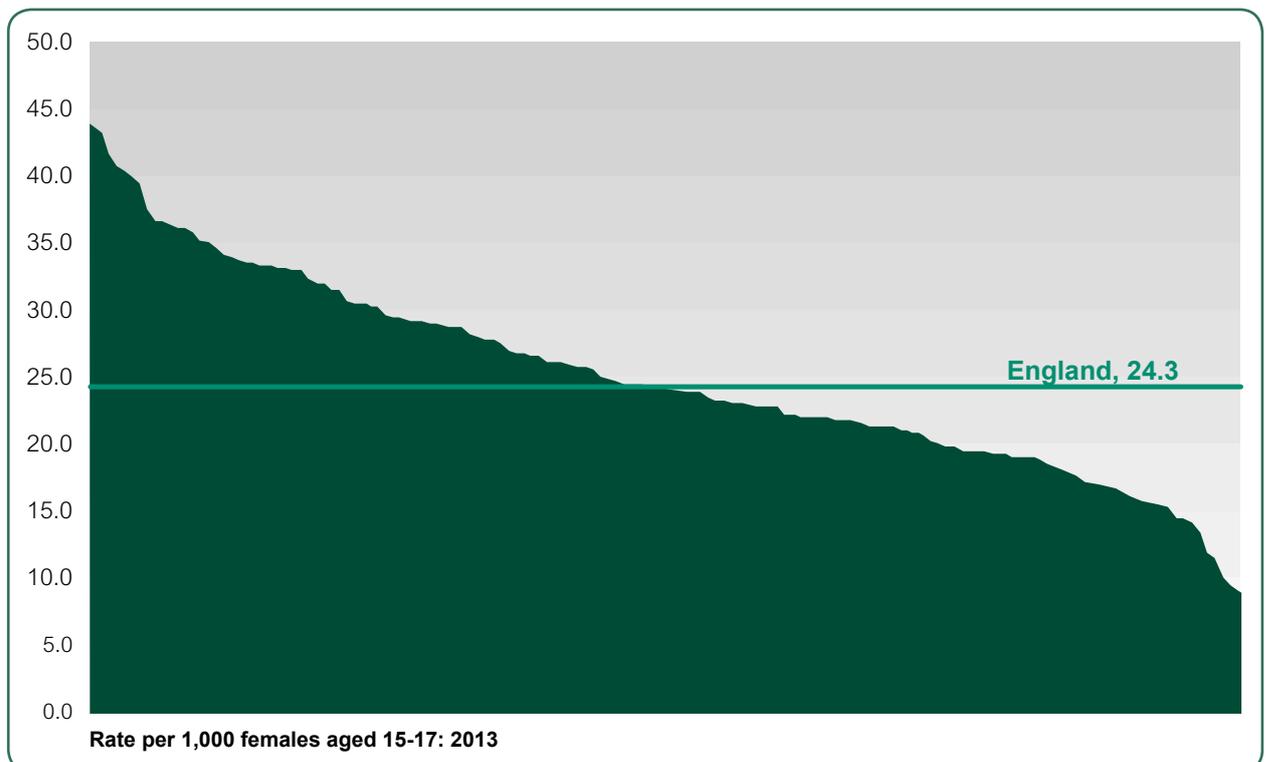
Since 2010 the Government has continued to make reducing teenage pregnancy a priority. In 2013 public health transferred from NHSE to local authorities including the 5-19 years services. From October 2015 the commissioning of the 0-5 years services transferred to local authorities, offering the opportunity to focus on integrating work on prevention and support for young parents.

Continuing to reduce the rate of under-18 conceptions is one of the key objectives of the Department of Health Sexual Health Improvement Framework and is also one of the 66 indicators in the 2013 Public Health Outcomes Framework (PHOF).

The reduction in the under 18 conception rate in England: 1998-2013



Variation in under 18 conception rates between local authorities



What your council can do

Local government has a key role to play in terms of both commissioning services and overseeing partnership working via health and wellbeing boards.

Responsibility for commissioning was overhauled as part of the wider reform of the health service under the Health and Social Care Act 2012.

A real opportunity in relation to continuing to reduce teenage conceptions is that councils are now responsible for commissioning the full range of contraception, including more effective long acting (LARC) methods through open access community contraception services and LARC provision in general practice. They also commission sexual health promotion STI prevention, testing and treatment (although for HIV they cover only testing and prevention).

Clinical commissioning groups (CCGs) are responsible for abortion and maternity services and NHS England for contraception (user dependent methods such as the contraceptive pill only) and STI testing provided by GPs and all HIV, treatment and care services.

So what should you do? Well, the most important lesson from the Strategy was that the solution to teenage pregnancy is not in the gift of any one service. A whole system approach is needed, with clear actions for all agencies, supported by strong leadership and accountability.

Here are ten key factors for effective local action

- senior level leadership and accountability across local authorities and health services is essential
- invest in relationships and sex education at schools and colleges
- ensure contraceptive and sexual health services are youth-friendly and accessible
- target additional prevention at those most at risk, linking in with relevant programmes, such as Troubled Families
- support parents to discuss relationships and sexual health with their children
- train both the health and non-health workforce in sexual health and teenage pregnancy, working in partnership with CCGs
- provide advice and access to contraception and sexual health services in non-health youth settings
- ensure consistent messages on healthy relationships and delaying pregnancy are given to young people, parents and professionals
- provide dedicated support to teenage mothers and young fathers covering everything from health and emotional wellbeing, contraception and returning to education
- use robust local data for commissioning and monitoring progress.

Translating evidence into a 'whole systems' approach: ten factors for an effective local strategy





Case studies

The following examples illustrate how councils have applied these lessons. The case studies focus on a key element of what the local authority has done and by no means represent the totality of their work.

Case study Cornwall County Council: ensuring no stone is left unturned

In tackling teenage pregnancy, Cornwall County Council has taken a holistic approach. Whether it is the way relationships and sex education (RSE) is delivered to how parents, young people and the children's workforce are supported, the local authority has ensured no stone has been left unturned as it has driven down the under 18 conception rate by half since 1998.

At its heart is strong leadership and accountability. There is a sexual health board of senior local leaders, which oversees a sexual health partnership group, composed of front-line representatives and strategic leads from all the main partners. Together they monitor local data, take charge of evaluating projects, carry out consultations with young people and their families and ensure clear approaches to communication are taken.

Central to the latter is the multi-agency communications group. It is in charge of developing social media approaches as well as the Talk Relationships and Sexual Health campaign, which aims to normalise and promote discussions about the issue.

Getting communication right is also a central part of the RSE provided in schools.

Sexual health charity Brook delivers RSE to secondary schools and offers bespoke support to those who need it, while CLEAR, a local charity, offers a six-week intensive healthy relationship programme.

But Cornwall has also developed a dedicated film and interactive lesson toolkit for colleges and sixth forms. The video stars local comedian Kernow King and drama students and combines myth-busting with information about how to access local services. To complement this are a range of 'youth-friendly' services from the Savvy information website – and linked Facebook page and Twitter feed – to the C-card scheme, which is available in over 200 places.

Cornwall has also made working with the local care sector a priority, as public health practitioner Alexa Gainsbury explained. "Children who have experienced care are 2.5 times more likely to become teenage parents and are least likely to have received both formal and informal RSE due to both disrupted education and pre-care experiences. So while it is quite right that we provide a universal service, we also need to think about how we tailor that to those who need the most support."

Cornwall has done this by developing a bespoke version of the Family Planning Association (fpa) Speakeasy training programme for foster carers in partnership with the local designated nurse for children in care. It has proved so successful that it is now accepted as a mandatory part of the training programme.

Training around healthy sexual development using the Brook Sexual Behaviours Traffic Light Tool has also been provided to members of the children's workforce, including teachers, care workers and youth workers. There is a core three-hour session which more than 450 staff have completed since 2014. More advanced support is then available for those who want it.

The final piece of the jigsaw is the support provided to those who do become teenage parents. The Wild project provides a wide range of support to teenage mothers, including help with finances and housing as well as running parenting skills and healthy lifestyle workshops, while Brook deliver a project aimed at young fathers.

Meanwhile, a two-day per week education course – Young Mums Will Achieve – has been set up with the help of Cornwall College and local childcare provider Fit n Fun Kids to help get teenage mothers back into education.

Rosie Brosnan is just one of the young people helped. She says the benefits have been enormous. "I have met people in the same circumstances as me and made new friends. I have obtained qualifications which have enabled me to progress to a nail services course at Cornwall College Camborne."

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Case study Shropshire County Council: investing in quality relationships and sex education

Shropshire Council has made investing in supporting schools to deliver high quality RSE a priority. Public health curriculum adviser Alice Cruttwell has developed the programme for years 1 to 11 over the past six years with the aim of not only tackling teenage pregnancy, but also addressing safeguarding issues and improving the self-confidence and self-esteem of young people too.

It includes training for teachers, support for non-teaching staff about use of language and responding to pupils' questions as well as running parents meetings and working with governors. A comprehensive set of classroom resources are also provided. They cover assessment tools to identify pupils' baseline knowledge and confidence before and after lesson delivery, guidance on establishing a safe and comfortable learning environment and a host of different lesson plans.

"In return for this, we ask for a commitment from the school," Ms Cruttwell says. "We want to make sure that sufficient curriculum time is allocated, so we ask secondary schools for a minimum of five one-hour lessons for each year group and that staff attend training, have an opportunity to reflect and review delivery and develop as part of a specialist team.

"The primary curriculum is in three sections with flexibility across the key stages to address choices and challenges, changes and celebrate.

"The message to our schools is that this work needs to be taken seriously, it is about developing pupil's skills and self-esteem as well as knowledge in an age appropriate way. Long gone are the days of the one-off lesson delivered by an outside speaker."

The response has been impressive. Today 80 per cent of the 133 primary schools and all but two of 21 secondary schools are signed up.

"It's a myth that schools are not interested and don't want to make it a priority," adds Ms Cruttwell. "Teachers were concerned they weren't doing enough, governors were keen to ensure a consistent whole school approach and parents welcomed an opportunity to work with the school. Having a council-approved curriculum has strengthened home school partnership and ensured all in school are working in a consistent and agreed way."

The classroom work is supported by strong pastoral support and co-ordination with local services, including school nurses providing confidential, open access services to help, advice and support on school site.

The CHAT service (confidential, help, support and advice) has different levels of sexual health provision, and can, following governor approval, include condom distribution, pregnancy and chlamydia testing.

Schools that have taken part are full of praise. Mount Pleasant Primary School deputy head Steve Morris says the programme has become a 'key element' of the school's approach to PSHE and he would 'unreservedly recommend' it.

Meanwhile, Andrew Smith, head of Mary Webb School and Science College, says one of the strengths of the programme is that it encourages a 'whole school approach' by involving teachers, governors and other staff. He says staff at his school are very satisfied with the programme.

Senior staff and councillors are also delighted. Public Health Director Rod Thomson says the work "directly contributes to corporate priorities and departmental objectives".

Ann Hartley, Deputy Leader of the Council and Portfolio Holder for Safeguarding, Transformation and Children, says the programme has also played a part in protecting children. "We take our responsibility to safeguard our children seriously, RSE is vital to ensure they are protected. We are doing all we can at a local level."

The resources are available via healthyshropshire.co.uk

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Case study

Leicestershire County Council: supporting young parents

Leicestershire has had great success reducing teenage pregnancy rates – latest figures show a fall of over 40 per cent since 1998. But the county council's Teenage Pregnancy Partnership has also invested time and effort in supporting young parents.

Central to this work has been the setting-up of a young parents' forum, which has become a key partner in the development of various schemes over the years. To help it play an active role, the Partnership has commissioned a small social enterprise – Untapped Me – to provide support. Over the past three years, the forum has produced three books on teenage parenthood, all of which use the real-life experiences of local parents. The books have been written to help new parents and to aid professionals. One of them, *The Good, The Bad, The Unforgettable*, is used as part of the partnership's training programme for staff.

Katie Phillips, a public health manager with the council, says: "It is only by listening and learning from the real experiences of young parents that services can provide the support they need. We have tried really hard to make sure their voice is heard and that we respond to that."

Over the years, a wide variety of initiatives have been set up from social groups and breastfeeding support to a dedicated website for parents under 20, which contains information about local services.

Leicestershire has also sought innovative new ways to engage young parents. During 2015, it ran a pilot scheme, *The Baby Box Project*, based on a programme in Finland.

The project involved giving teenage mums-to-be a box of baby-related gifts, including a Moses basket mattress, blanket, muslin cloth and material for bath time as well as information about local services. The boxes are delivered at the 24-week point and used as an opportunity to engage young people with local services. After that initial contact, staff maintain a relationship with the teenager and carry out a follow-up visit after birth. This provides a second opportunity to support the new young mum in to other support services.

A total of 144 boxes were handed out during 2015. The project is still in the process of being evaluated but interim findings suggest it helped to ease concerns pregnant teenagers had as well as making them more aware of what help was available.

The experience of one youngster, who was pregnant at 15, is typical of the impact. Before receiving the box, she says she felt “isolated and judged”, but the contact and support helped her realise she “wasn’t alone”. She joined an antenatal class and started attending the local Sure Start centre.

More recently, the partnership has started exploring what help it can give young fathers. A video featuring three teenage dads has been produced and promoted across the county. The fathers in the film talk about their experiences with the hope it will help both future dads and professionals. A dedicated website, *Becoming Dad*, has also been set up, which features the video, links to local services and a top 10 tips page.

Cabinet Member for Health Councillor White says it’s important to remember teenage fathers need support too. “We have made positive steps in supporting young mothers but fathers may sometimes feel excluded and that their role is undervalued. We need to work better to support fathers because they have such an important role to play in the development of their child.”

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Case study

Hull City Council: targeting help at the most at risk

When Hull first started its teenage pregnancy work progress was a little slow.

Conception rates were coming down, but not as fast or consistently as the city’s Teenage Pregnancy Partnership would have liked.

So in 2004 a review, *Mind the Gap*, was carried out. The findings led to a re-think about how the whole issue was tackled with a much greater emphasis placed on targeted intervention. Gail Teasdale, integrated services manager for children and young people’s health, says: “We realised it was too clinically focused. We were not reaching out to the

young people we needed to – the ones who were becoming teenage mothers and fathers.”

This led the Partnership to set up several new projects. Cornerstone, which provides the local school relationships and sex education, was funded to run a drop-in clinic in the city centre. It is open six days a week with late opening from Monday to Friday and provides advice and information about sex and relationships. Contraception is also available as is testing for some sexually transmitted infections. A nurse holds a clinic there twice a week to provide access to more clinical services, such as the contraceptive implant.

“It is very popular,” says Ms Teasdale. “Teenagers see it as a safe and non-threatening environment in which to come for advice. It’s quite relaxed – there is even a Playstation there. “We talk to them about relationships – about being healthy and looking after one another. You can’t just talk about STIs and teenage pregnancy all the time. “Getting that atmosphere right is essential because our research showed that teenagers were almost more afraid of the sexual health services than they were of becoming pregnant.”

Laura, aged 17, is typical of the young people who use the service. “I come to the drop-in for condoms and my appointment with the nurse for my depo, but I also have a cup of tea and a chat and usually sort out other stuff too.”

As part of the drop-in service a boy’s and young men’s worker has been employed to ensure they are engaged – and the post has had such an impact that about half of the 4,000 visits a year made to the drop-in centre are now by males.

Changes have also been made to the way RSE is delivered by training fellow teenagers to go into schools to talk to their peers. But getting out and about has also formed an important part of the work in recent years. This is done via street-based outreach work with workers going out to talk to young people in parks, on the streets and other places they gather.

These projects have been combined with greater training for the non-clinical workforce, such as teachers, youth workers and voluntary sector staff who work closely with children. Ms Teasdale says: “Often a young person, when they want to talk, will find someone to trust. It may not always be the person we plan it to be – the school nurses or clinic staff – so we have tried to make sure that people who work with children are comfortable about talking about these issues and know where to refer them.”

The results have been impressive. The figures for 2013 show under 18 conception rates of 35.9 per 1,000 – a fall of 58 per cent from the 1998 baseline.

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Case study Bristol City Council: running school-based drop-in clinics

Working with schools is, of course, an essential part of tackling teenage pregnancy. Investing in good quality relationships and sex education is something many areas have done, but Bristol City Council has taken that a step further by establishing a network of drop-in sessions in secondary schools. The weekly clinics are run by a sexual health nurse and youth worker and are held during lunchtimes.

Julia Nibloe, service manager at Brook, which runs the service, says: “We provide contraception and do some STI testing and when we can’t or if a clinical setting is more appropriate we can refer them on.

“But most of our time is really spent talking with young people about sexual health and healthy relationships – we discuss what that involves, what is consent and staying safe. We also talk about other things, such as alcohol or pornography and the safe use of the internet. We really encourage young people to discuss anything they need to. It’s about getting students to discuss things in an open and non-judgemental environment.

“The Brook youth workers also run sessions in the classroom so the students get to know the team – I think that helps build confidence and trust in the service.”

And that certainly seems to have happened. Last year 5,000 pupils attended the drop-in services across the 15 schools taking part, which represents two thirds of the total in the city.

But this is just one of a number of ways the council’s public health team has sought to make services more youth friendly. For the past six years, Bristol has been running the 4YP programme. 4YP is a brand that is used across the city to signify whether places are youth friendly when it comes to sexual health. Pharmacies, clinics and GPs can all apply to be 4YP accredited as long as they meet certain standards.

There is also a website with specific sections for young people, parents and professionals, providing information about what is available locally as well as general advice about sexual health.

Anne Colquhoun, the council’s young people’s public health service manager, says: “We wanted to create a brand that young people can trust so that they know when they go into a pharmacy, or GP surgery or clinic they can be confident that they will be made to feel comfortable and that staff will understand the issues they are facing. As part of this we have been providing training to staff.”

There are, in fact, nearly 40 different courses health and non-health professionals can complete. These range from ones focusing on how to communicate with young people to the challenges presented by porn and texting and drinking and substance abuse.

Condom distribution schemes have also been extended beyond the traditional settings to include youth centres and workplaces as well as schools.

What is more, two years ago the council launched a new scheme, Bristol Ideal, in partnership with the police to tackle domestic abuse and sexual violence.

Guidance and training is provided to schools helping them to learn how to identify pupils at risk and how to address that. As part of that schools are expected to appoint one member of staff to take responsibility for the issue.

All the work seems to be paying off. Teenage pregnancies in Bristol have shown a steep decline since 2007 and are now only slightly higher than the England average.

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Case study

North Tyneside Council: creating youth-friendly services

North Tyneside has seen the biggest fall in teenage pregnancy rates in the North East.

Figures show that the under-18 conception rate fell by more than 60 per cent from 58.4 conceptions per 1000 15-17 year old females in 1998 to 22.9 per 1000 in 2013. The progress has been so significant that the area is now below the national average.

At the heart of North Tyneside Council's success has been its partnership working which has allowed it to make great strides in creating youth-friendly services.

There is an integrated sexual health service – One to One – delivered by the local NHS through a 'hub and spoke' model. The hub is the centrally-located clinic, which has been given the 'You're Welcome' accreditation for being young person-friendly.

There is also a network of drop-in clinics that offer access sexual health advice, including contraception, from trained staff. These are based in a variety of settings, including alongside health services and in community venues where need is greatest.

The drop-in clinics run across the borough with some running into the early evening, while the hub is open until 7.30pm Monday to Friday and during part of the day on Saturdays.

There is also a strong presence in local secondary schools. Each has a health drop-in run by a school nurse who can refer pupils into the sexual health service, while a number have a dedicated sexual health service.

Teenage pregnancy and adolescent sexual health coordinator Anne Tierney says: "The important thing is to be prepared to be flexible and monitor how services are being delivered. We are constantly asking whether we are providing services in the right place, at the right time. Just recently we extended the opening of the hub on a Saturday to meet demand."

The drop-in service has also been accompanied by more dedicated support for the most vulnerable teenagers and those who become young parents.

A range of training courses are available to all health and non-health staff. These include everything from an introduction to sexual health to C-Card training for receptionists and pharmacy counter assistants.

As part of that, dedicated training has been provided to staff working with the most vulnerable children such as those in youth offending, drug and alcohol and young people's care so they are aware how to help young people access services.

There is also a young parent midwife who works with all parents under the age of 20, offering a wide range of additional support including discussing antenatal contraception as early as possible in pregnancy and, in most cases, agree a method before birth with the aim of preventing second unplanned pregnancies.

The service has also worked with young people to produce a DVD about sexual health services. The film – produced in 2013 – shows the walk from the local Metro station to the One to One centre, before giving viewers a peek inside and showing a nurse holding an appointment with a young person.

Ms Tierney says: "Our aim has been to make sure young people feel comfortable accessing our services. But you can only do that through partnership working. We have

worked closely with the voluntary sector, with schools and health.”

Wendy Burke, North Tyneside’s Acting Public Health Director, says making sure such health services are accessible has been a key part of the success.

But she says it is just one part of the wider strategy on teenage pregnancy, citing good leadership and data collection, having committed staff, promoting long-acting reversible contraception and providing high quality sex and relationships education.

“Reducing teenage conceptions in the borough is multi-faceted and complex,” she adds.

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Want to find out more?

'PHE Teenage Conceptions Knowledge Hub': provides national and local conception data, links to relevant local PHE profiles and background information.

www.khub.net/

'Teenage Pregnancy Knowledge Exchange', University of Bedfordshire: provides data, briefings, articles and an e-network to share effective practice

<http://www.beds.ac.uk/knowledgeexchange>

'A Framework for Sexual Health Improvement' in England. Department of Health. 2013: sets out the objective and policy context for continuing to reduce under-18 and under-16 conception rates

www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

'Making it work. A guide to whole system commissioning for sexual health, reproductive health and HIV'. PHE, DH, LGA, ADPH and NHS England. 2014: provides guidance for commissioning bodies to ensure the delivery of high quality sexual health, reproductive health and HIV services, in line with their responsibilities set out in the Health and Social Care Act 2012.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf

'Sex and relationships education: the evidence'. Sex Education Forum. 2015: provides an accessible and accurate summary of the research evidence relating to SRE.

www.sexeducationforum.org.uk/media/28306/SRE-the-evidence-March-2015.pdf

'Contraceptive services for under 25s'. NICE Public Health Guidelines 51. 2014: sets out 12 recommendations for ensuring young women and young men have access to high quality services and the full range of effective contraception methods.

www.nice.org.uk/guidance/ph51

'Tackling chlamydia: local government's new public health role'. LGA. 2014: explains the challenges and the opportunities councils have to tackle chlamydia and reduce the burden of poor sexual and reproductive health among young people.

www.local.gov.uk/public-health/-/journal_content/56/10180/6820278/PUBLICATION



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