

# North Yorkshire and York

## Young People's Teenage pregnancy and Sexual Health Media and Communications Strategy

2008-2011



North Yorkshire and York   
Primary Care Trust



## Index

<u>Contents</u>	<u>Page</u>
Context.....	3
The National Media Campaign.....	4
Local Media Campaigns.....	6
North Yorkshire and York Young People’s Sexual Health Media Campaign - Media Plan.....	7
Delivery Plan.....	9

### Appendices

1. Supporting pregnant teenagers and teenage parents programmes.....	13
2. Suggested lines to take.....	17
3. Terms of Reference.....	25

## Context

The Teenage Pregnancy Strategy was launched in 1999 by Prime Minister Tony Blair to reduce the teenage pregnancy rates in the UK in line with other Western European Countries and to improve outcomes for teenage parents and their children. The Teenage Pregnancy Strategy aims to reduce long term social exclusion for both mother and child by halving the number of teenage conceptions and increasing the number of mothers in education employment and training to 60% by 2010.

The National Strategy for Sexual Health and HIV (2001) aims to:

- Reduce the prevalence of undiagnosed HIV and STI's
- Reduce unintended pregnancy rates
- Reduce the stigma associated with HIV and STI's

The Teenage Pregnancy Unit states that effective communication is central to partnership working, access to services and informed choice. Information must be tailored to the needs of young people, parents and communities, ensuring they are culturally appropriate, as well as accurate and timely.

## Strategic Aims

The North Yorkshire and York Young Peoples Sexual Health Media Group (NYYMG) was set up to develop a county wide strategy in order to raise awareness of the issues surrounding teenage pregnancy and young people's sexual health.

**The strategy group will achieve this by:**

- Disseminating information to young people, young parents, parents and professionals using a variety national and local media;
- Ensuring that partners receive appropriate and timely information;
- Ensuring that all key partners and local communities understand the case for improving outcomes for teenage parents and their children;
- Ensuring there is an agreed plan for proactive and reactive work with the media, including a protocol for handling media approaches to young parents;
- Ensuring publicity for information and support services is easily accessible to young people in a variety of ways.
- Working with stakeholders to promote the teenage pregnancy strategy in a positive light by providing timely responses to media enquires and keeping them informed of events and activities linked to the teenage pregnancy strategy. *(For Terms of Reference see Appendix 1)*

# The National Media Campaign

The National media campaign is one of four strands of the Teenage Pregnancy Strategy. The campaign aims to provide a backdrop of information and key messages. The campaign is delivered through national and local media channels, supported by PR and partnership work. Parentline plus run a separate strand of the strategy to support parents to talk to their children about sex and relationships.

## RU Thinking?

RU Thinking? is a universal campaign for 13-17 year olds, focusing on younger “sexually inquisitive” teenagers with no or little sexual experience. The aim is to separate fact from fiction by providing clear and accurate information in order to give young people the confidence to resist pressure to have sex until they are ready. It provides advice and information on relationships, sex and contraception and signposts young people to support services where appropriate.

Key messages:

- Its your choice to have sex, nobody else's
- Most people don't have sex until they are over 16
- Most people who have had sex before 16 regret it later, so there is no need to rush, wait until you are ready.
- You can get free, confidential advice about contraception whatever your age- even if you are under 16
- If you are sexually active, use condoms and other methods of contraception to prevent against pregnancy and catching a sexually transmitted infection

## Sexwise (RU Thinking? Helpline) 0800 28 29 30

Sexwise is a confidential helpline for under 18's. Sexwise offers impartial advice to under 18's on anything to do with sex, relationships and contraception. Where appropriate, helpline operators will signpost callers to local services.

## Want Respect? Use a condom.

The Want Respect campaign uses radio, magazines and TV to get the messages across. It is aimed at sexually active 16-18 year olds and those most at risk of unplanned pregnancy and STI's. It gives a clear 'use a condom message' by normalising condom use and associating condom use with having self respect and respect for others.

Key messages:

- If you're having sex, respect yourself. Always use a condom to protect yourself

- If you don't use a condom, your very unimpressed partner will tell other people, even your mates.
- If you don't have a condom you'll lose your chance to pull.

### **Condom Essential Wear**

The Condom Essential Wear Campaign aims to reach older teenagers and young adults who may not readily accept the need for condoms and STI's are not perceived as a high risk.

#### Key Messages:

- Sex without a condom is seriously risky: always use a condom
- There is a greater chance than you think of getting an STI.
- Some STIs, particularly Chlamydia, have no symptoms, and some cannot be cured.
- You can't tell by looking who has an STI, but fewer partners = less risk of getting an STI.

### **Time to Talk**

Time to talk materials range from a series of top tips cards to leaflets for parents of pre-teens and parents of teenagers. There is also a website that supports this campaign (parentline plus). Time to talk encourages parents to talk to other parents about how they answer difficult questions and encourages open communication between young people and their parents.

**The RU Thinking website and the Sexwise helpline number will be promoted on all local media and the following line will be used:**

*If you're under 18 and feeling unsure about relationships, sex and contraception, a confidential chat with someone can really help.*  
 0800 28 29 30 *ruthinking.co.uk*

*Calls are free from landlines and won't appear on the bill.  
 Textphone (for people with hearing impairments) 0800 328 1651*

# Local Media Campaigns

The NYMGM will ensure that information is disseminated at a local level. This will be achieved through a rolling programme of quarterly, themed, campaigns using both national and local media, in consultation with young people.

A campaign pack containing a selection of the recommended posters, and a covering letter giving details of the forthcoming campaign, will be sent to a pre determined list of organisations and agencies approximately one month before commencement of the campaign for that quarter.

The pack will also include:

- Information about the campaign subject and target audience;
- The relevant posters and materials for the specific campaign;
- An information sheet entitled – Top Tips for Displays;
- The first mailing will also include the Sexual Health Fact sheet put together by the Public Health Directorate of the PCT;
- Any other relevant information relating to the campaign subject area.

The campaign will look at the following:

**September - November** - Delay, social norms

**December - February** - Alcohol and sex

**March-May**- Long Acting Reversible Contraception (LARC)

**June-August**- The prevention of Sexually Transmitted Infections

During September –November the NYMGM will be working with young people to produce local ‘Social Norms’ materials. For example: highlighting the fact that the majority of young people under the age of 16 **have not** had sex, whereas young people believe if they haven’t, they are in the minority. The campaign will also address other misperceptions.

(See overleaf)

The media strategy will be reviewed on an annual basis to ensure that it is meeting its objectives, and will be improved or adjusted to take account of feedback or developments with the media.

Costs will be identified for the media strategy and met from teenage pregnancy local implementation grants.

**NORTH YORKSHIRE AND YORK YOUNG PEOPLE'S SEXUAL HEALTH  
MEDIA PLAN**

**A planned programme of quarterly campaigns to commence September 2008.**

<b>Duration</b>	<b>Topic</b>	<b>Relevant Dates/ National Campaigns</b>	<b>Suggested posters for use with this campaign</b>
September to November 2008  <b>Key message - Delay</b>	<b>Delay</b>  Promote choice and being ready not pressurised into having sex, carrying a condom.  Promote the delay message as part of press coverage	Any delay information that could go out as part of this briefing? AG to provide	RU thinking: 23176 –girls love thoughtful boys (23303 –postcard) 26055 – she fancies the pates off me. Why won't she sleep with me? 36006and7 – Am I the only one not having sex (Boy and girl) (36003 and 4 postcard) 36010 – Are you both thinking about having sex for the same reason? (36005 – postcard) 36013 – Are you being pressured into having sex (36002 – postcard) 36000 – Are you being pressured – credit card  CEW – posters with white space.
December to February 2008/09  <b>Key message – Condoms and Alcohol</b>	<b>Condoms and Alcohol</b>  EHC and Condoms. Press coverage on promoting condoms to Men and their sexual health.	World AIDS Day – December – source resources?  Contraception Awareness week – February – any resources available usually not until a couple of	CEW with white space again unless others identified. 23024 – condoms are free 36009 Er have you got a condom please? 36012 – Have sex after drinking and you could be nursing more than a hangover  Info card 35262 – you could be the one in

		weeks before the week.	trouble if you don't use a condom.  Local services poster for pharmacists and EHC.
March to May 2009  <b>Key message is LARC</b>	<b>LARC</b>  Use locally developed posters and information		
June to August 2009  <b>Key message is STI prevention</b>	<b>STI prevention</b>  HIV and STI prevention materials.  Specific push on prevention and services Some of the posters have 'white' space to add services own details		RU thinking – 23025 – Chlamydia (Info cards 23028) 23027 – genital warts (Info card – 23029) 26044 - You can't always tell (STI) (info cards 35259 How can I tell.. and 26046 you can't always tell) 26052 and 3 T-shirt message boy and girl 36008 – You could be in trouble if you don't use a condom. (info card 35262) 36011 - You only have to sleep with someone once to catch one of these  Yor-screen materials is available for York  CEW posters with 'white' space to advertise services – add local GUM/Family Planning services.
September to November 2009  <b>Social Norms posters</b>	Investigate the possibility of using the social norms posters locally		Social Norms posters developed locally.

## North Yorkshire and York Young People's Sexual Health Media Campaign Delivery.

In order to maintain the effective delivery of the media campaign, several audiences need to be targeted using a variety of delivery methods. The table below illustrates the specific audiences, messages the campaign needs to get across, and the mode of delivery.

<b>Who are our audience</b>	<b>What are the messages</b>	<b>Delivery</b>
Local Media	Key themes/dates Positive stories	Develop a positive relationship with press office and known reporters.  Provide regular press releases and use Teenage Pregnancy Unit's 'lines to take' when appropriate.  Use the local newspapers and free papers/ magazines.  Investigate the feasibility of radio advertising  Investigate the feasibility of bus advertising
Partners	Update on the progress of the strategy and distribute relevant information	Produce bi annual briefings or newsletters  Use the websites - LA PCT  Training  Annual events/conferences
Workforce	update on the progress of the strategy and distribute relevant information.	Same as above
Parents and carers	Information to encourage open communication about sex and relationships issues between parents and carers and their children.	Use national materials: Time to talk Parentline plus Everyday conversations every day.  Incorporate talking about sex and relationships with children and young people into local parenting strategies.  Provide information to children's

		<p>centres.</p> <p>Distribute information through the 'Blue Bag' system- GP's Schools</p> <p>Update school governors by providing information sessions.</p> <p>Transition sessions (schools)</p> <p>Using Healthy schools events Family Information Service</p> <p>LA and PCT websites</p> <p>Provide information to local employers</p>
Young people	<p><b>&lt;16's</b></p> <ul style="list-style-type: none"> <li>• Myths/facts</li> <li>• social norms</li> <li>• Delay</li> <li>• Importance of safer sex</li> <li>• Services</li> </ul> <p><b>&gt;16's</b></p> <ul style="list-style-type: none"> <li>• Myths/ facts</li> <li>• Importance of safer sex</li> <li>• Services</li> <li>• Relationships</li> </ul>	<p>Provide information for schools/School nurses e.g. RU Thinking materials, local service information.</p> <p>Investigate the use of the school planner.</p> <p>Disseminate information through the Young People's Service and the voluntary and community sector</p> <p>Provide information and resources through the workforce training</p> <p>Provide information through the Survival guide</p> <p>Provide information for U18 nights and young people's events.</p> <p>Investigate the use of the planners/diaries (further ed)</p> <p>Use Fresher's weeks to promote condom distribution and Chlamydia screening.</p> <p>Distribute information to local colleges Future prospects ALPS REOTAS Young peoples information services</p>

		e.g. Castlegate, 4 Youth etc.  Disseminate information through the Young people's service/ Connecting Youth Culture
• Care leavers/LAC	As above	As above  Provide information to residential units  Disseminate information through training to social care staff and foster carers
• Young men	Myths Facts Methods of contraception condoms Men's health	As above  Gyms/boxing clubs/sports clubs  Voluntary and community sector
• Young parents	Myths/facts Parenting Smoking Safer sex Breastfeeding LARC Support services	Provide specific and general information to: YM2B Babes in arms Children's centres Health visitors Midwives The Parenting Strategy FIS TYS Future prospects Employers Further ed Young parent's groups  Facilitate young parent's events
• BME	All the above	Look into the feasibility of providing information in other languages that is acceptable to faith, values and culture disseminated through the same channels as above.
• LDD	Relationships Delay	Delivered through the same channels as above including but:

	<p>Social Norms Emotions/puberty Myths/facts Contraception/STI's services</p>	<p>School Nurses</p> <p>Through training to staff at special schools.</p> <p>Information to parents</p> <p>Linking with local LDD strategies Specific targeted literature.</p>
<ul style="list-style-type: none"> <li>• Educated otherwise</li> </ul>	<p>The same as messages as above</p>	<p>Through: REOTAS ALPS/PETC/PAYP/TYS Young Peoples Service/ Connecting Youth Culture Connexions IPA's</p>
<ul style="list-style-type: none"> <li>• Young offenders</li> </ul>	<p>The same messages as above</p>	<p>Through: YOT ISSP TYS REOTAS/ALPS</p>
<ul style="list-style-type: none"> <li>• 2<sup>nd</sup> unplanned pregnancies</li> </ul>	<p>Contraception STIs LARC</p>	<p>Produce literature on LARC and provide through termination services Midwives Health Visitors Children's centres</p>

# Appendix 1

## Supporting Pregnant Teenagers and Teenage Parents Programmes

Some groups of young people in particular teenage parents are periodically targeted by the media. It is recommended that the following guidance is adhered to when using the media to support local programmes for pregnant teenagers and teenage parents.

### Purpose of the guidance

- To support programmes in dealing proactively and reactively with the media.
- To protect young people from negative publicity.

### Proactive publicity

Programmes might wish to utilise the media to publicise the work that is taking place to support pregnant teenagers and teenage parents in York and North Yorkshire. It is important that a consistent message is given to the media when promoting local support for pregnant teenagers programmes, therefore the following information might be helpful when preparing a press release/interview with the media.

Information that could be included in a press release:

- this programme has been established to offer a dedicated service for pregnant teenagers in York/ North Yorkshire/ x district;
- specialist support for pregnant teenagers and teenage parents has been proven to be effective in improving outcomes for the young mother and her child;
- programmes ensure pregnant teenagers and teenage parents receive the support they need to make successful futures for themselves and their children;
- this programme is part of a wider teenage pregnancy strategy that aims to halve the rates of teenage pregnancies and improve the level of support for teenage parents;
- the programme includes advice and support on preparing for the birth of the baby, healthy lifestyles, educational opportunities and childcare; Breastfeeding, and LARC – contraception following the birth of a baby.
- it is a good example of agencies working together in partnership; Agencies involved include midwives, children's centres, health visitors, youth workers, connexions PA's etc. (Add in agencies involved in order to recognise their contributions);
- you could include comments from young people on the benefits of the programme (See below for guidance on using pregnant teenagers and teenage parents in publicity);

Issuing a press release might lead to further enquiries from the press. Refer to dealing with reactive publicity for advice on how to respond to media enquiries.

Utilise the support of the Teenage Pregnancy Strategy Co-ordinator or CYC/NYCC press office (Contact details below) who can offer guidance on dealing with the media.

### **Responding to press interest (Reactive publicity)**

**Always** seek advice from your press officer or the Teenage Pregnancy Strategy Co-ordinator before speaking with the media. Agencies might have different guidelines for handling media enquiries and an agreed spokesperson for communicating with the media.

Only respond to enquiries relating to your programme and enquiries that you feel comfortable with. Refer other media enquiries to the press officer or the Teenage Pregnancy Strategy Co-ordinator. E.g. enquiries about the teenage pregnancy strategy or the wider strategy to support pregnant teenagers/teenage parents.

Use the above lines to take to ensure consistent messages are given and the benefits of the programme are promoted.

On occasions the aims of the programme might be questioned. There are a small minority of people who believe that providing support to pregnant teenagers encourages teenagers to get pregnant. If this happens the following lines might be helpful:

- teenage parents are less likely to finish their education and more likely to bring up their child alone in poverty. This can lead to negative outcomes for themselves and their child/ren. Offering support to pregnant teenagers aims to break the cycle of deprivation and encourages teenage parents to access education, training or employment;
- national evidence shows that 70% of teenage parents are not in education, training or employment. This programme plays an essential role in encouraging young parents to return to education training or employment;
- the programme also focuses on preventing 2<sup>nd</sup> unplanned pregnancies – research suggests that 20% of under 18 conceptions are 2<sup>nd</sup> pregnancies;
- research clearly shows that entitlement to benefits, housing or support is not a factor in motivating young people to become parents;
- nearly three quarters say that early motherhood has increased their determination to get a good job; nearly two thirds that it has increased their self-esteem, and virtually all that it has made them feel more responsible;
- the programme is part of a wider strategy to reduce teenage pregnancies. Children born to teenage mothers are more likely to live in deprived areas, do less well at school and disengage from learning early – all of which are risk factors for teenage pregnancy and other poor outcomes;

### **Using pregnant teenagers and teenage parents in local publicity**

The media are often interested in finding out the views of young people to bring a story to life. This could include photographs, interviews, quotes from young people or case studies.

**Tips:**

Find out what angle the reporter is coming from – are they looking for a positive story?  
Find out what information the reporter requires/questions will be asked, and help prepare the young person before the interview.  
Make sure you get permission from the young person  
Make sure the young person is aware of where the story will be published and any potential implications  
Avoid using personal details You could provide a different name  
Make sure you are in control of the interview  
Ask to look at the article before it is published to check for accuracy (negotiate this before the interview)

**National media:**

National television companies and national newspapers/magazines are often on the look out for pregnant teenagers and teenage parents to include in documentary series or articles. Journalists often insist that they want to portray a positive image of teenagers, but in most cases they are looking for a newsworthy story that may not be in the best interests of the young person.

**The North Yorkshire Teenage Pregnancy Strategy Group and City of York Teenage Pregnancy Partnership Board would strongly discourage agencies from putting forward young people to work with television companies or national newspapers and magazines without first consulting with the Teenage Pregnancy Strategy Co-ordinator**

If staff are unsure about the authenticity/motivations behind any media request please contact your Local Teenage Pregnancy Co-ordinator who will liaise with the National Teenage Pregnancy Unit.

**For further information or support please contact:**

North Yorkshire Teenage Pregnancy Strategy Co-ordinator  
Carly Walker: [carly.walker@northyorks.gov.uk](mailto:carly.walker@northyorks.gov.uk) 01609 536910  
City of York Teenage Pregnancy and Sexual Health Coordinator  
Amanda Gaines: [amanda.gaines@york.gov.uk](mailto:amanda.gaines@york.gov.uk) 01904 554337

NYCC Press Officer

Michael Sargood: [michael.sargood@northyorks.gov.uk](mailto:michael.sargood@northyorks.gov.uk) 01609 532206

CYC Press Office

Claire Johnston [claire.johnston@york.gov.uk](mailto:claire.johnston@york.gov.uk) 01904 551068

Please send copies of any newspaper articles to the Teenage Pregnancy Strategy Co-ordinator where possible.

**Always seek advice from the PR officer for your organisation before talking to the press. If unsure about how you should respond, contact Carly Walker (North Yorks) or Amanda Gaines (York) who can liaise with the Department of Health and Teenage Pregnancy Unit.**

**Useful Websites**

[www.ruthinking.co.uk](http://www.ruthinking.co.uk)

[www.northyorks.gov.uk](http://www.northyorks.gov.uk)

[www.yor-ok.org.uk/teenagepregnancy.html](http://www.yor-ok.org.uk/teenagepregnancy.html)

[www.everychildmatters.gov.uk/health/teenagepregnancy/](http://www.everychildmatters.gov.uk/health/teenagepregnancy/)

[www.nyypct.nhs.uk/stayinghealthy/factsheets.htm](http://www.nyypct.nhs.uk/stayinghealthy/factsheets.htm)

## Appendix 2

### **Suggested Lines to Take in the event of a negative reaction from the press to a teenage pregnancy issue**

#### **The teenage pregnancy strategy is not effective**

The UK has the worst record on teenage pregnancy in Europe. The Government's Teenage Pregnancy strategy is drawn from the evidence of what works. This is a multi-faceted approach with a range of measures to help young people resist pressure to have early sex, to improve sex and relationship education, to support parents in talking to their children and to improve young people's access to contraceptive advice through services in a range of community settings, which may include schools. There are early encouraging signs that the teenage pregnancy strategy is working with a 6% fall in the under 18 and under 16 conception rates since 1998.

The local teenage pregnancy strategy has been developed and continues to be implemented with a wide range of representation from health, education, social services, housing and community and voluntary organisations. The involvement of young people is central to ensure that the strategy meets their expressed needs.

#### **Cost effectiveness of the Teenage Pregnancy Strategy**

The Teenage Pregnancy Strategy is a low cost programme (Nationally £60m over the first three years of implementation) which delivers large savings to the NHS and the wider public sector: Providing a teenager with contraception costs £80pa, and saves the NHS at least £750 for every pregnancy prevented (DH estimate). Teenage mothers experience much higher rates of infant mortality - death rates for them are 60% higher than for babies of older mothers. Babies of teenage mothers are more likely to have low birth weights, have childhood accidents and be admitted to hospital.

Over £100m is spent each year on benefits for teenage mothers aged under 18 (Ref: SEU Report). Around one-fifth of all female 16-18 year olds not in education, training or employment are teenage mothers. A recent analysis of the current public finance costs relating to 16-18 year olds not in education or work show that the cost of teenage motherhood is £369m (cf. only £174m relating to unemployment, £260m to inactivity and £6m to crime)\*. This is before the longer term social costs arising from the high risk that children born to teenage parents will grow up in poverty and suffer poor health and educational outcomes.

**Does sex and relationship education increase the rates of teenage pregnancy? Should we be teaching abstinence education to reduce teenage pregnancy?**

There is no research evidence to show that abstinence education either delays sexual activity, increases contraceptive use or reduces teenage pregnancy rates. The best available evidence shows that school based sex and relationship education can be effective in reducing teenage pregnancy especially when linked to access to contraceptive services. The most reliable evidence shows that sex and relationships education does not increase sexual activity or teenage pregnancy rates or lower the age of first sex. (*Emerging Answers*. Douglas Kirby US)

### **Is emergency contraception a form of abortion?**

In 1982 the Attorney General ruled that emergency contraception is not a method of abortion. The method works before pregnancy is established when the fertilised egg implants in the womb.

The issue of whether or not emergency contraception is an abortifacient was considered earlier this year by the High Court, in a case brought by the Society for the Protection of the Unborn Child (SPUC). SPUC were seeking a ruling that the emergency hormonal contraception is an abortifacient and its supply, administration and use constitutes an offence under sections 58 and 59 of the Offences Against the Person Act 1861.

On 18 April 2002 Justice Mumby ruled that the supply and use of emergency contraception is lawful and that the prevention of implantation, which is brought about by emergency contraception products, does not amount to procuring a miscarriage under the 1861 Act.

The decision confirms the Government's long held position that a pregnancy begins at implantation not when an egg is fertilised. Emergency contraception works before implantation and cannot cause an abortion if taken post implantation. The judgement also upholds the statement made to Parliament by the then Attorney General, Sir Michael Havers, on 10 May 1983 confirming the lawfulness of the supply and use of emergency contraception.

### **Does providing emergency hormonal contraception and sexual health services encourage young people to have sex?**

A comprehensive review of international research shows that the provision of specialist youth contraceptive services increases the use of contraception without increasing sexual activity. During the 1990s when there was an increased attendance by under 16s at family planning clinics, the under 16s conception rate decreased by 10%. During the same period there was no increase in sexual activity among under 16s.

Three quarters of teenage pregnancies are unplanned and more than three quarters of young people visit contraceptive advice services after becoming sexually active.

The teenage pregnancy strategy aims to encourage young people to access sexual health advice *before* they have sex for the first time. 31% of young women and 27% of young men aged 16-21 reported intercourse under the age of 16.

### **Should emergency contraception be issued in schools?**

These services offer advice and support on a range of issues such as bullying, depression, sexual health and eating disorders. The Government continues to support the provision of school based services where the governing body and the school community identify a need. The extent of that service is for the governing body to decide in consultation with parents, school staff, pupils and the wider community. Information about the service should be clearly provided as part of the school's Sex and Relationship Education policy.

Where emergency contraception is provided in a school based health service it is only supplied under medical supervision by trained health professionals working within the same legal and professional framework as in any other setting. Emergency contraception is a safe and effective method of preventing pregnancy after unprotected sex or failed contraception. Decisions to use the school nurse as an additional point of access to contraception have been taken by the governing bodies of the schools concerned to address pockets of high conception rates, particularly in rural areas where limited public transport prevents young pupils from visiting community NHS clinics.

Outside the teaching situation, in one to one consultations with pupils, school nurses work within their professional code of confidentiality and the legal framework established in 1985. It includes encouraging the young person to involve their parents, but where this is refused, the health professional's professional code states that confidentiality must be maintained, unless there are serious child protection issues.

One of the key strands of the strategy is to improve young people's uptake of advice by developing a range of accessible services to meet local need. School based services are provided as part of the sex and relationship education policy of the school and after consultation with, and securing the broad support of parents.

A report from Ofsted on SRE (published 30 April 2002) highlights a school based service as an example of good practice. Research from the US shows clearly that providing contraceptive services on school premises does not accelerate the onset of first sex, nor increase the amount of sexual activity.

Research consistently shows that the vast majority of parents support school based sex and relationship education. Recent research suggests that parents also understand the importance of confidentiality in ensuring young people have access to accurate information and advice. Over 80% support the provision of confidential contraceptive advice to under 16s.

Schools with on-site services report that pupils benefit from being able to have **early** access to one to one support which many of them are not accessing from other community services. If a young person has had unprotected sex, it is vital that they have access to this early advice. Schools also report benefits for teachers who feel that the service helps to address pupils' pastoral and

health needs which, in their teaching capacity, they are not fully able to meet. This in turn can contribute to pupils' attendance and learning.

The provision of emergency contraception by school nurses is a local decision for the governing body of individual schools. In the few cases where schools decide to extend the role of the school nurse to include the issuing of contraception, this must be made clear in the school's sex and relationship education policy, which must have been developed in consultation with parents and have their broad support.

School nurses are trained professionals, who are skilled at communicating with and counselling young people and are often knowledgeable about individual pupil's situations. They can facilitate communication between the pupil and their parents and encourage the young person to access services for on-going contraceptive advice when appropriate.

School nurses can only supply emergency contraception using a Patient Group Direction. A Patient Group Direction is a written instruction for the supply or administration of medicines to groups of patients without an individualised doctor's prescription. The supply of medicines under PGDs is still considered to be under medical supervision.

PGDs are drawn up locally under regulations and guidance issued in August 2000. They apply to pharmacists, nurses and other designated health professionals and are authorised by the Clinical Governance Lead in the Health Authority or community NHS Trust.

The Government's Teenage Pregnancy Strategy recognises both the importance of helping young people resist peer pressure to have sex and increasing young people's use of contraception once they become sexually active.

A four year study of 95,000 women aged 14-29 found that repeated use of emergency contraception was rare and that many women used regular contraception for the first time after use of emergency contraception.

Under 16s seeking emergency contraception are at risk of pregnancy or abortion after having unprotected sex. Hormonal emergency contraception is safer than abortion, and carries less associated health risks than pregnancy.

### **Should emergency contraception be issued in pharmacists?**

Emergency contraception is most effective when the first dose is taken within 24 hours of unprotected sex so early access is vital. Research shows that women value access to free emergency contraception through pharmacists and we are looking to improve access through this route. It is providing an additional route of access for women.

All pharmacists providing NHS funded emergency contraception to under 16s work within an established legal framework and have all received appropriate training. They are trained to ensure that young women are encouraged to visit local services that provide other forms of contraception including

condoms to protect against sexually transmitted infections as well as unwanted pregnancies.

In a national evaluation tracking survey, fewer than one in five parents were against providing contraceptive advice to under-16s.

Under 16s seeking emergency contraception are at risk of pregnancy or abortion after having unprotected sex. Hormonal emergency contraception is safer than abortion, and carries less associated health risks than pregnancy.

### **Should emergency hormonal contraception be issued to under 16's without parental knowledge?**

All professionals providing emergency contraception under 16s work within an established legal framework. This permits the provision of contraceptive advice and treatment to young people under 16 without parental knowledge if a health professional, including pharmacist, is satisfied that the young person is competent to fully understand the implications of the treatment. Professionals can facilitate communication between the pupil and their parents and encourage the young person to access services for on-going contraceptive advice when appropriate.

Under 16s seeking emergency contraception are at risk of pregnancy or abortion after having unprotected sex. Hormonal emergency contraception is safer than abortion, and carries less associated health risks than pregnancy.

Fewer than 3 in 10 (28%) parents think that giving free contraception to under 16's is wrong; fewer than one in five take the same view on provision of confidential contraception advice to under 16's. Only a small minority think using EHC is wrong. (Teenage pregnancy strategy evaluation team. June 2002)

### **Should condoms be issued to under 16's?**

There is no law to prevent professionals such as youth workers giving out condoms to under 16's. Condoms can be issued to groups during an information session.

Professionals who do issue condoms to under 16's for contraceptive purposes should have received training, and follow the Fraser guidelines which state that "health professionals can give contraceptive advice and treatment to young people under 16 without parental consent provided the professional is satisfied that the young person is competent to understand fully the implications of any treatment and to make a choice of the treatment proposed."

Advice will also be given about using condoms correctly, information about sexually transmitted infections and services and where to access emergency contraception if the condom breaks or is not used.

### **Sexually Transmitted Infections**

There are many reasons for an increase in STI's: better diagnostic tests and greater access to services, along with increased partner change, more

unprotected sex, a lack of consistent health education campaigns and a traditional reluctance to talk openly about sex.

The key to long term reduction in STI rates is a robust combination of increased resources, improved services, earlier, more effective sex and relationships education and brave public education campaigns.

The TP strategy recognises that young people often lack the accurate information, knowledge and skills to access and use contraception and condoms effectively. This is being addressed by new SRE guidance to schools reinforcing the importance of effective teaching about contraception and *Best Practice Guidance* on youth friendly services, providing sufficient time for discussion with health professionals. This is backed by a national media campaign which reinforces the messages about using contraception and the importance of condoms in preventing sexually transmitted infections.

### **Why does the strategy include working with parents of teenagers?**

Research demonstrates that children who can talk openly to their parents about sex and relationships are more likely to delay first sex and more likely to use contraception when they become sexually active. Work is underway, both nationally and locally to address the embarrassment that many parents report and support them in talking to their children about sex and relationships.

Research consistently shows that the vast majority of parents support school based sex and relationship education. Recent research suggests that parents also understand the importance of confidentiality in ensuring young people have access to accurate information and advice. Over 80% support the provision of confidential contraceptive advice to under 16s.

83% of parents surveyed believe there would be fewer teenage parents if more parents talked to their children about sex, relationships and contraception. Only 8% disagree.

### **Will improving support for teenage parents encourage more teenage pregnancies?**

Teenage pregnancy is an important cause of poor health and social outcomes for both teenage parents and their children. The daughter of a teenage mother is one and half times more likely to become a teenage mother than the daughter of an older mother.

Providing better support to pregnant teenagers and teenage parents, through the provision of supported housing, access to affordable childcare and personal advisor support through Connexions, aims to break the cycle of disadvantage from one generation to the next, by increasing the participation of teenage parents in education, training and employment.

Research shows clearly that entitlement to benefits or housing is not a key factor in motivating young women to become teenage parents.

### **Advantages and disadvantages of early motherhood** (Teenage pregnancy strategy evaluation, June 2002)

- More than three quarters of young mothers felt they had had a child too early
- Despite perceiving negative consequences of early motherhood, fewer than half think that they have lost out in terms of life chances and material prosperity

- Two thirds of young mothers feel lonely and nearly half attribute social isolation to early motherhood
- Nearly three quarters say that early motherhood has increased their determination to get a good job; nearly two thirds that it has increased their self esteem, and virtually all that it has made them feel more responsible

### **Are Baby think it over programmes effective?**

Baby think it over electronic simulators are being used in schools, colleges and youth groups across the country as part of sex and relationships education in the hope that they will delay pregnancy and parenthood for young people. They aim to provide an insight into what it is really like to be a parent. They can help to raise awareness of the expense of having a child, and the impact that it can have on their lives.

However the Baby Think it Over simulators should be used carefully as part of a wider sex and relationships programme, and following the protocol that has been developed as part of the North Yorkshire teenage pregnancy strategy.

# Appendix 3

## NORTH YORKSHIRE AND YORK YOUNG PEOPLE'S SEXUAL HEALTH MEDIA GROUP.

### Terms of Reference

The North Yorkshire and York Young people's Sexual Health Media Group is a multi disciplinary and multi agency task group convened to support the Teenage Pregnancy and Sexual Health work within the county.

#### **Purpose of the group**

To develop a county wide media and communications strategy so that young people, parents and professionals are given appropriate and accurate messages in a way that is relevant to them.

#### **Policy Context**

*The Teenage Pregnancy Strategy (1999)* aims to reduce the risk of long-term social exclusion for both mother and child by halving the number of teenage conceptions and increasing the number of teenage mothers in education, training and employment to 60% by 2010.

*The National Strategy for Sexual Health and HIV (2001)* aims to:

- Reduce the prevalence of undiagnosed HIV and STI's,
- Reduce unintended pregnancy rates
- Improve health and social care for people living with HIV
- Reduce the stigma associated with HIV and STI's.

#### **Membership of the group**

The following agencies are invited to participate in the group: Connecting Youth Culture (CYC), Youth Service for York and North Yorkshire, Healthy Schools, City of York Teenage Pregnancy Co-ordinator, North Yorkshire Teenage Pregnancy Co-ordinator, PCT – Public Health and Media/communications rep.

- The Chair and/or the Teenage Pregnancy co-ordinators will ensure that the outcomes from this meeting will be represented at appropriate strategic meetings
- The Terms of Reference will be reviewed annually
- Administration for the meeting will be the responsibility of the Teenage Pregnancy Co-ordinators. They will ensure that minutes, agenda's and relevant papers are received by group members within appropriate timescales.
- The Chair of the meeting will be nominated by the group. Currently this is a Public Health representative from North Yorkshire and York PCT.

- The group will meet every 6-8 weeks for up to 2 hours. All members of the task group have responsibility for contributing to the success of the group and ensuring that the work of the group is appropriately represented/cascaded within their own organisation and in relevant reports/documents.

### **Aims of the Group**

- To develop a North Yorkshire and York Sexual Health Media Strategy
- To devise an annual programme of planned campaigns to raise the key messages with young people, parents and professionals
- To keep up to date with and ensure that local campaigns are in-line with national media campaigns and programmes.
- To share good practice and support each other.
- To promote evidenced based practices within communications, including social norms theories and social marketing principals where appropriate.
- Individuals who participate in the group will have the opportunity to communicate about the work they do with young people in a supportive environment this will inform the insight needed to develop a successful media campaign programme.
- Decisions will be made through consensus where possible. When there is conflict of interests these will be declared.
- Application for funding for specific campaigns will be made to the appropriate Boards through representatives on this group.
- The group will endeavour to find an appropriate mechanism to keep accurate data and evaluation resulting from the campaigns, this may be in the form of press articles printed, radio time/coverage and opportunistic feedback from young people.
- To group should aim to have appropriate representation from young people and involve them in each stage of the process.
- As some confidential information regarding young people's details may be disclosed within these meetings, each group member is responsible for maintaining confidentiality.

### **Current priorities include:**

- Delaying early sex
- Social Norms
- Preventing unplanned pregnancies,
- Contraception including EHC and LARC
- Condom use specifically
- Choice
- Signposting to services

**Date approved:**

**Review Date:**