

KENT COUNTY COUNCIL LOCAL BOARDS

NOTES OF MEETING

SHEPWAY LOCAL BOARD

Date: Wednesday, 21 May 2008
Venue: The Shed, Folkestone Harbour

Present:

Local Board Members: **Roland Tolputt**

Apologies for absence: Chris Capon, Robert Bliss, Susan Carey, Richard Pascoe and Frederick Wood-Brignall

KCC Officers: **David Geoghegan (Community Liaison Manager)**

A1. Welcome to the meeting

Unfortunately only one Member could attend this meeting and rather than cancel the event it went ahead with the CLM facilitating. Roland Tolputt explained his role in Select Committees and the recommendations from the Alcohol Misuse and Sexual Health Select Committee were made available and are attached as an appendix to these notes.

A2. Declarations of Interests by Members in Items on the Agenda for this Meeting.

There were no declarations of interest for this meeting.

A3. Presentations

KCA

Andy Knight gave a very interesting and informative PowerPoint presentation (attached as an appendix to these notes).

Teenage Pregnancy

Ruth Heron briefed the meeting about accelerating the strategy to 2010 to reduce teenage pregnancy (attached as an appendix to these notes).

The Gr@nd Project

John Britt, Service Manager for Public Health and Community Engagement spoke about the project in Gravesham (attached as an appendix to these notes).

A4. Future Local Board Meetings in 2007/8 – Dates, venues and possible agenda topics.

The next Local Board meeting will be on 15 July 2008.

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Recommendations of the Alcohol Misuse Select Committee

1. The Alcohol Misuse Select Committee recommends that:

Kent County Council (KCC) establishes, in partnership with Kent Primary Care Trusts (PCTs), an independent task board which will carry out a comprehensive and systematic needs assessment of alcohol service provision in Kent. This review should investigate, quantify and evaluate the current level of need and the financial resources available in both East and West Kent; it should consider coordination, commissioning and provision mechanisms involved; it should assess the effectiveness of local alcohol treatment systems in all the four tiers of intervention, and it should explore opportunities for savings in order to maximise budget spend on service delivery. The Kent Drug and Alcohol Action Team (KDAAT) should produce an annual updating report indicating in the various areas of operation the number of individuals receiving treatment and the reasons for their referral.

2. The Committee recommends that the needs of all those individuals requesting assistance, especially those caring for dependants, should be assessed carefully, and that treatment should be prioritised according to the importance and urgency of each situation.

3. The Select Committee recommends that:

The outcomes of the needs assessment should inform the production of an overarching alcohol strategy for Kent. The production of the strategy, aiming at reducing the impact of alcohol misuse in Kent, should be lead by KDAAT. The strategy should address a variety of issues including treatment services, underage drinking, public awareness, alcohol-related crime and responsible retailing. It should clearly identify effective actions to be taken, together with responsibilities and accountability of all the agencies involved in the coordination, commissioning and provision of alcohol-related services. The strategy should include mechanisms that will evaluate and monitor the progress of its implementation, and it should encourage closer collaborative ties between all the agencies involved.

4. The Committee urges KCC to lobby Central Government to raise the priority and profile of the issue of alcohol misuse in the UK. KCC should press for an increase in funding to finance services dealing with alcohol misuse. This pressure should be carried out through the influence of the Local Government Association (LGA), as well as through direct contact with Central Government agencies.

5. KCC should ensure that the distribution of financial resources for alcohol-related services is monitored, amongst other methods, through Local Area Agreement (LAA) structures and mechanisms. KCC should prioritise the allocation of resources for these crucial alcohol services, given their impact across so many other aspects of life.

6. The Committee recommends that:

KCC establishes closer links with local academic institutions, such as the University of Kent, in order to deal with alcohol misuse. Work should be carried out with the European Institute of Social Studies (EISS) of the University of Kent, in an effort to attract European Union funding to finance alcohol misuse services in Kent. KCC

should liaise with EISS to encourage the participation of both the alcohol industry and Kent-based agencies dealing with alcohol misuse in the EU Alcohol and Health Forum. Care should be taken to present the Forum with the many projects that the alcohol industry in Kent may initiate.

7. The Select Committee urges that the effectiveness of GPs in early identification and referral of alcohol misusers in Kent should be improved. All GPs in Kent should be strongly encouraged to attend special training that will help them identify alcohol misusers, especially those with dependants.

8. GPs and other primary care staff should increase the provision of “motivational brief interventions” and advice to individuals drinking excessively, but not yet experiencing major problems resulting from excessive consumption. Funding sources to finance these brief interventions should be identified by Kent Primary Care Trusts (PCTs).

9. The Committee urges that KCC offers immediate intervention to support those with urgent needs, such as children mistreated by alcoholic parents, young carers of misusers and misusers suffering from alcohol withdrawal crises. If during assessment a parent is identified as in need of alcohol treatment, KCC Social Services should ensure that support is provided to ascertain that the children are properly cared for.

10. It is paramount that additional temporary sheltered housing should be facilitated by KCC for individuals recovering from alcohol addiction, particularly those discharged from hospitals, prisons and residential alcohol treatment, in order to prevent relapse.

11. The Select Committee supports the promotion of a hard-hitting health campaign targeted at the young to increase their awareness and so reduce the damaging effects of alcohol. The Committee urges that this campaign should stress personal responsibility and self esteem, give information about sensible drinking and about the variety of alcohol-related services available in the County

12. In order to help those seeking support, the Select Committee recommends that:

1. A logo, which facilitates the identification of all alcohol services in the County, is adopted.
2. The “alcohol” section in the KDAAT website is developed and expanded.

13. KCC should produce a directory in hard copy of all alcohol-related services available in the County which includes all voluntary sector provision, to aid partners and clients to access help for individuals in crisis.

14. The Alcohol Misuse Select Committee recommends that:

More consistent Personal, Social and Health Education (PSHE), which includes effective alcohol education, should be delivered in both primary and secondary schools in Kent. PSHE accreditation for both teachers and nurses should be widely supported. The organisation and promotion of this training should be carried out by Schools Drugs Education Advisers through Local Children’s Services Partnerships. The Kent PSHE Advisory Group should pay particular attention to this

recommendation when investigating young people's personal health and wellbeing in the County.

15. The Committee recommends that the inclusion of persons recovering from alcohol addiction in the delivery of alcohol education in schools in Kent should be considered by Local Children's Services Partnerships. Guidance for schools will ensure that lessons delivered by outside speakers, including previous alcohol misusers, comply with a clear quality assurance framework.

16. The Committee commends that parents and Kent-based primary and secondary schools should work in partnership to promote legal, safe and sensible drinking. Schools should involve parents in their children's alcohol education by transferring learning about sensible drinking into the home.

17. Successful initiatives dealing with other related health issues, such as drug misuse, drink driving and sexual health, should be explored for adaptation to the theme of alcohol misuse. KCC should support the delivery of these initiatives in tackling alcohol misuse.

18. The Select Committee commends and supports the work carried out by the Safer and Stronger Communities Group and its sub-group, in their effort to reduce alcohol-related crime linked to the night-time economy and to deal with domestic violence in Kent. It recommends that this work should be comprehensive, including the diversity of offences fuelled by alcohol misuse which are not necessarily of a violent nature.

19. The Select Committee urges that:

Communication between agencies at county level and those at more local level should be enhanced. Better data sharing between organisations dealing with alcohol-related crime, such as the police and Crime Disorder Reduction Partnerships (CDRPs) should be secured. The sharing of best practice between Kent-based CDRPs in tackling alcohol-related disorder should be improved. Both Central Government and the alcohol industry should be encouraged to provide data and finance.

20. The Committee strongly recommends that the Kent-based alcohol misuse conference, including representatives of local authorities, CDRPs, KDAAT and the alcohol industry, is established.

21. The Alcohol Misuse Select Committee urges that:

All hospitals in Kent improve Accident and Emergency (A&E) data gathering on injuries resulting from alcohol-related violence. All A&E departments in Kent should be strongly encouraged to collect and share data with other agencies in order to pinpoint "hot spots" and sources of crime resulting from alcohol misuse, and should quantify accurately NHS costs of dealing with health consequences.

22. KCC should recommend that magistrates are provided by Her Majesty Court Service (HMCS) with training which will enable them to deal more effectively with alcohol-related crime.

23. The Select Committee supports the KCC Towards 2010 target 58 to work with off licence pub and club owners to reduce alcohol fuelled crime and disorder, anti-social behaviour and domestic abuse. In addition, we recommend that problems of drinking outside the curtilage of licensed premises should be addressed, and that KCC should seek to discourage the practices of discounting alcoholic drinks, charging high prices for soft drinks and other strategies that could promote irresponsible drinking by all retail outlets.

24. The Committee recommends that:

KCC supports, where appropriate and after other measures have been explored, the establishment of alcohol free areas and of Alcohol Disorder Zones, which can require premises failing to implement actions designed to reduce alcohol-related anti-social behaviour in their vicinity to contribute towards the cost of the additional policing necessary to suppress the disruption. Kent Police, Trading Standards and other appropriate agencies should increase their efforts to identify retailers who supply alcohol to under age persons and ensure that penalties are applied.

25. The Committee recommends KCC to improve public knowledge of the rights to object to licence applications for the sale of alcohol and to call for license reviews if problems of public nuisance occur. Local experience of public nuisance was previously submitted via Parish Councils, and the Select Committee recommends that KCC engages the support of the Kent Association of Parish Councils to lobby Government to reinstate Parish Councils as consultees in license applications.

26. The Select Committee urges KCC to engage and encourage Central Government to ensure that the rate of taxation of drinks increases proportionally with their alcoholic strength. A greater part of the additional revenue accrued from alcohol taxation should be re-invested for the prevention and treatment of alcohol misuse.

27. The Committee recommends that KCC supports Central Government's engagement of large supermarket chains encouraging them to review their alcohol marketing strategies, including "loss leader" discounting practices, and to ensure that alcohol is not sold to under-age customers.

28. The Committee commends that KCC encourages Central Government to make Personal, Social and Health Education (PSHE) a statutory subject with inspection by Ofsted (please refer to Appendix 4 for related recommendations in KCC PSHE report).

Recommendations of the Children's Health/Personal, Social, Health and Education Committee Select Committee

1. That all those dedicated individuals working to provide young people in Kent with high standard sexual health services be commended.
2. The Committee urges that all key agencies be wholly committed and signed up to the Kent Teenage Pregnancy Strategy in an effort to decrease the rate of teenage pregnancy.
3. The Committee endorses and supports all the efforts of the Kent Teenage Pregnancy Partnership. It recommends expanding the Partnership's reach to all the young people in Kent by further promoting its sexual health services in places young people frequent.
4. The Committee strongly recommends the broad production, promotion and distribution of discreet information on local sexual health services and support.
5. The Committee recommends that all partner agencies involved must facilitate the expansion of the National Chlamydia Screening Programme, to ensure full screening coverage of all sexually active young people in Kent under the age of 25.
6. That GUM clinics must replace appointments with a "walk in" service. The Committee insists that the proportion of Genito-Urinary Medicine (GUM) clinic attenders offered an appointment within 48 hours of contacting the service must reach 100% by 2008.
7. That the number of school nurses working in secondary schools in Kent be increased, and that the number of accessible, confidential and young people friendly sexual health clinics in all secondary schools in Kent be raised by at least one per cluster by 2008.
8. The Committee commends and supports all those working with disengaged, vulnerable young people, and urges the effective re-integration of more young mothers and fathers into school to complete their statutory education.
9. The Committee recommends that all schools in Kent work towards Healthy Schools validation by March 2009, through a process which is all inclusive to parents and governors.
10. The Committee strongly recommends a strategy for a more consistent and systematic Personal, Social and Health Education (PSHE) delivery, that is coupled with more robust assessment and monitoring methods, and that is adopted in all primary and secondary schools in Kent.
11. The Committee urges that the new RE and Citizenship Advisor remains permanently in place to ensure that one advisor is permanently and wholly responsible and accountable for PSHE in Kent.
12. That PSHE certificates for both teachers and nurses be widely promoted and supported. That each school cluster in Kent has a PSHE lead and each secondary school in Kent has at least one PSHE certified teacher. That PSHE awareness be

raised through a countywide multi-agency conference, which includes all the decision makers, by March 2008.

13. The Committee strongly urges the County Council to press Government to make PSHE statutory and therefore part of the core curriculum, thereby ensuring that a selection of PSHE lessons are duly observed during inspections by Ofsted.

14. The Committee insists that all secondary schools in Kent ensure access to websites such as “foryoungpeople”, “RUthinking” and “Frank”, and that they provide permanent information on local sexual health services on a visible notice board.

15. The Committee recommends that school governors ensure that strong and consistent sex and relationships education within a PSHE framework is delivered. That SRE be taught appropriately from primary school and by specialist teachers.

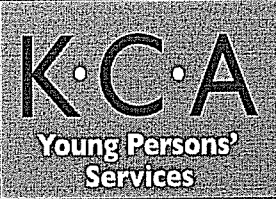
16. The Committee strongly recommends that the “relationships” aspect of SRE be emphasised more than the biological aspect, and that, in order to reflect this emphasis, the name “sex and relationships education” be changed to “relationships and sex education”.

17. That the nature of SRE lessons reflects equality of responsibility between boys and girls, and therefore that it has a stronger focus on young men and on their attitudes and responsibilities when negotiating sexual relationships. That it be considered to teach particular aspects of SRE in single-sex groups.

18. The Committee commends that schools encourage greater involvement of both pupils and parents/carers in the planning and evaluation of SRE programmes.

A full copy of these and other Select Committee reports can be found by following the link below:-

<http://www.kent.gov.uk/council-and-democracy/democracy-and-elections/overview-and-scrutiny/select-committee-reports.htm>



K.C.A.
Young Persons'
Services

Andy Knight
Young Persons' Drug and Alcohol
Worker

Who are K.C.A?

- K.C.A is a charity
- Not part of government or police
- Provide services to a whole range of drug and alcohol users
- Vital service for young people
- Confidential service


Why are we here?

- To talk about K.C.A Y.P. Service
- Give factual information on drugs and alcohol in the U.K.
- To talk about the risks of drugs
- Highlight the law around drugs
- Inform you how to get help if needed
- We are not here to promote or condone use!

What are drugs???

A drug is any substance that can be used to modify a chemical process or processes in the body, for example to treat an illness, relieve a symptom, enhance a performance or ability, or to alter states of mind.

A word of Caution



People are all different
&
Drugs affect people differently

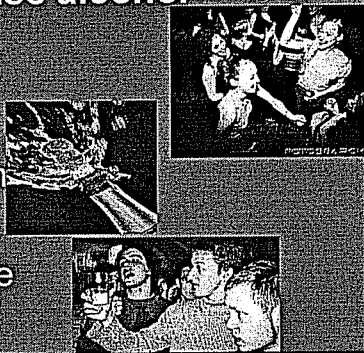
NOT ALL DRUGS ARE ILLEGAL

- Caffeine
- Nicotine
- Prescription drugs / painkillers
- Alcohol



Reasons why people culturally use alcohol

- Socialising
- Celebration
- Pub Culture



Reasons why people use drugs

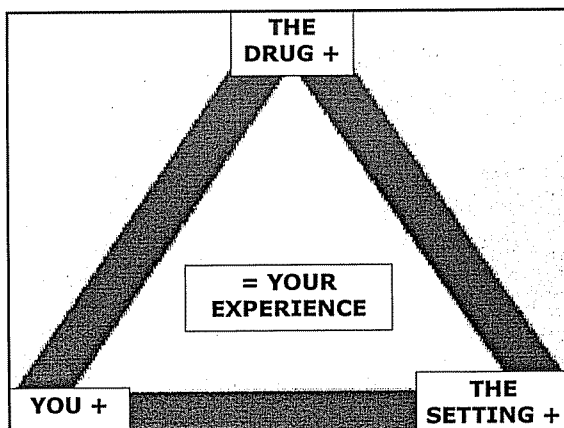
- To have fun
- To get 'high'
- Escape from problems
- Peer pressure
- To be social
- Experimentation
- Boredom
- Rebellion



THE 3 MAIN DRUG CATEGORIES

- Depressant drugs are...drugs that slow down brain activity and depress the central nervous system.
- Stimulant drugs are...drugs that speed up the heart rate, increase alertness, wakefulness and can produce feelings of euphoria.
- Hallucinogen or psychedelic drugs are...drugs that affect a person's perceptions, sensations, thinking, self-awareness, and emotions.

THE DRUG USERS EXPERIENCE...WHAT IS IT?



2 DIFFERENT EXPERIENCES

(YOU)
FEELING DOWN AND A BIT DEPRESSED

(THE SETTING)
SITTING AT HOME ALONE

(THE DRUG/SUBSTANCE)
DRINKING ALCOHOL

=
YOUR EXPERIENCE IS
LIKELY TO BE NOT SO
GOOD!!

(YOU)
FEELING GOOD

(THE SETTING)
GOING OUT TO THE
PARTY WITH FRIENDS

(THE DRUG/SUBSTANCE)
DRINKING ALCOHOL

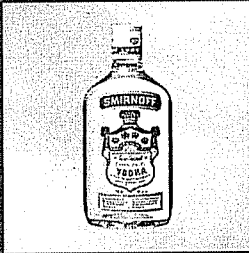
=
YOUR EXPERIENCE IS
LIKELY TO BE GOOD!!

Alcohol – (Depressant)

Slang:
Varies from region to region


Terminology:
1 Unit = 10ml of pure alcohol
1 unit =

- ½ pint beer
- 25ml spirits
- 1 small glass of wine
- 1.5 units = bottle of Alco pops




Department of Health recommended drinking levels are
MEN = 21 units weekly & WOMEN = 14 units weekly MAXIMUM!

Alcohol




Alcohol Effects

- Intoxication – being drunk
- Loss of inhibitions
- Builds confidence
- Relaxes muscles
- Loss of self-control
- Raises pulse rate & blood pressure
- Feel warm
- Calming effect
- Reduces stress
- Helps to sleep
- Socialising – having fun



Alcohol

Signs & Symptoms



During

- Drunk behaviour
- Slurred speech
- Not able to walk straight
- Loss of balance
- Drowsiness

After

- Smell of alcohol
- Hangover
- Blood shot eyes
- Lethargic & tired
- Sickness
- Shakes
- Puffy eyes
- Drinker's nose

Alcohol

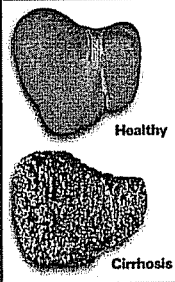
Alcohol Risks

Psychological

- Aggression
- Depression
- Dependency
- Memory loss
- Getting into risky situations
- Mood swings
- Low self esteem
- Anxiety

Physical







- Being sick
- Unprotected sex
- Blackouts
- Hangovers
- Accidents
- Becoming addicted
- Poor sleep
- Long-term = liver & heart disease, cancer
- Obesity
- Mixing with other drugs



Healthy

Cirrhosis

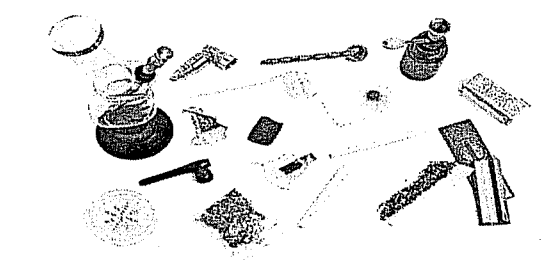
CANNABIS (Depressant)









CANNABIS


(Weed, dope, green, skunk, hash)

The main ways cannabis can be used.... Joint, Bong, Pipe, Eating it!





Cannabis effects vary



Good Effects

- Pain killing
- Relaxes you
- Sociable - makes you more friendly
- Dreaminess
- Well-being
- Giggles
- Munchies - makes you eat a lot

Bad Effects


- Can make you ill when mixed with alcohol
- Makes you forgetful
- Paranoia
- Anxiety / Panic
- Disturbs the mind / psychosis
- Damages lungs
- Tired and Lazy

IT IS ALSO ILLEGAL!


WARNING


Nationwide Cannabis Contamination
cut bud can cut lungs and seriously harm
A fine gritty like substance has been added to herbal
CANNABIS
all across the country and parts of Europe.
This contamination could potentially cause permanent damage to a persons lung and possibly cause FATALITIES

This is what to look out for
Some people have so far claimed to cough up blood since the outbreak of the
GRIT



WEED





HOW TO TEST FOR CONTAMINATION
To test for contaminated Cannabis,
Lick your finger and lightly press down on the buds.
Lick your finger again and if it is gritty it is
CONTAMINATED
DONT BUY IT - DO NOT SMOKE IT
This is the only way dealers will stop selling this UNPURE Cannabis.

Produced, printed and printed by The Legation Cannabis Alliance
PO Box 190, Norwich, Norfolk, NR2 0XD
http://www.kanix.org
For more information see: http://www.ukcin.org

Solvents – (Depressant)

AEROSOLS, BUTANE:

SLANG: Gas, tooting



Effects

- Very quick effect
- Short lasting effects (10 - 20 min's)
- Makes you feel good at first
- Blurred vision - everything you see looks blurred
- Makes you see things that aren't there
- Drunkenness

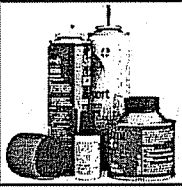
Risks - Solvents

Psychological

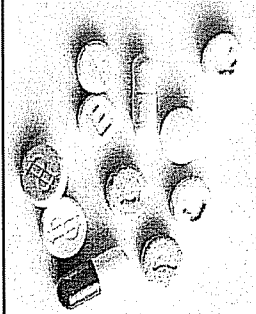
- Seeing bad things - hallucinations
- Anger
- Violence

Physical

- Can kill
- Can poison you
- Breathing in own sick
- Using a plastic bag can stop you breathing properly
- Risk of accidents
- Heart problems
- Headaches
- Stomach pains
- Cough
- Eye problem



Party Drugs- ECSTASY (Stimulant)



E's, Pills, Little 'Uns, Hexagons, X-boxes, Mitsubishis, Doves, Stars, Superman

Effects

- Effects last 4 - 6 hours
- Feel good chemicals released by brain
- Physical Pleasure
- Warmth
- Happiness
- Sensitivity to music, touch, dancing
- Increased energy like amphetamine

Party Drugs


Ecstasy Risks

Psychological

- Problems with memory - lasting!
- Not sure if your happy or sad - depression
- Feel a need to keep on using
- Dulled senses
- Confusion


Physical

- Feeling sick & dizzy
- Feeling very tired
- Risk of death
- Mixing with alcohol is dangerous
- Not drinking enough water
- Getting too hot
- Drinking too much water



Party Drugs


COCAINE



SLANG: Charlie, Sniff, Snow, Coke, Blow, Toot, "Doing a line"

Effects

- 1 line lasts ¼ to 1 hour
- Makes you more aware of your surroundings
- Confidence / arrogance
- Gives you a false energy
- Makes you talk a lot
- Makes you Feel Strong
- You don't feel hungry
- Keeps you awake




Party Drugs

Cocaine Risks

Psychological

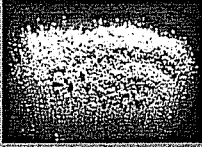
- Dependency
- Anxiety
- Depression – can make you feel sad & down
- Panic attacks
- Aggression (makes you feel like hitting someone)
- Nervousness
- Paranoia
- Brings out mental health problems
- Bad comedown



Physical

- Heart problems
- Liver & kidney problems
- Weight loss
- Lack of sleep
- Nose bleeds / problems (Septum wearing away)


Party Drugs - AMPHETAMINE (SPEED)



Speed, Whizz, Amphet', Powder, Billy, Base, Sulphate

Effects

- Lasts 3-8 hours
- Increases confidence
- Loss of appetite
- High adrenaline
- Talking a lot
- More alert
- More energy




Party Drugs

AMPHETAMINE - Risks

Psychological

- Paranoia - thinking others want to get you
- Anxiety
- Depression – can make you feel sad & down
- Panic attacks
- Nervousness
- Paranoia
- Bring out problems with your mind
- Bad comedown

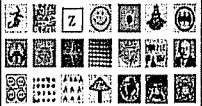


Physical

- Heart stress
- Strokes
- Overheating
- Poor sleep quality
- Lack of food
- Risky sexual behaviour
- Dry skin

Party Drugs


LSD



Trip, Acid, Blotter, Tabs, Microdot, Sunflowers, Rockets, Felix

Effects

- Effects last 8 - 12 hours
- Tingling feelings
- Feel very happy
- Makes you think your in a different world – alters consciousness
- See, smell & hear things better
- Seeing things that aren't there
- Time distortion (feels like time is going quicker/slower than it actually is)
- Giggles




Party Drugs

LSD Risks

Psychological

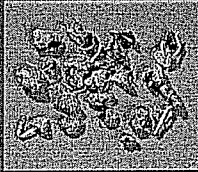

- Bad trips - bad time
- Flashbacks
- Difficulty concentrating - can't think straight
- Makes mind problems more intense
- Paranoia - thinking others want to harm you when they don't



Physical

- Accidents
- Numbness
- Tingling
- Nausea - feeling sick
- Vomiting - being sick
- Sweats - being to hot
- Chills - being to cold

Party Drugs

MAGIC MUSHROOMS

Shrooms, Mushies, Liberty Caps

Mushrooms Risks

- Effects last 4 – 8 hours
- Bad Trip
- Mood enhancing
- Depression
- Anxiety
- Hard to function in real world
- Mental health problems
- Nausea
- Tired & Drained
- Non-toxic
- Not to be mixed

Legal Status

What are the maximum penalties?

Legal Class	Drugs	Possession	Supply
A	Cocaine, Heroin, Crack, Ecstasy, LSD, Magic Mushrooms	7 years imprisonment + A fine	Life imprisonment + A fine
B	Amphetamines	5 years imprisonment + A fine	14 years imprisonment + A fine
C	Cannabis, Some tranquillizers without prescription, Ketamine	2 years imprisonment + A fine	14 years imprisonment + A fine

Cannabis, the Law and Young people

It is important to remember that the presumption against arrest is at the discretion of the police officer involved. It is not a legal right.

The law has not changed in relation to young people and cannabis. The presumption against arrest DOES NOT apply to young people. Young people caught in possession of cannabis WILL STILL be arrested (at the police's discretion) under the Crime and Disorder Act 1998 which requires young offenders to be dealt with at the police station with consequences of up to 2 years in prison.

Supply offences

The penalty for supply offences has increased from 5 years to 14 years. Technically, this includes passing somebody a joint and 'buying it for your mates'

A DRUG CONVICTION CAN AFFECT YOUR JOB PROSPECTS AND ENTRY TO MANY COUNTRIES.

Ethos of KCA Young Persons' Service

- Confidential
- Won't judge you
- Individual Assessment
- Young Person Centred
- Supportive
- Reducing harms and risks to you

IF YOU ARE USING SUBSTANCES OR ARE AFFECTED BY SOMEONE ELSE'S USE, PLEASE DON'T BE WORRIED ABOUT CALLING OUR SERVICE NUMBER BELOW

K.C.A Young Persons' Service

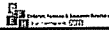
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Kent & Medway

ANY QUESTIONS?

Teenage Pregnancy: Accelerating the Strategy to 2010

Ruth Herron
Lead for Teenage Pregnancy



Partnership approach

- To halve the rate of conceptions amongst under 18 year olds by 2010
- To set a firmly established downward trend in the under 16 conception rates by 2010
- To increase to 60% the participation of teenage mothers in education, training and employment and reduce their risk of long-term social exclusion by 2010.

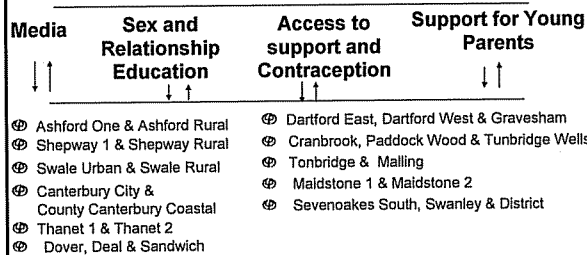
Monitoring of the Kent strategy

Kent County TPP Board

(inc TP Coordinator)

Chair: KCC Director Childrens Social Services

4 County Steering groups



Risk factors for teenage pregnancy

- Strong links with deprivation but education attainment appears to have overriding influence
- Care leavers and Looked After Children
- Some ethnic groups: mixed white, black Caribbean
- Low maternal educational aspirations of daughter at age 10
- Substance abusers
- Those with mental health problems
- Children of teenage mothers
- Young offenders
- Teenagers with a previous pregnancy: 20%

Risk factors leading to unprotected sex and therefore sexually transmitted infections & teenage pregnancy

- Sexual debut at a young age
- Low self esteem
- Abusing alcohol/drugs
- Poor negotiation skills
- Receptor of *limited* sex and relationship education
- Some ethnic groups: mixed white, black Caribbean
- Lack of confidante, unable to discuss with parents
- Disempowered due to housing/relationship issues

Outcomes for teenage parents

- Three times more likely to smoke, 50% less likely to breast feed
- Three times the rate of post-natal depression of older mothers and poorer mental health for 3 years after birth
- Higher risk of partnership breakdown
- More likely to live in poor quality housing
- Around 70% mothers aged 16-19 are NEET
- By age 30,
 - 22% more likely to be living in poverty
 - 20% more likely to have no qualification (compared to mothers giving birth >24)
- Young fathers (under-23) twice as likely to be unemployed at 30

Outcomes for children of teenage parents

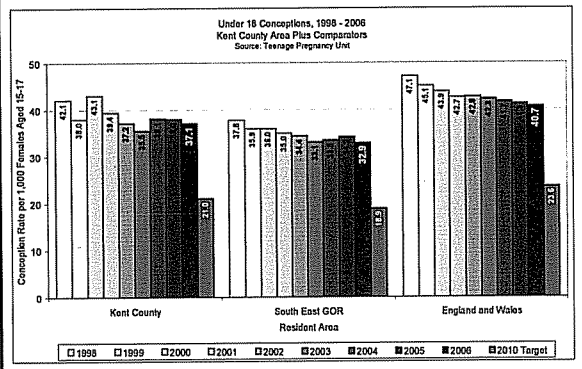
- Teen mothers 25% more likely to have a low birth weight baby
- 60% higher risk of infant mortality
- Higher accident rates (such as from falls and swallowing substances)
- More behavioural problems (conduct, emotional and hyperactivity problems)
- Lower educational attainment, a greater risk of economic inactivity, lower income and a higher risk of becoming a teenage mother
- For children of teenage mothers who have more than one child, more likely to have reduced educational achievement and behavioural problems

National progress to date: 1998-2006

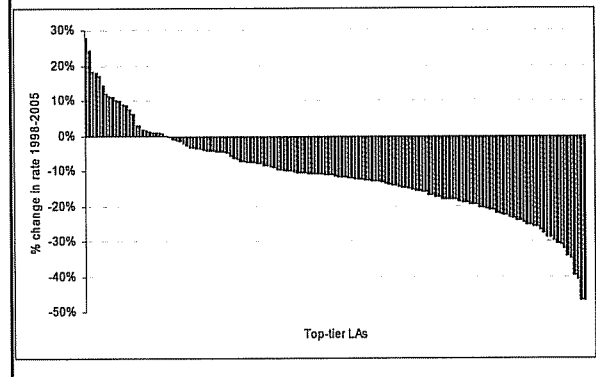
England & Wales

- 13.7% decline in under 18 conception rate
- 12.1% decline in under 16 conception rate (but 3.5% increase on 2004)
- Under 18 rate at the lowest level for 20 years
- ..but reduction needs rapid acceleration to meet target

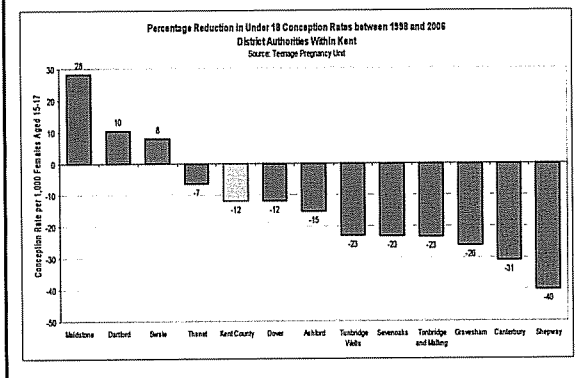
National, SE and Kent progress : 1998-2006



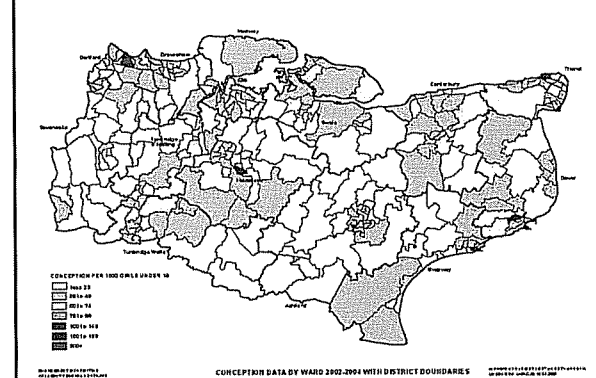
Delivery matters: 83% of LAs have declining rates but 17% are increasing (including 5 LAs in SE and SW)



Kent district progress



Conceptions by ward 2002-2004



Rates of sexually transmitted infections

- Chlamydia 1:10
- † Genital warts
- † Genital herpes

- Risks related to Gonorrhoea, Syphilis and HIV continue

The 10 key characteristics of successful programmes

- ★ **Strategic:** senior local sponsorship and engagement of all key partners
- ★ **Data:** local data and population knowledge used to inform provision of local services and targeted action
- ★ **Communication:** clear communication with partners as well as communicating messages to young people, parents and communities
- ★ Strong delivery of **sex and relationships education (SRE)** within PSHE by schools
- ★ Young people focused **contraception/sexual health services**, trusted by teenagers and well known by professionals working with them

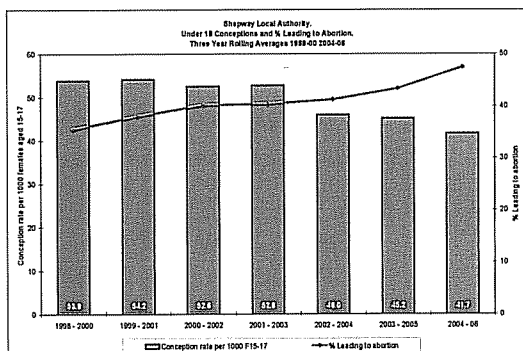
10 key characteristics of successful programmes

- ★ **Targeted SRE work with at risk groups** of young people, in particular Looked After Children and Care Leavers
- ★ **Workforce training on sex and relationships** issues within mainstream partner agencies
- ★ **A well resourced Youth Service**, with a clear remit to tackle big issues, such as teenage pregnancy and young people's sexual health
- ★ Work on **raising aspirations of young people most at risk**
- ★ **Support for parents** to encourage early discussion with their children about sex and relationships

What has Shepway done so well?

- **Prevention**
 - Delivery of high quality sex and relationships education
 - High ratio of outreach work to young people
- **Confidential sexual health services**
 - Clinics open 6 days a week
 - Good engagement of health partners
- **Parenting**
 - Excellent young parent support groups
 - Good engagement from 3rd sector
- **Media**
 - Dissemination of high numbers of media materials

Shepway progress



What does this mean?

Rates per 1000 15-17yr old females

1998	1999	2000	2001	2002	2003	2004	2005	2006
63	51.3	47.6	63.7	46.7	48.6	42.9	44.3	37.9
104	86	80	107	82	88	82	86	74

Numbers

Progress 39.9% to target of 31.5

**...and finally... reasons to be cheerful -
albeit with challenges ahead!**

- ★ Excellent progress in Shepway- now the model for Kent!
- ★ Rates are coming down across the county
- ★ We know what actions to take
- ★ The tide is turning on difficult issues
- ★ Young people - and teenage pregnancy - never a higher priority for government!

**and thank you for all your hard work and
tireless commitment!**

the GRAND

John Britt
 Service Manager: Public Health &
 Community Engagement
 Gravesham Borough Council

HEALTH ACTION gravesham
 health regeneration partnership

What is a Healthy Living Centre?

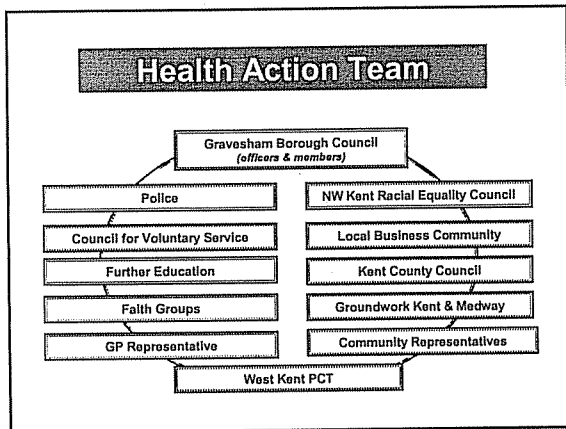
- The New Opportunities Programme (Now Big Lottery Fund) initially funded over 300 across England
- Each was completely different in how it was set up and what it set out to do
- In Kent there were nine – now there are six
- Nationally the programme has been evaluated by the Tavistock Centre

Why were they set up?

- Everyone had to set out what they wanted to achieve, why and how they were going to measure success.
- Initially this was quite “loose” but as time (and experience) progressed this firmed up considerably.
- The latest BLF funding programmes came about as a direct result of the experience

Health Action Gravesham

- Health Action Gravesham is a local health regeneration partnership.
- It was originally established to bid for “Health Action Zone” status.
- It is a multi-agency group which aims to improve the social determinants of health across the Borough.
- The **GRAND** Project came about as the result of a successful bid to the New Opportunities Fund by HAG in 2000 plus commitment from partners to co-fund the project.



What do we set out to do?

- The work we undertake is designed to address the social determinants of health in Gravesham
- Uses community development methods and practice
- Driven by user-led programme development and participative evaluation
- Feeds into a number of corporate strategies

We have drawn our key milestones from local and national strategies:

- *Every Child Matters*
- *Youth Matters (Green Paper)*
- *Choosing Health*
- *Supporting Independence*
- *Taking Pride in Gravesham*
- Local Children's Consortium action plan
- Local Public Health strategy
- Other PSA / LAA / CPA targets

What is the GR@ND?

For young people our focus is on delivering key aspects of the local Public Health plan, specifically:

- Addressing anti-social behaviour by providing diversionary activities for young people.
- Working on the topic of obesity with young people 8 – 14 years.
- Providing advice, guidance and information
- Providing a nurse-led contraceptive clinic for young people up to 19.



The GR@ND
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Kent
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Addressing teenage pregnancy

- Weekly nurse-led contraceptive sessions
- Non-clinical environment - clinic hosted in the GR@ND (GBC)
- "Meet-&-greet" by youth workers (KCC)
- Nurses work under Patient Group Directives (PCT)

Weekly nurse-led clinic

- Informal atmosphere – not "family planning"!
- Formal structure!
- Confidential and confidence
- We see between 30 – 40 young people per week
- We see boys too
- Planning a second session

Follow up

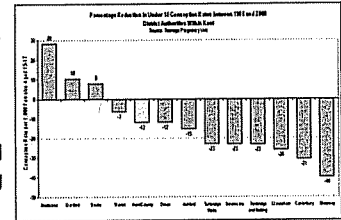
- WKPCT has appointed a Gravesham-based outreach nurse
- She will work with those who are considered at risk or difficult to reach
- Work with severely disadvantaged groups
- Maintain contact

Working with young men

- Focussing on those at risk of becoming inadvertent or accidental fathers
- Using methodology that's proven to engage them
- Working on their agenda – at their pace

Results?

- The latest figures demonstrate how the TP rates in Gravesham have dropped
- It seems our hard work is producing results



How is all this paid for?

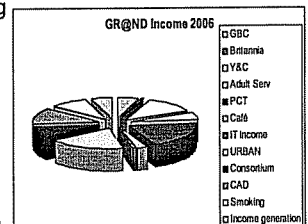
Everything is externally funded:

- The Health Action Partnership (GBC/PCT/KCC)
- Grant funding from a variety of sources
- Partnership agreements with other statutory agencies
- Gift-in-kind from core partners



Getting funding is a full time task

- Much of the funding we access is time limited
- The parameters linked to funding change constantly
- Knowing which buttons to press is almost a "black art"



the **GR@ND**

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