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Mapping review: Contraceptive services for socially disadvantaged young people.

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Contents

Introduction

This mapping review was undertaken to investigate the published literature and current policy context in the area of contraceptive services for socially disadvantaged young people. The purpose of the review is to provide a contextual overview of the area and to allow recommendations for topic areas for the subsequent systematic reviews of the literature and economic modelling to be made. The review aims to scope the published literature and other sources that may be useful in answering the following two research questions:

What is the effectiveness and cost effectiveness of interventions to encourage young people, especially socially disadvantaged young people to use contraceptives and contraceptive services (including access to, and information about contraceptive services)?

What are socially disadvantaged young people and their families' perceptions, views and beliefs about contraceptives and contraceptive services, and where do they get their information about contraceptives and contraceptive services? What are the views of those service providers working with them?

This report is divided into two sections:

Mapping review A:
Mapping review of effectiveness and cost effectiveness.

Mapping review B:
Mapping review of current policy and practice.

Mapping review A: Mapping review of the evidence of effectiveness and cost effectiveness

Methods

Search Methods

A systematic search of key health and medical databases was undertaken for the mapping review of literature. The search strategy was developed by the ScHARR information specialist and was agreed with the NICE information specialist. The aim of the search strategy was to identify both qualitative and quantitative literature, therefore study filters were not applied.

The search was for published literature from 1995-2008. The date of 1995 was chosen to tie in with the Teenage Pregnancy Strategy. Language and place of publication restrictions were not applied. Search results were downloaded into Reference Manager for sifting by the systematic reviewer. Full details of the search strategy can be found in Appendix 1.

Data extraction and typology

All of the references identified by the search strategy were read and extracted at the abstract level by the lead reviewer with every tenth reference being double read by a second reviewer to check for consistency. Decisions to include or exclude papers were made by reading the paper title first, followed by the abstract if this was required to make the decision. A total of 5779 references were identified by the searches, of which 400 were excluded as duplicates or none-English language, leaving 5379 references to be read and extracted. The references were then categorised as to whether they fell within the inclusion criteria and coded in the reference manager database using key words (see table 1. below). A typology of the included studies was then developed.

Results

Excluded papers

A total of 4387 papers were rejected as being beyond the scope (including 656 papers which included background data on current practice or prevalence rates). These numbers, along with reasons for rejection, are given in Table 1.

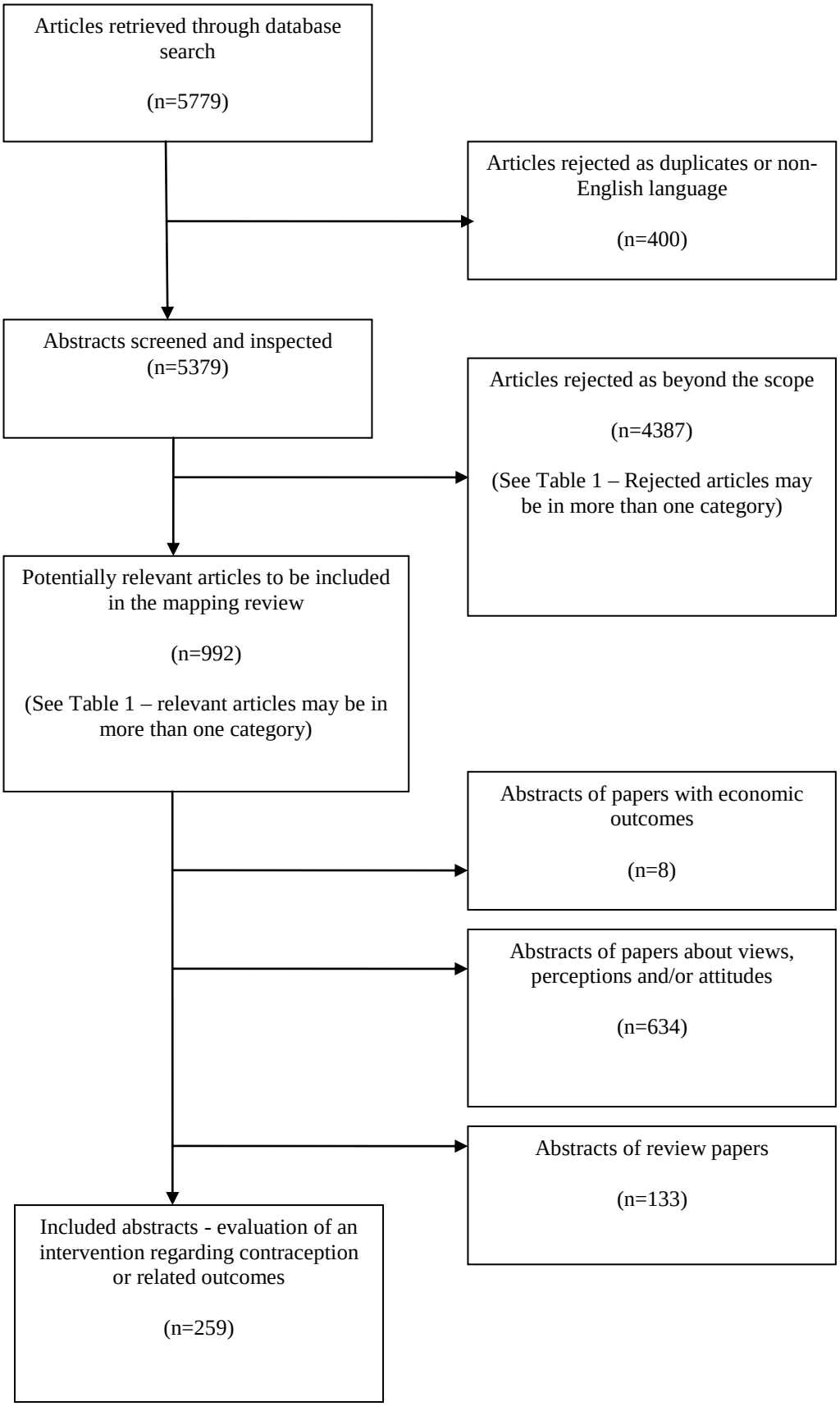
Included papers

From abstracts only, 259 papers met the inclusion criteria for intervention studies. In addition, eight abstracts met the inclusion criteria for the cost-effectiveness review, 634 papers were identified which reported on views, perceptions and attitudes towards contraception for young people and 133 review level papers were identified. Table 1. shows the number of papers that were included for each category, along with a description of the category. Figure 1. shows a quorum diagram of the included and excluded studies.

Table 1. Inclusions and exclusions from mapping search

Key word	Number of references	Definition
Intervention	259	Evaluation of an intervention regarding contraception or related outcomes.
Economic	8	Papers with economic outcomes
Views	634	Studies looking at people's views, perceptions and/or attitudes towards contraception. No new intervention.
Review	133	Review paper which may be of relevance. Check references.
Reject Data	656	Data on current practices / prevalence rates. No new intervention.
Reject	2840	Study not relevant (at all) includes clinical contraception papers
Reject HIV	114	Study not relevant; focus on HIV or other STIs
Reject Pregnancy	215	Study not relevant; focus on pregnancy outcomes
Reject Country	563	Study not relevant; not OECD country

Figure 1. Quorom diagram of included and excluded studies



Typology of intervention papers

A brief extraction of each intervention paper was then undertaken at abstract level (see Appendix 2 for full data) and the interventions were coded in terms of whether the paper was descriptive or evaluative, and by their setting and general focus. Table 2a. gives the total number of papers (259) plus the number of evaluative papers (167) by setting and focus. It is these evaluative papers that are likely to provide early indications of areas where there is sufficient literature to conduct a full systematic review.

Focus was defined as:

- Sexual health (SH); those papers which reported on an intervention defined as having their primary focus on improving sexual health.
- Teenage pregnancy (TP); those papers which reported on an intervention defined as having a primary focus on preventing teenage pregnancy
- Sexual health and teenage pregnancy (SH/TP); those papers which reported on an intervention defined as focusing on improving sexual health and reducing teenage pregnancy.
- Emergency contraception (EC); those papers which looked only at the delivery of emergency contraception to young people.

Where the focus of the intervention was not clear from reading the paper abstract the intervention was coded as n/s

The identified locations where the interventions were set were school, clinic (e.g. sexual health clinic or general practice), college (including university and FE/HE colleges), home, pharmacy (pharm), internet based (web), community e.g. youth clubs, social centres (comm.), work, and prison. Where location was not stated the intervention was coded as n/s. The majority of interventions were conducted in either an education (school or college) or in a more traditional health care clinic setting (clinic) with a similar number of interventions focusing on sexual health or teenage pregnancy in each setting. Of those conducted in a school setting, six papers appear to have a primary focus on personal, social and health education (PSHE) and after further inspection of the full paper are likely to be excluded as

there is a separate NICE programme looking at PSHE. These papers are identified in Table 2d (Appendix 2).

Table 2a. Intervention papers typology summary; number of papers (number of evaluative papers)

	School	Clinic	College	Home	Pharmacy	Web	Community	Work	Prison	n/s	Total
SH	36(23)	34(15)	3(2)		1(1)	3(3)	11(7)		1(0)	12(7)	101(58)
TP	37(30)	16(13)	2(1)	6(6)			16(9)	1(0)		9(5)	87(64)
SH/TP	19(16)	6(3)	7(7)	1(1)		2(0)				2(0)	37(27)
EC	4(2)	8(8)	1(1)		2(2)	1(1)				3(1)	19(15)
n/s										15(3)	15(3)
Total	96(71)	64(39)	13(11)	7(7)	3(3)	6(4)	27(16)	1(0)	1(0)	41(16)	259(167)

For some of the papers it is possible to make some additional classification of the evaluative intervention papers by location of delivery. However, using only abstract level data many of the interventions cannot be classified beyond their generic focus (as defined above) see also Appendix 2).

School and college based interventions

In educational settings the teenage pregnancy programmes are mostly defined as pregnancy prevention initiatives in the paper abstract and difficult to categorise any further at this stage. However, four interventions focused on repeat pregnancy, five were infant simulator programmes, three had a strong focus on sexual abstinence and one was a video based intervention. Of the school or college based sexual health programmes a number were again generically defined as sexual health interventions, but there were also six papers reporting on evaluating a new clinic, one computer based intervention, four focusing on condom use, one on aids prevention, and three interventions which were peer led. Also included in this category are five papers which appear to report on sex education interventions and these papers may be excluded if their main focus is on PSHE provision. The programmes defined as having a general focus on both sexual health and teenage pregnancy included mostly multi component interventions. However, one focused on preventing repeat pregnancy, three had an abstinence focus, three looking at the effect of new clinics for young people, one focused on condom use, one was peer led, and one looked at parental involvement. Again, one intervention in this category appears to focus on sex education in the school setting and may

be excluded. Of the two emergency contraception interventions one was delivered by school nurses and the other by teachers.

Interventions based in health service locations

The pregnancy prevention initiatives conducted in health service locations were again predominantly generic (not defined further) but included three studies focusing on preventing repeat pregnancy, two family planning interventions, plus one each of interventions focusing on contraception provision, diabetic teens, and environment change (this was not clearly defined in the abstract). The sexual health interventions included six generic programmes, as well as three on condom use/provision, plus one each of; an intervention delivered by text message, a computer based intervention, an evaluation of a new clinic and a peer led programme. The papers reporting on interventions with a broad teenage pregnancy and sexual health remit were diverse but included studies looking at repeat pregnancy, family planning, computer based interventions, evaluation of a new clinic, and condom provision. The emergency contraception interventions were also very generic, although one also looked at advanced provision of emergency contraception.

Community based interventions

The teenage pregnancy interventions based in a community setting included four generic pregnancy prevention interventions, two with a focus on parental involvement, and one which looked at repeat pregnancy. There were two generic sexual health programmes, along with three focusing on parental involvement, one on community involvement, and one which considered condom use.

Country of study - intervention papers

There is a substantial bias towards research conducted in the USA as may have been expected, however, there are also 19 evaluative and 31 descriptive papers of interventions carried out in the UK (Table 3a). The American bias may have to be taken into consideration in terms of the applicability of data (to take into account differences in teenage pregnancy rates, health care systems and education systems for example), this will depend on which papers are used for the systematic reviews. In an additional 58 papers the country could not be determined from the abstract and there was no further information (e.g. institutional affiliation of the authors) in the database record which would indicate this.

Table 3a. Country of study - intervention papers

Country	Evaluative papers	Descriptive papers	Total
UK	19	31	50
USA	111	19	130
Sweden	3		3
Netherlands	1		1
Australia	3		3
Canada	3	2	5
Ireland	3		3
Norway	2		2
France	2		2
Austria		1	1
Spain	1		1
n/s	19	39	58
Total	167	92	259

Outcome measures - intervention papers

The outcome measures of the intervention papers, which included evaluation of the intervention, were assessed to determine whether the outcomes listed in the scope were the same as those being used by the intervention papers (Table 4a.). With the exception of outcomes related to sexual behaviours, the outcomes in the scope matched those in the papers relatively well. An outcome measure relating to self reported sexual behaviour has been added to the protocol as a result of this report. There are also some issues with the outcome measures "rates of conception under 16" and "rates of unintended conception 16-25" as many of the study populations crossed over these two age groups. Again this indicates that age groups may not be a successful way of developing the subsequent systematic reviews of effectiveness.

Table 4a. Outcome measures for "evaluation" intervention papers

(NICE outcomes in bold)

Outcome	Number
Sexual behaviour: **Self reported change in sexual behaviour** Reducing risky sexual behaviour; Rates of sexual activity; Developing abstinence/refusal skills	57
Pregnancy rates: **Rates of conception under 16** **Rates of unintended conception 16-25** Rates of conception 12-18; Rates of conception 13-19; Adolescent birth rate; Adolescent pregnancy rate	43
Increased effective contraception use	35
Increased and effective use of condoms	30
Increased knowledge of contraception methods	12
Increased intention to use condoms	10
Knowledge of STIs/risk	9
Increased service provision/access/use	9
Parental support	8
Psychosocial outcomes	6
Reduction in prevalence STIs	5
Knowledge and trust of services	5
Increased knowledge of conception risk	5
Socio-demographic	5
Use of intervention	3
Abortions and repeat abortions under 25	1

Typology of views/beliefs papers

The papers on views/beliefs were coded in terms of the categories of views being expressed and whose views they were. Table 5a gives the typology of the views papers. A total of 558 papers were identified. It is these papers which are likely to provide guidance on the scope of qualitative review. An additional 76 records contained insufficient data to classify the paper (e.g. no abstract).

The papers were defined as those which reported on views regarding:

- Contraceptive choices for young people (abbreviated to: contra choice)
- Knowledge and views regarding contraceptives (contra knowl)

- Contraceptive use by young people (Contra use)
- Sexual health service provision, access and use by young people (services)
- Emergency contraceptive access and use by young people (EC).
- Young people's knowledge of sexual health and STIs (STIs/SH)
- Adolescent behaviour and sexual decision making (Adol bh/d)
- Teenage pregnancy (and it's prevention) (TP)
- Young men's involvement in decisions relating to sexual health (Male)
- Sexual health education (Edn)
- Parent and child communication regarding sexual health issues (P/C Comm)
- Current policy regarding sexual health / teenage pregnancy (Policy)

The views expressed were those of young people (YP), parents or other community members (P/C), medical professionals or others responsible for service delivery (Prof), the views of the author including academic discussion papers (Acc).

Table 5a. Views papers typology summary

	Contra choice	Contra knowl	Contra use	**Services**	E.C	STIs/ Sexual health	Adol beh/ dec	TP	Males	Edn	Parent/ Child Comm	Policy	Total
YP	27	47	61	**35**	39	27	50	39	14	8			347
P/C		1		**5**	2		2	1		9	31		51
Prof	2	2		**3**	5	2	2	5		1			22
Acc		27		**43**	21	11		11		14		11	138
Total	29	77	61	**86**	67	40	54	56	14	32	31	11	558*

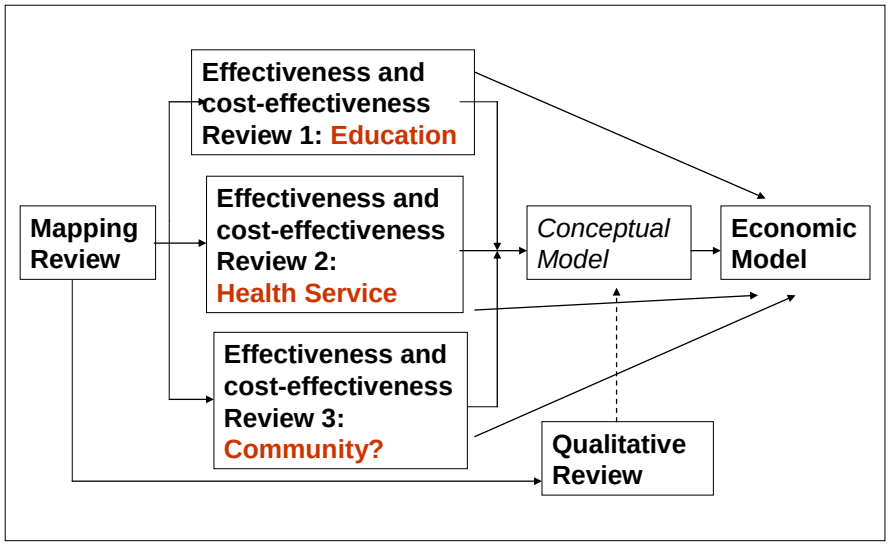
* Also 76 records did not have enough data to classify (e.g. no abstract).

Those papers which consider sexual health service provision, access and use by young people, parents and community members, and professionals are likely to form the basis of the qualitative review. This typology gives an indication that there will be sufficient papers in the area to conduct the qualitative review.

Discussion

From the results of this mapping review we would suggest that the subsequent reviews are defined as follows (see Figure 2):

Figure 2. Outline of proposed reviews



Three systematic reviews of effectiveness and cost-effectiveness would be undertaken in order to address the first research question: "What is the effectiveness and cost effectiveness of interventions to encourage young people, especially socially disadvantaged young people, to use contraceptives and contraceptive services (including access to, and information about contraceptive services)":

1. Systematic review of the effectiveness and cost-effectiveness of contraceptive services for socially disadvantaged young people delivered in an education setting.

2. Systematic review of the effectiveness and cost-effectiveness of contraceptive services for socially disadvantaged young people delivered in a healthcare setting.

3. Systematic review of the effectiveness and cost-effectiveness of provision of contraceptive services for socially disadvantaged young people delivered in a community setting.

It is important to note that categorising the interventions by location of delivery will be supported by a detailed protocol for each systematic review. This document will address issues such as the potential overlap between settings (e.g. how to define a permanent sexual health clinic located on the premises of a community centre or youth club) and these issues will be discussed and agreed with the PDG. Interventions which meet the inclusion criteria for more than one systematic review may be included in more than one review.

This work will also be supported by a review of qualitative papers to answer the research question: "What are socially disadvantaged young people and their families' perceptions, views and beliefs about contraceptives and contraceptive services, and where do they get their information about contraceptives and contraceptive services? What are the views of those service providers working with them"?

In addition a conceptual model will be produced alongside these reviews. Because the mapping review has identified so few economic evaluations in this area, a health economic model will be developed based on the reviews and the conceptual model to assess the cost-effectiveness of interventions to encourage young people to use contraceptives and contraceptive services.

Mapping review B: Mapping review of current policy and practice

Glossary of terms

DH: Department of Health www.dh.gov.uk
TPU: Teenage Pregnancy Unit www.everychildmatters.gov.uk/teenagepregnancy/
ECM; Every Child Matters www.everychildmatters.gov.uk
MedFASH: Medical Foundation for Aids and Sexual Health www.medfash.org.uk
RCN: Royal College of Nursing www.rcn.org.uk/
SCIE: Social Care Institute for Excellence www.scie.org.uk/
BMA: British Medical Association www.bma.org.uk/
Scottish Exec: The Scottish Executive www.scotland.gov.uk/
Ofsted: Office for Standards in Education www.ofsted.gov.uk/
DCSF: Department for Children Schools and Families www.dcsf.gov.uk/
DFEE: Department for Education and Employment (no longer exists)
TPIAG: Teenage Pregnancy Independent Advisory group
www.everychildmatters.gov.uk/health/teenagepregnancy/tpiag/
SDO: NHS Service and Delivery Organisation www.sdo.nihr.ac.uk/
DFES: Department for Education and Skills (no longer exists)
DFE: Department for Education (no longer exists)
HM Gov: Her Majesty's Government www.direct.gov.uk/
RCOG: Royal College of Obstetricians and Gynaecologists www.rcog.org.uk/
RPSGB: The *Royal Pharmaceutical Society of Great Britain* www.rpsgb.org.uk/

Methods

The scope for a review of policy and practice in the area of access to contraceptive services is very wide. Therefore key information received from NICE was used as the basis for the search, with a focussed search of key websites to ensure that the information in the mapping review was up to date. The aim of the policy and practice mapping review was to give local context to the mapping review of literature. Full details of the search strategy can be found in Appendix 1. A mind map of resources was developed from these searches (see Appendix 3.).

The documents identified were obtained, read and summarised (see Appendix 4.). During this process a number of recurring themes throughout the literature became apparent. These themes provide some context for the review in suggesting where policy may be driving the research agenda, and where guidance underpinning successful interventions may be found.

Results

Service location (where)

The documents describe the provision of contraceptive services across a range of locations in the UK, with targeted guidance for staff in locations such as education, further education, and

primary health care available. A key thread running through the guidance relates to the importance of services being accessible and confidential, with attention being paid to local circumstances, to the creation of a welcoming environment where service users feel comfortable, and to availability of services at times to suit service users. (DH 2006, DH 2004, TPU 2005, TPU 04, TPU 2000, ECM 2007, ECM 2005, NICE 2007, MedFASH 2008, MedFASH 2005, RCN 2002). A recurring theme describes the importance of schools as a location for service delivery for young people (TPU 2006, TPU 2005, MedFASH 2008, DH 2004, MedFASH 2005), and also the importance of GP surgeries ensuring that they provide a suitable environment for teenagers (RCN 2002). A considerable number of references are made to the need for services to consider the wider influences impacting on teenage pregnancy relating to socioeconomic circumstances (ECM 2000, SCIE 2005, BMA 2003) requiring any interventions to consider whole communities in addition to specific service locations.

Type of service (what)

The documents describe current provision of services via a diverse range of forms, from emergency contraception provided by pharmacists to media awareness campaigns. The services described could be considered to be broadly targeting the knowledge of young people regarding contraception and pregnancy or alternatively concerned with the provision of methods of contraception (many services of course include both along with peer support, mentoring and counselling for example). The role of the media in providing information is emphasised in Teenage Pregnancy Unit documents (TPU 2006, TPU 2005) and also by the Scottish Executive (Scottish Exec 2005). The key role of schools and the PSHE curriculum in providing knowledge is referred to throughout the documents (TPU 06, TPU 05, MedFASH 2008, Ofsted 2000). PSHE is currently the subject of a separate NICE programme.

In addition to increasing knowledge surrounding pregnancy and contraception, a second aspect described concerns about access to contraception. The literature contains many examples of single case studies offering examples of good practice in interventions, with discussion in particular regarding the provision of emergency contraception and also long acting reversible contraception (LARC) (RPSGB 2004, DCSF 2008). Increasing the provision of LARC in particular is highlighted as a potential avenue for reducing teenage pregnancy (NICE 2005).

While many documents refer to the importance of socioeconomic circumstances as a risk factor, there are fewer examples which describe interventions aimed at a whole community level rather than designated access points. One example that is historically referred to as addressing these wider influences is neighbourhood renewal schemes (TPU 2006). Every Child Matters documentation describes the need for "whole system change" to support more effective services and a move from intervention to prevention to meet the needs of the most at risk (DH 2004).

Target population (who)

Many of the documents refer to evidence that particular 'at risk' groups can be identified, and that interventions targeting these young people should be a priority (TPU 2002, TPU 2005, TPU 2006, NICE 2007). As outlined above these populations are frequently referred to as encompassing communities of socioeconomic deprivation. In addition to these communities, the literature refers to looked after children, those with educational problems, those who are not involved in education training or work, those who have had experience of abuse, those who have mental health problems, or who have been in trouble with the police as being particular risk groups. Also, highlighted are young people who have early onset of sexual activity, poor contraceptive use, alcohol and substance misuse, are already teenage mothers, have had repeat abortions, low educational attainment, or are the child of a teenage mother. (TPU 2004, TPU 2005, TPU 2006, NICE 2007). There is some discussion of differences associated with ethnicity (TPU/DH 2006, 2000) with the recommendation that services should consider different population needs and tailor provision accordingly.

The documents refer to the need to involve not just young people in any intervention strategies, but also their parents. Documents emphasise the parent/carer role in child-rearing and also the need for support for parents in regard to sexual health education, and parental need to have sufficient information regarding any policies or practices in operation (DCSF 2007, DH 2004, DFEE 2000, RCN 2006).

Elements of successful service provision (how)

The most frequently referred to aspect of successful service provision relates to the process by which different agencies and professional groups work together for the benefit of service users. This is referred to by a variety of terms such as cross agency working, multi-disciplinary working, joined up working, integrated services and team working (TPIAG 2008,

DH 2008, DH 2006, SDO 2007, RCN 2006, MedFASH 2008, DH 2001, DFES DFEE 2000, DFE 2007, HM Gov 2006, TPU 2004, TPU 2000, TPU 2006, RCOG 2003, MedFASH 2005). The documents report that success in relation to achieving this tends to be variable across different services and locations.

Linked to the need for joined up working is the importance of having a strong "champion" or leader or nominated person to head up initiatives. The National Evaluation of the Teenage Pregnancy Strategy describes the instigation of local teenage pregnancy co-ordinators as a "lynchpin" of implementation (TPU/DH 2005). The literature describes this role as being central to co-ordination amongst different agencies, and in regard to raising the profile of sexual health service and ensuring that standards are achieved (DCFS 2008, TPU 2005, TPU 2006, TPU 2005, MedFASH 2008.).

Further to the need for staff working in the area to co-ordinate services, the importance of staff receiving specialist training and maintaining standards of competency is highlighted by many of the documents (NICE 2005, RCN 2004, RCN 2000, RCOG 2003, TPU 2005, TPU 2006, DH 2007). The documents also refer to the importance of services monitoring and evaluating provision in a cycle of continued service enhancement (TPU 2000, Nice 2007, Ofsted 2000)

Aspects of successful service provision that are highlighted include the need for user involvement in service development and delivery, together with high standards of confidentiality. It is reported that users should be involved at all levels, with consideration of views of both young people and their parents (DH 2006, DH 2004, RCN 2002, SDO 2007, MedFASH 2008, DCSF 2007, MedFASH 2005, SCIE 2005). The need for confidentiality and the importance of publicising that services provide confidentiality is referred to throughout the document set (TPU 2004, TPU 2000, DH 2007, RCN 2002, MedFASH 2005, DH 2004, DFEE 2007, RCOG 2003, RPSGB 2004), with reference to the Fraser Guidelines clarifying the position in regard to confidentiality and consent in regard to young people under the age of 16. Concerns regarding confidentiality are reported as one of the obstacles to young people seeking advice from contraceptive services (TPU 2000).

The provision of information is described as a key aspect of service provision, with the need for information to be accessible, targeted specifically to varying needs, and available for both

teenagers and their parents (DH 2004, DH 2006, TPU 2000, TPU 2005, ECM 2004, RPSGB 2004, RCN 2002). The importance of providing contraceptive information and support to teenagers who are already young parents is outlined (TPU 2002, 2005, 2006), and the need for adequate resources in order to support services in their efforts is described (TPU 2006, MedFASH 2008).

Discussion

The documents accessed provide information in terms of the locations, target client group, breadth in types of provision, and elements of good practice currently to be found across the UK. The documents suggest that provision in education and further education, primary care and within communities may encompass key service location options; that is, provision in all locations is key. Types of intervention may also be broadly classified as targeting young people and/or their parent's knowledge and skills, or alternatively as addressing provision of contraceptives. The literature provides a number of examples of case studies to support implementation, together with discussion of good practice in terms of how services should be provided. It is important to note however, that the evidence base described in the documents to underpin policies is mostly limited to these case studies and reference to other policy documents.

Appendix 1. Search strategies

List of databases searched (Mapping review A).

Medline via OVID SP
Embase via OVID SP
Cinahl via OVID SP
British Nursing Index via OVID SP
PsycINFO via OVID SP
ASSIA via CSA
Cochrane – CDSR via Wiley
Cochrane –DARE via Wiley
Cochrane –Central via Wiley
Cochrane –HTA via Wiley
Social Care Online
Science and Social Science Citation Indices via Web of Knowledge

Sample search strategy from MEDLINE

1	*adolescent/
2	teen*.ti,ab.
3	adolescen*.ti,ab.
4	underage.ti,ab.
5	youth*.ti,ab.
6	(Young adj2 (person or people or adult*)).ti,ab.
7	(School adj2 (child* or student* or age)).ti,ab.
8	minor*.ti,ab.
9	student*.ti,ab.
10	(under adj2 (eighteen or "18")).ti,ab.
11	(under adj2 (twenty five or "25")).ti,ab.
12	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11
13	*contraception/
14	*family planning services/
15	*birth control/
16	*contraceptive behavior/
17	(family adj2 planning).ti,ab.
18	(birth adj2 control).ti,ab.
19	sexual health service*.ti,ab.
20	sexual health clinic*.ti,ab.
21	(Contracepti* and (pharmacy or pharmacist* or community or service* or access* or provision or support* or clinic* or availab* or emergency or delivery or outreach or advice or information or intention*)).ti,ab.
22	13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21
23	exp Pregnancy, Unwanted/
24	exp Pregnancy, Unplanned/
25	(Pregnan* adj2 (unwanted or unplanned or unintent* or accident*)).ti,ab.
26	conception*.ti,ab.
27	(Prevent* adj2 pregnancy).ti,ab.
28	23 or 24 or 25 or 26 or 27
29	22 or 28
30	12 and 29
31	limit 30 to (humans and yr="1995-2008")

List of website (Mapping review B)

The following list of websites consists of those supplied by Tricia Younger and Sarah Glover from the review team at NICE. These formed the starting point for the search. Relevant links on websites were followed (and added to the list of websites below, where they were searched). Within the website, searches were undertaken for "contraceptive services" or "contraception" or "teenage pregnancy" or "sexual health".

British Association for Sexual Health and HIV
British Medical Association
Brook
Centre for Reviews and Dissemination
Connexions
Department of Children, Schools and Families
Department of Health
Every Child Matters
Faculty of Public Health
FPA
Health Protection Agency
Joseph Rowntree Foundation
Margaret Pyke Centre
Medical Foundation for AIDS and Sexual Health
National Electronic Library for Health – Guidelines Finder
National Electronic Library for Health – Public Health
NICE (and HDA)
Royal College of General Practitioners
Royal College of Nursing
Royal College of Obstetricians and Gynaecologists
Royal College of Paediatrics and Child Health
Royal Pharmaceutical Society of Great Britain
Sex Education Forum
Sex Education Forum at the National Children's Bureau
SIGN
Social Care Institute for Excellence
South West Public Health Observatories
Teenage Pregnancy Unit
US National Guidelines Clearinghouse
Welsh Assembly Government – Health Promotion Wales
World Health Organisation

Appendix 2. Data tables for mapping review of the evidence of effectiveness

Table 2b. Intervention studies typology (data)

Evaluative studies		
TP (Location?)	18, 1510, 4065, 4440, 4740,	5
SH (Location?)	404, 1517, 2179, 4075, 8500, 8580, 8583,	7
EC Location?)	5226,	1
TP School	30, 55, 81, 411, 631, 672, 937, 1241, 1394, 1551, 1819, 1922, 1951, 4064, 4108, 4109, 4153, 4214, 4514, 4676, 4719, 5107, 6639, 8020, 8150, 8196, 8328, 8424, 8711, 8766,	30
SH School	264, 299, 338, 921, 995, 1495, 1715, 4203, 4836, 5039, 5610, 5701, 5757, 5960, 6610, 6812, 6843, 7464, 7782, 7795, 8636, 9069, 9448,	23
TP clinic	67, 506, 630, 717, 1211, 1594, 1595, 1635, 1917, 4328, 4746, 5078, 8162,	13
SH/TP Schools	124, 405, 621, 1072. 1182, 1187, 1230, 1242, 1348, 1960, 4106, 4305, 4709, 4736, 5309, 8301,	16
Home TP	328, 387, 469, 491, 1527, 4048,	6
SH/TP home	8552,	1
EC Clinic	164, 754, 778, 1059, 1396, 5503, 9385, 9990	8
SH Clinic	167, 236, 665, 800, 813, 917, 1618, 1633, 1902, 1921, 4371, 4702, 4894, 6631, 8160,	15
SH/TP college	440, 4457,	2
SH college	2103, 8765,	2
TP college	724,	1
SH/TP clinic	527, 563, 646, 1513, 5013, 5065, 8838, 9378	6
EC Pharmacy	706, 5115,	2
SH website	775, 1262, 7849,	3
TP community	1049, 1743, 1755, 4278, 4316, 4389, 6657,	7
EC school	1520, 1729,	2
EC college	4407,	1
SH Community	1568, 1638, 5192, 8235, 8815, 8897, 9116	7
SH pharmacy	5435	1
EC internet	9378	1
?	4445, 7322, 7352,	3

Descriptive studies		
SH/TP (location?)	4433, 4812,	2
EC (location?)	7483, 7518,	2
TP (location?)	47, 48, 5035, 6272,	4
SH/TP website	350, 653,	2
School TP	371, 391, 663, 936, 4525, 6661, 6888,	7
College TP	4624,	1
SH/ (Location?)	396, 6079, 7675, 9282, 9300,	5
EC School	412, 5413,	2
SH/TP Clinic	478, 4301, 7529	3
SH/TP school	507, 4818, 8339,	3
SH school	632, 637, 4369, 5174, 5524, 5591, 6598, 7614, 7620, 7645, 8405, 9294, 9318,	13
SH Community	690, 6074, 7198, 8296,	4
SH Clinic	707, 1598, 1782, 4326, 4605, 4853, 5396, 7494, 7536, 7580, 7629, 7630, 7696, 7698, 7704, 7706, 7737, 7772, 9296,	19
TP Community	764, 765, 767, 768, 6166, 7390, 7513, 7594, 8340,	9
?	374, 7581, 8735, 8817, 8868, 9062, 9381, 9385, 9410,	12

	9448, 9530, 9990	
College SH	6381	1
TP clinic	7149, 7578, 7631,	3
Work TP	6710,	1
Prison SH	8278,	1

Table 2c. Further typology by location of intervention (evaluative papers)

School/College based location.

	Pregnancy prevention	Sexual health	Pregnancy prevention/ Sexual health	Emergency contraception	Total
Generic programme	18	3	6	1	29
Repeat pregnancy	4		1		5
Infant stimulators	5				5
Abstinence focus	3		3		6
Video	1				1
Sex education		5	1	1	7
New clinic in school		6	3	1	10
Computer based		1			1
Condom use		6	2		8
AIDS prevention		1			1
Peer led		3	1		4
Child/parent			1		1

Health service location.

	Pregnancy prevention	Sexual health	Pregnancy prevention/ Sexual health	Emergency contraception	Total
Generic programme		6	3	6	15
Health care access	1				1
Repeat pregnancy	3		1		4
Contraception provision	1				1
Family planning	2		1	1	4
Long acting contraception	1				1
Diabetic teens	1				1
Environmental change	1				1
Text message		1			1
Computer based		1	1		2
New clinic		1	1		2
Peer led		1			1
Condom provision/use		3	1		4
Advanced provision				1	1

Community location

	Pregnancy prevention	Sexual health	Pregnancy prevention/ Sexual health	Emergency contraception	Total
Generic programme	4	2			6
Parent involvement	2	3			5
Repeat pregnancy	1				1
Community involvement		1			1
Condom use		1			1

Table 5b. Views studies typology (data)

Views papers - typology

What are socially disadvantaged young people and their families' perceptions, views and beliefs about contraception and contraceptive services, and where do they get their information about contraception and contraceptive services?

What are the views and perceptions of those working with them?

Category	References	No.
Young people		
Choice of contraceptive	4, 104, 109, 126, 142, 169, 255, 652, 728, 1161, 1180, 1194, 1196, 1227, 1235, 1359, 1832, 4529, 4631, 4902, 4949, 5504, 5734, 5894, 6072, 8195, 8898,	27
Knowledge of contraception (attitudes towards)	84, 105, 178, 229, 241, 423, 559, 839, 971, 1086, 1089, 1247, 1297, 1385, 1401, 1449, 2243, 4045, 4198, 4359, 4378, 4404, 4558, 4645, 4724, 4760, 4761, 4769, 4778, 4851, 4864, 5004, 5241, 5253, 5474, 5565, 5605, 5614, 5983, 6208, 6227, 6861, 6948, 7888, 8171, 8418, 8448,	47
Contraception use	175, 183, 293, 358, 395, 489, 607, 684, 688, 712, 734, 806, 877, 907, 908, 909, 990, 1035, 1064, 1183, 1193, 1197, 1356, 1663, 1742, 1837, 2268, 2387, 2674, 2874, 3759, 3945, 4050, 4073, 4230, 4347, 4449, 4454, 4499, 4510, 4551, 4616, 4871, 4881, 4906, 4939, 4975, 5091, 5341, 5448, 5461, 5505, 5545, 5571, 5599, 5619, 5650, 5663, 8812, 9009, 9498,	61
Knowledge of use and access to services (acceptability)	32, 67, 194, 310, 496, 849, 882, 942, 1070, 1177, 1181, 1299, 1458, 1552, 1596, 1597, 1625, 1634, 1995, 3648, 4138, 4393, 4598, 4610, 5190, 5511, 6131, 6151, 6382, 7142, 7186, 7549, 7615, 8540, 8991,	35
Emergency contraception	39, 57, 66, 123, 360, 852, 903, 1238, 1301, 1376, 1574, 4136, 4354, 4408, 4452, 4504, 4522, 4880, 4961, 4969, 4985, 5015, 5317, 5519, 6046, 6153, 6844, 7193, 7272, 8251, 8570, 8999, 9148, 9386, 9687, 9733, 9794, 9909, 9919,	39
Knowledge of STDs / sexual health	770, 934, 989, 1344, 1477, 2000, 4265, 4317, 4325, 4814, 4827, 4887, 5038, 5188, 5225, 5310, 5370, 5478, 5480, 5600, 5775, 7075, 7330, 8338, 8539, 8800, 9542,	27
Sexual decisions (behaviour)	44, 121, 302, 325, 343, 567, 748, 825, 854, 917, 967, 987, 1078, 1190, 1229, 1253, 1418, 1437, 1447, 1711, 2879, 3606, 4143, 4234, 4266, 4346, 4515, 4609, 4619, 4655, 4657, 4860, 4951, 5194, 5261, 5268, 5348, 5554, 5585, 6083, 7344, 7730, 7871, 7949, 8053, 8384, 8451, 8789, 8835, 8957,	50
Teen pregnancy (and preventing)	40, 141, 384, 466, 474, 525, 561, 718, 756, 774, 853, 916, 1000, 1249, 1252, 1422, 1443, 1712, 4055, 4071, 4125, 4721, 4817, 4968, 5002, 5070, 5191, 5296, 5347, 5895, 6110, 6167, 6207, 6767, 6780, 6908, 7078, 8743, 8810,	39
Males	235, 569, 931, 994, 1172, 1243, 1380, 1875, 1896, 1976, 3021, 5073, 6130, 8440,	14
Sex Education	449, 682, 5086, 5351, 5760, 5879, 7906, 8067,	8
Parents/Community		
Parent/child communication	580, 687, 694, 1002, 1195, 1250, 1498, 1583, 1584, 4102, 4129, 4294, 4478, 4544, 4732, 4821, 4979, 5272, 5433, 5986, 5990, 6264, 6396, 6476, 6535, 7774, 7808, 8046, 8442, 8602, 8883,	31
Sexual health service provision / delivery	20, 68, 224, 872, 1967,	5
Knowledge	1037,	1
Sex education	31, 463, 481, 1643, 1653, 5508, 5604, 5885, 6362,	9
Emergency contraception	1534, 1546,	2
Adol behaviour	941, 5020,	2
Pregnancy	6104	1

Practitioner views		
Service provision	4491, 7444, 7641,	3
Contraceptive provision	3860, 5944,	2
TP	982, 1036, 4162, 4652, 6944	5
EC	1032, 1728, 1977, 4358, 4192	5
Contraceptive knowledge	1858, 1998,	2
Behaviour	4051, 8106	2
Sexual health	4192, 5735,	2
Education	6063,	1
Academic views/ discussion		
Sexual health, TP	281, 288, 317, 361, 372, 472, 507, 686, 943, 1897, 4271, 4669, 4691, 4695, 5010, 5055, 5254, 5383, 7229, 7286, 9323	21
Contraceptive choice/provision	33, 414, 430, 593, 604, 1185, 4667, 4737, 5017, 5136, 5158, 5187, 5282, 5285, 5286, 5377, 5468, 5473, 5475, 5489, 5514, 6001, 6771, 6979, 7209, 7393,	27
Delivery of services /service use	50, 110, 119, 179, 305, 515, 594, 666, 710, 725, 732, 818, 1450, 1454, 1619, 1839, 4216, 4291, 4393, 4469, 4772, 4849, 4850, 5067, 5124, 6181, 6186, 6513, 6744, 6815, 6830, 6968, 7244, 7277, 7337, 7374, 7453, 7527, 7635, 8291, 9289, 9524, 9545,	43
Education	156, 316, 801, 1342, 1617, 1855, 5612, 6006, 6232, 7154, 7338, 7897, 8323, 9547,	14
Emergency contraception	172, 242, 314, 469, 511, 778, 961, 980, 1017, 1067, 1483, 4233, 4540, 5399, 5436, 6084, 6593, 7224, 7279, 7309, 9078,	21
Policy discussion	1621, 4421, 5129, 5560, 6234, 6278, 6283, 6329, 7108, 7267, 8896,	11

Unclear (no abstract	739, 828, 832, 944, 1058, 1234, 1395, 1405, 1519, 1603, 1617, 1660, 1739, 1796, 1807, 1808, 1974, 1975, 1992, 3961, 4020, 4231, 4292, 4362, 4459, 4487, 4488, 4505, 4526, 4601, 4643, 4648, 4701, 4729, 4784, 4848, 4952, 4955, 4958, 4995, 5109, 5117, 5149, 5303, 5315, 5445, 5446, 5758, 5761, 5919, 6040, 6363, 6646, 6647, 6694, 6725, 6743, 6816, 6947, 7175, 7226, 7274, 7532, 7688, 7719, 9978, 9989, 6195, 6219, 6300, 6862, 6945, 7050, 7575, 7693,	76

Table 2d. Intervention studies typology (detail)

Data includes:
Title/Description
Population
Country
Outcome measures.

Ref	Details	Category
18	Pilot of screening tool to ID high risk for TP 103 sexually active 13-year-old to 17-year-old girls USA Self-reported sexual risk behaviours.	TP
30	Evaluation of school based teenage pregnancy prevention programme (social work and health care) 63 girls (97% eligible, 99% African-American, mean age 16 years) USA Subsequent repeat adolescent birth	School TP Evaluation Economic
47	Description of TP prevention programme (location?) Population? USA Pregnancy prevention	TP Descriptive
48	Description of TP prevention programme (location?). Linked to 47	TP

	Population? ???	Descriptive
55	Evaluation of school based programme to prevent repeat TP Adolescent mothers USA Repeat adolescent pregnancy	School TP Evaluation
81	School based pregnancy prevention curriculum 1,944 students from 17 schools USA Reducing risky sexual behaviour	School TP Evaluation
67	RCT: Randomized efficacy trial of early preconception counseling for diabetic teens (READY-girls) 53 adolescent females with type 1 diabetes between 16 and 19.9 years of age USA Knowledge, perceived benefits of both receiving preconception counseling and using effective family planning, and perceived more support with reproductive health issues	Clinic TP Evaluation
124	Abstinence only programme 2,000 teens USA Teen sexual activity, rates of unprotected sex, knowledge of STDs and perceived effectiveness of condoms and birth control pills	School Evaluation
164	Youth clinic: advance provision of emergency contraceptive pills 420 girls aged 15-19 Sweden Time span between unprotected intercourse and ECP intake, contraceptive use, and sexual risk taking.	Clinic Emergency contraception Evaluation.
167	Sexual health service - text message delivery 15-19 yrs USA Increased access to sexual health services	Clinic Sexual health Evaluation.
236	Community based sexual health clinic Three hundred and twenty-six tenth-grade males and females USA Prevention of pregnancy and sexually transmitted diseases	Clinic Sexual health Evaluation.
264	Sex education curriculum with virtual world element 7th and 8th grade USA Short-term psychosocial outcomes.	School Sexual health Evaluation
299	Comparison of community based and school based health care clinics 374 adolescents USA Risk behaviors, provision of preventive screening and counseling, and quality of care	School/Clinic Sexual health Evaluation
303	RCT. Video vs. counselling for condom use in black women Four hundred Black and Latina teenage women USA Condom use	Location? Sexual health Evaluation
328	Repeat pregnancy prevention. Home visit Pregnant adolescents aged 12 to 18 years, USA Repeat pregnancy, depression, school dropout, and poor parenting.	Home TP Evaluation
338	Computer based sexual health intervention. Schools Eight-hundred eighty-seven ninth-graders USA Knowledge, condom self-efficacy, attitude toward waiting to have sex, and perceived susceptibility to HIV	School Sexual health Evaluation
350	STI/Pregnancy prevention website six focus groups with 15-25 year olds	Website Sexual health/TP

	USA ??	Descriptive
371	School based teenage pregnancy prevention programme Population? USA ???	School TP Descriptive
374	Virtual infant simulators in tackling under-18 conception rates (no abstract) UK ?????	No abstract
387	Repeat pregnancy prevention. Home visit 85 adolescents USA Repeat teenage pregnancy	Home TP Evaluation
391	Preventing repeat pregnancy schools UK ????	School TP Descriptive
396	Comparison of adolescent pregnancy and STI/HIV prevention programs USA ???	Sexual health/TP Descriptive
405	RCT. Impact of a theoretically based sex education programme (SHARE) delivered by teachers on NHS registered conceptions and terminations. 4196 women UK Conceptions or terminations by age 20	School Sexual health/TP Evaluation
411	School-based teen pregnancy program 1,136 middle grade students USA Attitudes towards sexuality	School TP Evaluation
412	Provision of emergency contraceptive pills at student health centers Population? USA Provision of emergency contraception	School Emergency contraception Descriptive
439	Home visits to prevent repeat TP 111, 13-to-19 years olds USA Repeat pregnancy	Home TP Evaluation
440	Preventing pregnancy and STIs 151 undergraduate students Netherlands Intention to use condoms	College Sexual health TP Evaluation
478	Teenage clinic for unwanted teen pregnancies and STDs women aged 19 and younger USA ???	Clinic Sexual Health TP Descriptive
491	RCT. Delaying repeat pregnancy - home mentoring 181 first time, black adolescent mothers (< 18 years of age) USA Preventing second birth	Home TP Evaluation
506	Family planning programme - age range unclear USA Pregnancy prevention	Clinic TP Evaluation
507	School based STI and teenage pregnancy prevention ???	School Sexual health TP Descriptive
527	Nurse lead Community clinic - sexual health and teenage pregnancy - compared to hospital clinic Age less than 25 UK Achievement of national targets	Clinic Sexual health TP Evaluation

563	RCT. An STI and pregnancy prevention curriculum intervention for school students 988 students USA Reduction in sexual risk behaviours and unintended pregnancy	School Sexual health TP Evaluation
621	Sexual health education intervention - condoms and emergency contraception. Inlcuded sexual education lessons by a nurse-midwife and medical students, free condoms on request and access to telephone counseling. 390 (85%) pre-test and 326 (71%) post-test Sweden Improving knowledge of, attitudes to, and practices regarding condoms and emergency contraception	Schools Sexual health TP Evaluation
630	Repeat teenage pregnancy prevention. Adolescent parenting programme 1,260 first-time adolescent mothers USA Delayed repeat pregnancy	Clinic/Community? TP Evaluation
631	Infant simulation intervention for adolescent pregnancy prevention 353 predominantly ninth-grade and Latino students USA Social aspirations (desire to have a child etc)	School TP Evaluation
632	Sexual health services through a multi-agency drop-in session at a secondary school. UK ???	Schools Sexual health Descriptive
637	Sexual health service using a multi-agency drop-in approach. School setting UK ???	Schools Sexual health Descriptive
646	A 'mystery shopper' project to evaluate sexual health and contraceptive services for young people Nineteen young people aged 13-21 UK Accessibility of service	Clinic/Community Sexual health TP Evaluation
653	Multi media environment for sexual health services UK Vies of sexual health services	Website Sexual health Descriptive
663	Religion in teenage prevention programmes N = 129 USA Avoidance of pregnancy, completion of high school, and enrollment in college	School TP Descriptive
665	Sexual health intervention by nurses USA Risk behaviour	Clinic Sexual health Evaluation
672	Preventing repeat teenage pregnancy - school based USA Repeat teen birth rate.	School TP Intervention
690	Sexual health peer education programme Indigenous Australians Australia Dissemination of sexual health education resources.	Community Sexual health Descriptive
706	Provision of emergency contraceptives through community pharmacies. UK Provision of emergency contraception	Pharmacy Emergency contraception. Evaluation
707	Service development in family planning, GUM clinics, and young people's services UK User experiences	Clinic Sexual health Descriptive

717	Advanced supply of emergency contraception. USA Emergency contraception use, sexual activity, unprotected intercourse, contraceptive methods and use	Clinic TP Evaluation
724	RCT. Reducing alcohol exposed pregnancy. College students USA Reduced alcohol-exposed pregnancy	College TP Evaluation
754	Data from RCT. Increased access to emergency contraception. Pharmacy vs clinic access. 964 adolescents, 90 of whom were aged younger than 16 years USA Contraceptive and sexual risk behaviors	Clinic/pharmacy Emergency contraception Evaluation
764	Preventing teenage pregnancy - initiatives from 13 communities USA Decision to develop interventions	Community TP Description
765	Teenage pregnancy initiative in 13 communities Linked to above. USA	Community TP Description
767	Teenage pregnancy initiative in 13 communities Linked to above. USA	Community TP Description
768	Parents involvement in teenage pregnancy prevention initiatives . Qualitative evaluation USA Parental involvment	Community TP Descriptive.
769	Peer education to increase parent child communication over teenage pregnancy. 35 parent peer educators USA Increase parent-child communication about sexuality, teen pregnancy prevention, and related issues	Community TP Descriptive.
775	STD prevention website for teenagers (N=3,489) were between 13 and 17 (n=1,242) USA Usability of website	Website Sexual health Evaluation
778	Emergency contraception initiative in primary care 50 physicians. USA Provider knowledge attitudes and practices	Clinic Emergency contraception Evaluation
800	Program assessment of sexual and reproductive health services for adolescents. 10 services USA Adoption of reproductive health recommendations	Clinic Sexual health Evaluation
803	Adapting a HIV, sexually transmitted disease, and pregnancy prevention program for high-risk minority youth USA	Clinic Sexual health Descriptive
813	Evaluation of a peer provider reproductive health service model for adolescents 1,424 female and 166 male adolescent clients USA Consistent contraception use	Clinic Sexual health Evaluation
917	Risk and protective factors for sexual risk taking among adolescents involved in Prime Time Sexually active 13-17-year-old girls USA Consistent contraceptive use and healthy sexual decision-making	Clinic Sexual health Evaluation
921	The "Safer Choices" intervention: its impact on the sexual behaviors of different subgroups of high school students USA	School Sexual health Evaluation

	3869 9th-grade students Initiation of sex, frequency of unprotected sex, number of unprotected sexual partners, condom use, and contraceptive use.	
936	A qualitative evaluation of the Students of Service (SOS) program for sexual abstinence USA	School Abstinence Descriptive
937	Adolescent post abortion groups: risk reduction in a school-based health clinic. USA Repeat unplanned pregnancy	School Repeat teenage pregnancy Evaluation
995	RCT: Pupil lead sex education intervention Over 8000 pupils UK Unprotected (without condom) first heterosexual intercourse by age 16 years.	School Sexual health Evaluation
1049	program evaluation of community-based teen pregnancy prevention projects 2,200 students USA Knowledge, attitudes, skills, behaviors,	Community TP Evaluation
1059	RCT: advance provision of emergency contraception and adolescent women's sexual and contraceptive behaviours 301 predominantly minority, low-income, sexually active adolescent women, age 15-20 years USA Unprotected intercourse or less condom or hormonal contraception use.	Clinic Emergency contraception Evaluation
1072	School-based program for pregnant teens on their contraceptive use, future contraceptive intention, and desire for more children N=371 USA Contraceptive use, future contraceptive intention, and desire for more children.	School Sexual health /TP Evaluation
1182	School-based health centers to improve adolescents' access to health care, health status, and risk-taking behaviour 24 centres USA Substance use, sexual activity, contraceptive use, pregnancies and births, and health status	School Sexual health/TP Evaluation
1187	A pilot program of contraceptive continuation in six school-based clinics One hundred-forty-three women USA Contraceptive use, pregnancy and STD risk, sexual behavior and parental support for contraceptive use	School Sexual health / TP Evaluation
1211	Postpartum contraceptive use: implications for prevention of repeat pregnancy One-hundred-seventy-six pregnant and 187 nonpregnant adolescents USA Changes in contraception use and patterns of consistent hormonal and/or condom use	Clinic Repeat TP Evaluation
1230	Contraceptive dispensing and selection in school-based health centers USA Increase consistent use among sexually active females	School Sexual health/ TP Evaluation
1241	Repeat adolescent pregnancy prevention with a school-based intervention n = 50; control subjects, n = 255 USA Repeat adolescent births	School Repeat TP Evaluation
1242	RCT: Postponing sexual intercourse among urban junior high school students	School Sexual health/ TP

	Seventh graders (n = 582) USA Virginity, self-efficacy to refuse sex with a boyfriend, and the intention to avoid sexual involvement during the following 6 mths	Evaluation
1262	Multimedia intervention to prevent HIV/STI and pregnancy in middle school youth 7th and 8th grade USA Self-efficacy regarding refusal skills	Website Sexual health/ TP Evaluation
1348	The parent-adolescent relationship education (PARE) program: a curriculum for prevention of STDs and pregnancy in middle school youth USA Parental involvement and communication, contraception, sex attitudes and intentions, sex behaviors (initiation of sexual intercourse, frequency, number of partners, contraceptive practices, refusal skills), and the incidence of pregnancy	School Sexual health/ TP Evaluation
1394	Teenage pregnancy prevention strategy in school-based clinics USA No abstract	School TP Evaluation
1396	Impact emergency contraception on reproductive health outcomes in an urban adolescent clinic USA (182 total: 92 EC, 90 control) girls aged 13 to 21 years Pregnancies, STIs, visits for first pelvic exam and Pap smear	Clinic Emergency contraception Evaluation
1495	Condom availability programs in high schools: relationships with condom use and sexual behaviour 4166 adolescents USA Contraceptive use, sexual experiences	School Sexual health Evaluation
1510	Adolescent Sibling Pregnancy Prevention Program 1,176 predominantly Hispanic 11-17-year-olds USA Pregnancy, sexual initiation	Location? TP Evaluation
1513	STI and pregnancy prevention services during adolescent health supervision visits 15 349 high school students USA Health care visit, sexual experience	Clinic Sexual health/ TP Evaluation
1517	Promoting sexual health to young people: preventing teenage pregnancy and sexually transmitted infections No abstract	Sexual health/ TP
1520	Emergency contraception: a pilot study by school nurses 2 secondary schools UK Accessing advice, requesting condoms	School Emergency contraception Evaluation
1527	RCT: Postnatal home visits in teenage mothers 124 teenagers Australia Contraception knowledge	Home TP Evaluation
1551	Pilot survey involving contraception and teenage pregnancy (1) School pupils aged 11-15 from an area of mixed social background (n = 80). (2) Pregnant 14-16-year-olds UK Knowledge of contraception and services	School TP Evaluation
1568	RCT: Effects of a parenting program on urban African-American adolescent fathers N= 60 USA Employment, vocational planning, feeling positive, using birth control,	Community Sexual health Evaluation

	planning for the future, and number of close friends	
1594	Teenagers at risk of unintended pregnancy: practical risk markers for use in general practice UK N= 53, 13-19 years Consultation for emergency contraception, age of starting contraception, side-effects or dissatisfaction with contraception.	Clinic TP Evaluation
1595	Improved continuation rate of depot-medroxyprogesterone acetate in adolescent mothers USA N =299 (age 13-22 years) Continuation rates of DMPA	Clinic Repeat TP Evaluation
1598	Mobile outreach services for young people young people aged 12-25 years UK	Clinic Sexual health Descriptive
1618	Evaluation of a young person's sexual health service in a commercial setting 98 clients ranging from 14 to 39 years of age UK Social demographics, reasons for attendance and consultation outcomes for clients together with their views of the service.	Clinic Sexual health Evaluation
1633	Mainstream services with proactive and targeted outreach: a model of contraceptive service provision for young people. Under-25s UK Service access	Clinic Contraception Evaluation
1635	Preventing pregnancy and improving health care access among teenagers: evaluation of the children's aid program 100 disadvantaged 13-15-year-olds USA Sexual activity, use of a condom along with a hormonal contraceptive, pregnancy and access to good health care.	Clinic TP Evaluation
1638	Academic-community partnerships as a strategy for positive change in the sexual behavior of rural college-aged students Students USA Sexual behaviour, no. of partners, condom use	Community Sexual health / TP Evaluation
1715	RCT: Limits of teacher delivered sex education: interim behavioural outcomes from randomised trial. 8430 pupils aged 13-15 years UK Self reported exposure to sexually transmitted disease, use of condoms and contraceptives at first and most recent sexual intercourse, and unwanted pregnancies.	School Sexual health Evaluation
1729	RCT: Improving teenagers' knowledge of emergency contraception: cluster RCT of a teacher led intervention 1974 boys and 1820 girls in year 10 (14-15 year olds) UK Contraception knowledge, emergency contraception use, intention to use emergency contraception in the future.	School Emergency contraception Evaluation
1743	Analyzing the contribution of community change to population health outcomes in an adolescent pregnancy prevention initiative USA Teenage births	Community TP Evaluation
1755	Low parental monitoring predicts subsequent pregnancy among African-American adolescent females n = 410 USA Incidence of biologically assessed pregnancy.	Community TP Evaluation

1782	The Sandyford Initiative: creating added value to health and health care UK	Clinic Sexual health Descriptive
1819	Baby Think It Over: using role-play to prevent teen pregnancy One hundred fourteen eleventh-grade students Canada Assessment of pregnancy risk	School Tp Evaluation
1902	A novel condom policy for young attenders at a sexual health clinic 97 individual attendances, 94% (92) male and 6% (5) female. UK Service access	Clinic Sexual health Evaluation
1917	Long-acting contraceptive to prevent repeat adolescent pregnancies 373 adolescents USA Repeat adolescent pregnancy	Clinic Repeat TP Evaluation
1921	'Condom club': an interface between teenage sex and genitourinary medicine 286 males and 327 females Ireland	Clinic Sexual health Evaluation
1922	Effectiveness of the "Baby Think It Over" teen pregnancy prevention program Experimental (n = 151) and control (n = 62) groups of mostly White, middle class, suburban high school' students (mean age = 16.2) USA Attitudes toward parenting, as well as sexual and contraceptive behaviors linked to avoidance of teen pregnancy	School TP Evaluation
1951	Impact evaluation of the "not me, not now" abstinence-oriented, adolescent pregnancy prevention communications program 9th - 12th graders USA Pregnancy rate	School TP Evaluation
1960	Schoolwide effects of a multicomponent HIV, STD, and pregnancy prevention program for high school students Twenty urban high schools USA Condom use	School Sexual health / TP Evaluation
2103	Brief intervention to increase condom use in high-risk heterosexual college men N=41 USA Condom use	College Sexual health Evaluation
2179	Model of adolescent condom use. Sexually active adolescents USA Condom use	Location? Sexual health Model
4048	Program to prevent repeat teenage pregnancy Pregnant 13-to-19 year olds and their 10-to-16 year old sisters N not clear USA Prevention pregnancy	Home /Clinic TP Evaluation
4064	Education Now and Babies Later (ENABL) prevention programme N = 1,450 middle school students USA Improvement in knowledge/beliefs around TP	School TP Evaluation
4065	Pregnancy prevention programme for African-American adolescents N = ? USA Delayed initiation of sexual intercourse, increasing contraceptive use,	Location? TP Evaluation

	and reducing TP	
4075	Helping mothers discuss sexuality and AIDS with adolescents Mothers of 11- to 15-year-olds (N = 50) USA AIDS knowledge, and perceived vulnerability to AIDS	Location? Sexual health Evaluation
4106	Economic evaluation: Safer Choices: HIV/pregnancy prevention program 345 sexually active students. USA Condom/contraceptive use	School TP/Sexual health Evaluation
4108	Abstinence-based, pregnancy prevention program 312 students USA Initiation of sexual intercourse	School TP Evaluation
4109	RCT: Client-centred programs to prevent adolescent pregnancy Four projects served 1,042 youth (clients aged 9-13), and three served 690 teenagers (primarily clients aged 14-17). USA Intention to have intercourse, contraceptive use	School TP Evaluation
4153	Evaluation of a peer-produced teenage pregnancy video N=? UK Improved knowledge	School TP Evaluation
4203	Students together against negative decisions (STAND): school-based sexual risk reduction intervention One hundred and sixty-seven other 9th and 10th graders in the intervention county and 74 in the comparison county USA AIDS Risk Behavior Knowledge, frequency of conversations with peers about birth control/condoms and sexually transmitted diseases.	School Sexual health Evaluation
4214	Does mothering a doll change teens' thoughts about pregnancy? Nulliparous 6th (n = 68) and 8th (n = 41) grade girls USA Understanding of the responsibilities and difficulties associated with parenting, childbearing intentions before and after caring	School TP Evaluation
4278	Effects of a replication of a multicomponent model for preventing adolescent pregnancy Adolescents USA proportions of adolescents reporting that they had ever had sex, pregnancy rates among 14-17-year-olds	Community TP Evaluation
4301	Access to family planning clinics Teenagers UK Increased access to teenagers	Clinic Sexual health/ TP Descriptive
4305	RCT: Safer choices: multicomponent, school-based HIV, other STD, and pregnancy prevention program 3,869 ninth-grade students USA Including knowledge, self efficacy for condom use, normative beliefs and attitudes regarding condom use, perceived barriers to condom use, risk perceptions, and parent-child communication, selected risk behaviors	School Sexual health/ TP Evaluation
4316	Preventing secondary pregnancy in adolescents: a model program N=? USA Pregnancy	Community TP Evaluation
4326	Combining GUM and contraceptive services for young people N=? UK	Clinic Sexual health Descriptive

	Chlamydia cases	
4328	Preventing repeat adolescent pregnancies with early adoption of the contraceptive implant 309 adolescent mothers USA Repeat pregnancy	Clinic TP Evaluation
4369	Garnering community support for contraceptives services to be provided in a school-based health center Descriptive	School Sexual health Descriptive
4371	Evaluation of a computerized contraceptive decision aid for adolescent patients 949 young women USA Short-term knowledge and confidence in oral contraceptive	Clinic Sexual health Evaluation
4389	Evaluating the outcomes of parent-child family life education to prevent the negative outcomes of risky sexual behaviour N=251 age 9 to 14 USA Improve parent-child communications and delay the onset of sex-related behaviours	Community TP Evaluation
4407	Establishing an educational programme for nurses to supply emergency hormonal contraception One hundred and thirty-nine nurses UK Increase the availability and accessibility of EHC for young people	College Emergency contraception
4433	The Prevention Minimum Evaluation Data Set (PMEDS). A tool for evaluating teen pregnancy and STD/HIV/AIDS prevention programs Discussion	Sexual health/TP Discussion
4440	RCT: Peer counseling in a culturally specific adolescent pregnancy prevention program 63 female African American adolescents, ages 12 to 16 USA Pregnancy, sexual behaviour	Location? TP Evaluation
4445	Healthy Choices Teen Pregnancy Prevention Program No info	
4457	Increasing the effectiveness of contraceptive usage in university students 465 women Ireland Change in contraceptive behaviour	College Sexual health/ TP Evaluation
4514	Africentric Transtheoretical model in a school-based pregnancy prevention program 10 to 12 year olds USA Sexual decisions	School TP Evaluation
4525	Reducing teenage and unintended pregnancies through client-centered and family-focused school-based family planning programs Descriptive	School TP Descriptive
4605	The Sexual Health Help Centre: a service for young people UK Family planning visits	Clinic Sexual health Descriptive
4624	Innovative collaboration to prevent repeated adolescent pregnancies Descriptive	College TP Descriptive
4676	Pregnancy prevention among urban adolescents younger than 15: results of the 'In Your Face' program N=? USA Pregnancy rate	School TP Evaluation
4702	The role of condom motivation education in the reduction of sexually transmitted diseases among inner-city female adolescents	Clinic Sexual health

	Two hundred and five (205) female adolescents (age 13-20) USA Rates of new and re infections	Evaluation
4709	Education Now and Babies Later (ENABL): life history of a campaign to Postpone Sexual Involvement youths aged 12-14 USA Sexual behaviour	School Sexual health/ TP Evaluation
4719	Evaluation of an educational program to prevent adolescent pregnancy Teenagers 16 years of age and younger N=? Cananda First sexual activity, pregnancy	School TP Evaluation
4736	An impact evaluation of project SNAPP: an AIDS and pregnancy prevention middle school program 1,657 students USA Increased knowledge, attitudes or beliefs, and d change sexual or contraceptive behaviours	School Sexual health/ TP Evaluation
4740	RCT: The effect of monetary incentives and peer support groups on repeat adolescent pregnancies. 286 primiparous girls younger than 18 years USA Incidence of second pregnancies	Location? TP Evaluation
4746	An evaluation of initiatives to improve family planning use by African-American adolescents 737 teens mean age 16 years USA Use of services	Clinic TP Evaluation
4812	The program archive on sexuality, health & adolescence: promising "prevention programs in a box" Discussion	Sexual health/ TP Discussion
4818	Safer Choices: a multicomponent school-based HIV/STD and pregnancy prevention program for adolescents Description	School Sexual health/ TP Description
4836	The effect of sex education on adolescents' use of condoms 2,411 students Norway Condom use	School Sexual health Evaluation
4853	Youngsters get an introduction to sexual health clinics Descriptive	Clinic Sexual health Descriptive
4894	RCT: Behavioral intervention to increase condom use among high-risk female adolescents Two hundred nine female adolescents, aged 15 to 19 years USA Use of condoms	Clinic Sexual health Evaluation
5013	The impact of an increase in family planning services on the teenage population of Philadelphia Aged 14-18 USA Rates of pregnancy and childbearing, knowledge or use of clinic services, attitudes toward contraception	Clinic Sexual heatlh/ TP Evaluation
5035	Teen pregnancy prevention: an Afrocentric developmental framework Descriptive	Location? TP Descriptive
5039	Politics and practice: introducing Norplant into a school-based health center in Baltimore N=? USA Condom use, parental involvement, and patient acceptance of the	School Sexual health Evaluation

	contraceptive.	
5065	RCT: Initiation of Oral Contraceptives-Start Now! USA 539 adolescents between 12 and 17 OC continuation and pregnancies	Clinic Sexual health/TP Evaluation
5078	Significant Reduction of Repeat Teen Pregnancy in a Comprehensive Young Parent Program 1386 teen mothers between the ages of 11 and 19 USA Rate of repeat teen pregnancy	Clinic TP Evaluation
5107	Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy n = 1719 15-19 years USA TP. Sexual behaviour	School TP Evaluation
5115	Delivery of emergency contraception to minors in French pharmacies 4 young people France Refusal of contraceptive	Pharmacy Emergency contraceptive Evaluation
5174	A community of practice approach for aboriginal girls' sexual health education Canada Descriptive	School Sexual health Descriptive
5192	Health Demonstration Projects: Evaluating a community-based health intervention programme to improve young people's sexual health N=? UK behavioural and sexual health outcomes	Community Sexual health Evaluation
5226	Improved access to emergency contraception did not increase risky sexual behaviour in adolescents Ireland No info	Emergency contraception
5309	RCT: Peer-led approach to sex education in school has limited impact compared with teacher-led education N=? UK Unwanted pregnancy	School Sexual health/ TP Evaluation PSHE exclude?
5396	The importance of a gynaecological out-patient department by the example of 'First Love' Austria Descriptive	Clinic Sexual health Descriptive
5413	Teacher-led intervention improved teenagers' knowledge of emergency contraception without altering sexual activity USA Descriptive	School Emergency contraception Descriptive
5435	Qualitative assessment of a campaign promoting condom use among a teenage and young adult population 14 interviews. Teenagers 17-19 Spain Condom use	Pharmacy Sexual health Evaluation
5503	Dispensation of emergency contraception in family planning clinics 5% under 18 years and 90% under 25 years. France Pregnancy(?)	Clinic Emergency contraception Evaluation
5524	Abstinence education for urban youth - pilot programme N=? USA Attitudes about premarital abstinence	School Sexual health Descriptive
5591	Teaching safe sex in school Australia	School Sexual health

	Descriptive	Descriptive
5610	Evaluation of an AIDS peer education program on multiethnic adolescents Four classes of secondary three students (ages 14-15 years) Canada Attitudes toward abstinence and condom use	School Sexual health Evaluation
5701	Students' acquisition and use of school condoms in a high school condom availability program 1112 students, 9th to 12th grade USA Acquisition and use of condoms	School Sexual health Evaluation
5705	Condom availability in New York City public high schools 7119 students USA Sexual activity, condom use	School Sexual health Evaluation
5757	The impact of the postponing sexual involvement curriculum 10,600 youths USA Attitudes, behaviours and intentions related to sexual activity	School Sexual health/ TP Evaluation
5960	Impact of a school-based AIDS prevention program on young adolescents' self-efficacy skills 2318 students 7th and 8th grade USA Self-efficacy and intentions to adopt prevention practices	School Sexual health Evaluation
6074	Tackling sexual health inequalities: work in progress with young people at risk Descriptive	Community Sexual health Descriptive
6079	Clinic-in-a-box: sexual health information and contraceptive supplies to young people Descriptive	Location? Sexual health Descriptive
6166	The Community Coalition Partnership Programs to Prevent Teen Pregnancy No info	Community TP
6272	The Teens and Toddlers programme: an innovative and practical youth development and teenage pregnancy prevention programme N+? UK Raise self-esteem, aspiration and educational attainment	Location? TP Descriptive
6381	Developing a sexual health service for students UK Descriptive	College Sexual health Descriptive
6598	Sexual health services in school: a project in a multi-agency drop-in UK Descriptive	School Sexual health Descriptive
6610	Evaluation of a sexual education intervention among Swedish high school students 461 eligible students, mean age 17 years Sweden Condom use, use of ECP, knowledge of ECP, attitudes towards	School Sexual health Evaluation
6631	Improving adolescent sexual risk assessment with event history calendars: a feasibility study Latina females aged 15 to 19 years (n = 30) USA risk behaviour, perceptions of EHC risk assessment and communication.	Clinic SH Evaluation
6639	Baby Think It Over: evaluation of an infant simulation intervention for adolescent pregnancy prevention 353 predominantly ninth-grade and Latino students USA Vies on the impact of having a baby	School TP Evaluation

6657	Let's hear it for the guys: California's Male Involvement Program Descriptive	Community TP Descriptive
6661	Process evaluation of a repeat pregnancy prevention program for African-American adolescent mothers USA Descriptive	School TP Descriptive
6710	Zero Adolescent Pregnancy: a prevention program at work that works No details	Work TP Descriptive
6812	Promoting contraceptive services to teenagers 13 to 14-year-olds UK Attitudes and awareness	School Sexual health Evaluation
6843	Break down teen barriers with direct provision N=? USA Method of distribution, effectiveness	School Sexual health Evaluation
6888	Getting the word out: evaluating the effectiveness of a pregnancy prevention campaign for pre-teens Descriptive	Schools TP Descriptive
749	A model of teen-friendly care for young women with negative pregnancy test results Descriptive	Clinic TP Descriptive
7198	Using a youth cafe to provide contraceptive services No details	Community Sexual health Descriptive
7322	Sherry Fee Swinburne: started teen pregnancy prevention program No details	
7352	CLIPS. Involving educators in a community-based adolescent pregnancy prevention project No details	
7390	Combining quantitative and qualitative techniques in planning and evaluating a community-wide project to prevent adolescent pregnancy USA Descriptive	Community TP Descriptive
7464	Field testing of an abstinence-based sexuality education program for upper elementary school students Fifth and sixth grade students (n=287) USA Increased in knowledge, evidenced higher scores on life skills, positive attitude toward adolescent sexual abstinence	School Sexual health Evaluation PSHE exclude?
7483	Raising awareness of emergency contraception... Pathfinder finalist Descriptive	Location? Emergency contraceptive. Descriptive
7494	In practice. Time 4U youth clinic UK Access to health services	Clinic Sexual health Descriptive
7518	Advertising emergency contraception using local radio: an evaluation Descriptive	Emergency contraception Descriptive
7529	Clients express preference for one-stop sexual health shop Descriptive	Clinic Sexual health/ TP Descriptive
7531	Replicating a community initiative for preventing adolescent pregnancy No info	Community TP Descriptive
7536	Nurses who dispense post-coital contraception UK Descriptive	Clinic? Sexual health Descriptive

7578	Tackling teenage pregnancies in walk-in centres and midwifery units Descriptive	Clinic TP Descriptive
7580	New College Swindon: development of the Confide Clinic No details	Clinic Sexual health Descriptive
7581	INFO Outreach No details	?
7594	Addressing teenage pregnancy in Lewisham UK Reduced conceptions	Community TP Description
7614	A lifeline for teenagers UK	School Sexual Health Descriptive
7620	Great Yarmouth Young Men's Project UK	School Sexual health Descriptive
7629	Implementing a teenage health service in primary care UK	Clinic Sexual health Descriptive
7630	One practice's solution to adolescents' needs UK	Clinic Sexual health Descriptive
7631	In the club UK	Clinic TP Descriptive
7645	School for scandal UK	School/Clinic Sexual health Descriptive
7675	Sexual health: an integrated approach to care UK	Sexual health Descriptive
7696	Sexual health messages: working with young people UK	Clinic Sexual health Descriptive
7698	Experiences of a youth advisory clinic UK	Clinic Sexual health Descriptive
7704	Immaculate contraception UK	Clinic Sexual health Descriptive
7706	A clinic in the countryside UK	Clinic Sexual health Descriptive
7737	"'No worries!': Young people's experiences of nurse-led drop-in sexual health services in South West England": UK	Clinic Sexual health Descriptive
7772	Replication of an intensive educational intervention for youth pregnancy and STI prevention. UK	Clinic Sexual health Descriptive PSHE exclude?
7782	Evaluation of a school-based sex education programme 240 Grade Nine students Canada Changes in the areas of knowledge, sex-role attitudes, sexual interaction values, and the perception that birth control is important.	School Sexual health Evaluation PSHE exclude?
7795	The effects of fear versus norm appeals and directive versus cognitively flexible designs in abstinence-centered multimedia education on teen sexual attitudes, intentions and behaviours ninth-grade students	School Sexual health Evaluation

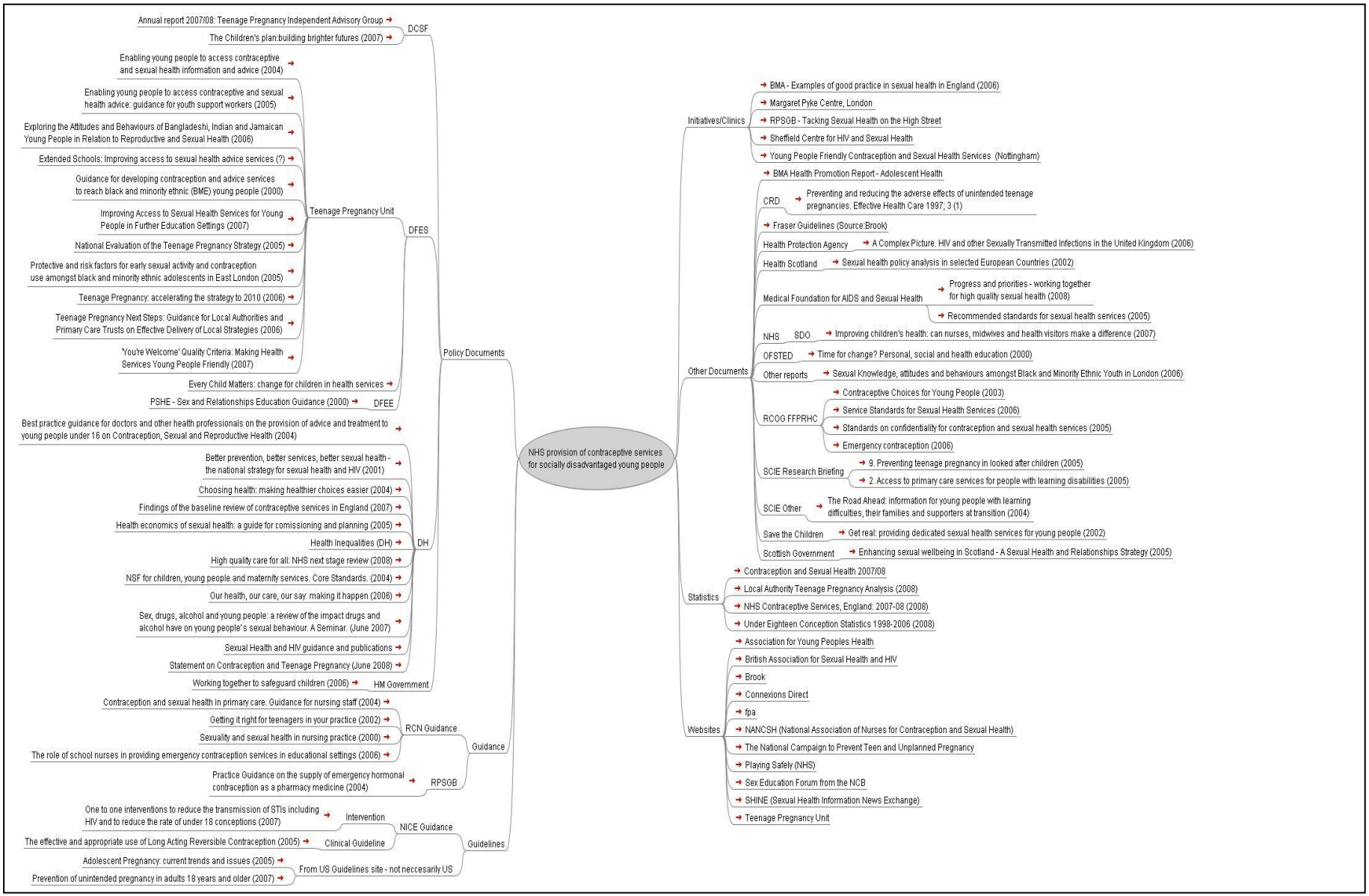
	USA sexual attitudes, intentions and behaviours	
7849	A Computer-based Approach to Preventing Pregnancy, STD, and HIV in Rural Adolescents. Three hundred and twenty-six tenth-grade males and females USA Initiate sexual activity, condom negotiation self-efficacy, attitudes toward waiting to have sex, and situational self-efficacy	Internet Sexual health/TP Evaluation
8020	Can a Culturally Informed After-School Curriculum Make a Difference in Teen Pregnancy Prevention? N=? USA Pregnancy	School TP Evaluation
8150	Assessment of Teen Pregnancy Prevention Interventions Among Middle School Youth. Two hundred thirty-seven students - sixth grade USA personal orientation and judgments about teenage parenthood.	School TP Evaluation
8160	RCT: a brief information, motivation, and behavioral skills intervention to reduce HIV/STD risk in young women. women aged 18-24 N=? Country? sexual risk behaviors (unprotected vaginal sex, condom use, HIV/STD testing), including biological outcomes (STD diagnosis).	Clinic Sexual health Evaluation
8162	Analyzing the contribution of environmental change to prevent adolescent pregnancy N=? USA Estimated pregnancy rates	Clinic TP Evaluation
8196	An Evaluation of a School-Based Pregnancy Prevention Program Aimed at Young Males 41 adolescents aged 13-17 years Country? abstinence and rates of condom use	School TP Evaluation
8235	Why parents matter!: The conceptual basis for a community-based HIV prevention program for the parents of African American youth. N=? USA reduced sexual risk behavior	Community Sexual health Evaluation
8278	Exclusively young offenders: Providing dedicated adolescent sexual clinics in English young offender institutions. UK	Prison Sexual health Description
8296	CAMP: A community-based approach to promoting safe sex behaviour in adolescence Adolescents (N = 1613) between the ages of 11 and 18 Country? contraceptive use in safe sex	Community Sexual health Descriptive
8301	Effect of an intervention to prevent unwanted pregnancy in adolescents. 1183 pupils Norway reported use of contraception during first sexual intercourse	School Sexual health/ TP Evaluation
8324	Targeting males for teenage pregnancy prevention in a school setting One hundred and thirty male adolescents, USA ailing subjects in school, repeating a grade, sexual activity, inconsistent condom use, a history of STDs, drug use, cigarette smoking, alcohol use, legal supervision, problems with the law, and living in a single-parent family.	School TP Evaluation
8328	The GIG: An innovative intervention to prevent adolescent pregnancy	Community

	and sexually transmitted infection in a Latino community 609 Latino adolescents USA pregnancy and those related to STIs	Sexual health/TP Evaluation
8339	Safer Choices, a school-based HIV, STD, and pregnancy prevention program for adolescents Descriptive	School Sexual health/ TP Descriptive
8340	Process evaluation of an asset-based teen pregnancy prevention project Descriptive	Community TP Descriptive
8405	Encouraging safer-sex behaviours: Development of the SHARE sex education programme. Description	School Sexual health Description PSHE exclude?
8424	Who benefits most from a broadly targeted prevention program? Differential efficacy across populations in the Teen Outreach program. 1673 students (mean age 15.9 yrs) USA Effectiveness of programme	School TP Evaluation
8500	Impact of sex education programs on sexual knowledge and feelings of men with a mild intellectual disability. 6 adolescent and adult men (ages 12-32 yrs sexual knowledge and feelings	Location? Sexual health Evaluation
8552	Does birth control education increase knowledge among parenting/pregnant teenagers in residential treatment? 11 14-20 yr old residents effectiveness of birth control education	Home Sexual health/TP Evaluation
8580	The impact of parent participation in sex education on adolescent sexual knowledge, attitudes, locus of control, and behaviour 60 male and female youth ages 13 to 15 USA Impact of parent involvement	Location? Sexual health Evaluation PSHE exclude?
8583	Intervening in mother-adolescent AIDS conversations 20 Mothers of 11 to 15 year olds adolescents' AIDS knowledge and beliefs	Location? Sexual health Evaluation
8636	A statewide evaluation of the Education Now and Babies Later (ENABL) program middle school students (N=1,450) USA? Students' knowledge and beliefs about teenage pregnancy	School Sexual health Evaluation
8711	Infant simulator lifespace intervention: Pilot investigation of an adolescent pregnancy prevention program 48 high school students USA? Realistic parenting expectations	School TP Evaluation
8735	A young women's support group: Prevention of a different kind 15-yr-old females Descriptive	Descriptive
8765	Evaluating the effectiveness of workshop interventions on contraceptive use among first-year college students 362 college students contraceptive knowledge	College Sexual health Evaluation
8766	Preventing teen pregnancy and academic failure: Experimental evaluation of a developmentally based approach 695 high school students Rates of pregnancy, school failure, and academic suspension	School TP Evaluation
8815	A program evaluation of a communication skills training program with pre-teens and their mothers Sixty-one parent-child dyads (1) increasing the use of preventive health care, (2) improving parent	Community Sexual health Evaluation

	child communication and relationship skills, (3) increasing parent's knowledge of sexual development and reproduction, and eventually impacting the child's sexual behavior by (4) delaying sexual activity and increasing contraception	
8817	"The effect of sex education on adolescents' use of condoms Descriptive	Descriptive
8838	Impact of free condom distribution on the use of dual protection against pregnancy and sexually transmitted disease 100 teens and young adults use of condoms to prevent STDs	Clinic Sexual health/ TP Evaluation
8868	Using Bloom's learning taxonomies to conceptualize effective sexuality education for adolescents Descriptive	Descriptive
8897	POWER for Reproductive Health: Results from a Social Marketing Campaign Promoting Female and Male Condoms 3407 women USA Condom use	Community Sexual health Evaluation
9062	Teenage sexual health promotion: the Dumfries and Galloway perspective Descriptive	
9069	Promoting contraceptive services to teenagers 13 to 14-year-olds UK effects of the intervention on attitudes and awareness	School Sexual health Evaluation
9116	A community-based approach to promoting safe sex behaviour in adolescence Outcome; development of partnership	Community Sexual health Evaluation
9282	Increasing access to contraceptives: on the map and in the bag USA increase the use of contraceptives among adolescents descriptive	Location? Sexual health
9294	Student health services: comprehensive sexual health and STD programming in local secondary schools Descriptive	School Sexual health
9296	Teen clinic Descriptive	Clinic Sexual health
9300	Let's talk about sex Descriptive	Location? Sexual health
9318	Time 4U youth clinic Desciptive	School Sexual health
9378	RCT: Computer-assisted provision of emergency contraception a randomized controlled trial 542 women NO info	Internet Emergency contraception Evaluation
9381	RCT: Tailored intervention to increase dual-contraceptive method use: a randomized trial to reduce unintended pregnancies and sexually transmitted infections 542 women USA use of dual contraceptive methods, rates of incident STI or unintended pregnancy	Clinic SH/TP Intervention
9385	RCT: Acceptance and use of emergency contraception with standardized counseling intervention: results of a randomized controlled trial women aged 16-44 years who were at risk for unintended pregnancy (N=737) Location?	Clinic EC Evaluation

	EC use	
9410	Short-term impact evaluation of 'It's Your Game, Keep It Real': A multimedia HIV/STI and pregnancy prevention intervention for middle school youth No info	
9448	Long-term reductions in sexual initiation and sexual activity among urban middle schoolers in the reach for health service learning program African-American and Latino adolescents from 7th grade through the 10th grade. USA sexual initiation and recent sex	School Sexual health Evaluation
9530	Building bridges. Sexual health and young men Descriptive	
9990	Hormonal contraception use among adolescent emergency contraception users: A two-year follow-up study ages 15-19 USA Use of EC	Clinic EC Evaluation

Appendix 3. Mind map of resources



Appendix 4. Summaries of the documents

DCSF Documents

Annual report 2007/08: Teenage Pregnancy Independent Advisory Group
http://www.library.nhs.uk/PUBLICHEALTH/ViewResource.aspx?resID=292558&tabID=290
(DFCFS, 2008)

Fifth annual report. Two strands of the TPU strategy – to halve the number of under 18 conceptions by 2010 and to increase the participation of young mothers aged 16-19 in education, employment and training to reduce the risk of social exclusion with a target of 60% participation by 2010.

Recommendations – need for government to provide strong leadership and ensure services work together effectively "joined up working", need for improved recording of data and maximum use made of data sources, need for clear communication strategies to teenagers about why reducing teenage pregnancy matters and to the public about the strategy. Need for removal of 9pm watershed for condom advertising and development of a safe portal for appropriate web based material. Contraception available widely cost-benefits of contraception particularly long acting reversible contraception recognised. Funding for abortion and contraception and recording of figures should be unified rather than separate, with improved access to computers in community services. Importance of need for sex and relationships education, beyond school. Need to extend training to include all staff working with young people, identify and develop further training and develop a new qualification. Role out a national programme of support and guidance for parents and carers such as the FPA Speakeasy programme, and include SRE in parenting strategies, and provide information packs. Greater support for teenage parents.

The Children's plan: building brighter futures (DCFS 2007)
<http://www.dcsf.gov.uk/childrensplan/downloads/The_Childrens_Plan.pdf>

Five principles underpin the plan. Of particular relevance – emphasis on parent role in bringing up children and need to do more to back families. Also, the need to support children to succeed, the importance of services being shaped by and responsive to service users, and emphasis on prevention. Keeping children on the path to success, chapter 6 – review best practice in effective sex and relationships education. Chapter 7 making it happen – have in place by 2010 consistent high quality arrangements to provide identification and early intervention for all children and young people who need additional help. Goals for 2020 – parents satisfied with the information and support they receive, all young people participate in positive activities to develop personal and social skills, promote wellbeing and reduce behaviour that puts them at risk.

DFES Policy Documents

Teenage Pregnancy Unit

Enabling young people to access contraceptive and sexual health information and advice (DCSF 2004)
http://www.everychildmatters.gov.uk/resources-and-practice/IG00214/

Legal and policy framework for social workers and social care staff. 4 key strands of the TPU strategy – joined up action, national media campaign, prevention by access to health and contraception services, and support for young parents.

Risk factors – poverty, in care, educational problems, not involved in education training or work, experience of abuse, mental health problems, trouble with police.

Question and answer format regarding actions that can be taken by staff in response to requests from a young person in regard to providing information, advice, taking to services, onward referral, confidentiality, support.

Enabling young people to access contraceptive and sexual health advice: guidance for youth support workers (DFES 2005)
http://www.everychildmatters.gov.uk/_files/YouthWorkersGuid2005FINAL.pdf

The guidance aims to clarify for youth support workers that they can and should encourage young people to seek advice and contraception and direct them to local services if it appears that they are or are thinking about becoming sexually active and cannot be persuaded to delay sexual activity. Need for development and review of policies, need for training to support youth workers, need for a nominated member of a team or organisation.

Exploring the Attitudes and Behaviours of Bangladeshi, Indian and Jamaican Young People in Relation to Reproductive and Sexual Health (TPU/DOH 2006)
http://www.everychildmatters.gov.uk/resources-and-practice/RS00038/

Report of a research study in London, Manchester and Birmingham 2002-2003 consisting of 75 in-depth interviews. The study found marked variations in reproductive and sexual health attitudes between the different groups. Cultural factors strongly impacted on how teenage pregnancy was viewed. Gender differences in attitudes and behaviour were strong with conflicting messages being given to young men and women. A gradual harmonisation of attitudes associated with wider British culture was apparent although this was moderated by cultural norms and religious beliefs. Many parents felt that they did not have adequate skills to engage with their children in regard to sexual and reproductive health. Current knowledge and use of existing services varied substantially across the cultural groups. Whilst there was diversity of opinion regarding need for culturally specific services, the need for appropriate role models and resources was identified as important. The report provides further information regarding knowledge and attitudes, sexual experience, pregnancy and parenthood, and sexual and reproductive health services.

Extended Schools: Improving access to sexual health advice services (DFES, 20007
http://www.everychildmatters.gov.uk/_files/SexualHealthAdvice.pdf

Guidance for senior managers and governing bodies in secondary schools. Important role of schools in meeting targets for reducing teenage pregnancy. Background information on how schools can help, 3 case studies, frequently asked question.

Guidance for developing contraception and advice services to reach black and minority ethnic (BME) young people (TPU/DOH 2000)
http://www.nottinghamcity.gov.uk/tpu_bme_guidance.pdf

This document provides supplementary guidance to the Best Practice Guidance (TPU, 2000) providing more detail regarding how services should be reviewed and developed to meet the needs of BME communities. The document reports that currently there are no comprehensive statistics on teenage births or abortions for this community, as information only collected on mother's country of birth. This poses problems in understanding the extent of the problem and setting targets. Surveys suggest however young people from Bangladeshi, African and Pakistani communities are substantially more likely to be teenage parents than the national average. This may be partly associated with cultural practices and traditions of early childbirth in marriage, but likely to live in deprived areas.

Issues highlighted by young people from BME communities – barriers to services such as racism, lack of appropriate services, different moral value system, inappropriate and inaccessible services, concerns re confidentiality, lack of culturally appropriate images or messages, inaccessible information, poor staff attitudes and behaviour.

Recommendations – agencies work together to map existing provision, establish links with community and faith based organisations, review services against existing guidance, involve young people in development, evaluation and delivery. Need to have explicit confidentiality policy, staff need to be trained and adequately supervised. Need for culturally appropriate environment, and consultation with young people to decide best location for services, and convenient opening hours. Services should offer adequate time and support, provide knowledge regarding myths, risks and contraceptive methods via verbal and written means.

The report provides case studies of practice in 6 locations describing the type of work, profile of the client group, aims and objectives of the work, identification of funding, key partners, the process of development, young people's involvement, feedback and evaluation, chosen indicators of success, and useful lessons to share with others.

Improving Access to Sexual Health Services for Young People in Further Education Settings (DCSF/DH 2007)
http://www.everychildmatters.gov.uk/resources-and-practice/IG00244/

Guidance for senior managers, student service managers, 14-16 co-ordinators, enrichment managers, senior tutors, college counsellors and welfare officers working in FE colleges. Purpose to provide quick and ready access to information for further education settings on how to establish on-site sexual health services. Looks at sexual health issues and the impact they can have on learning, explains why further education settings should address sexual health, outlines the benefits of providers working together in partnership to provide services, provides practical advice and summarises good practice. Frequently asked questions section and a range of case studies.

National Evaluation of the Teenage Pregnancy Strategy (TPU/DH 2005)
http://www.everychildmatters.gov.uk/_files/full%20report%20final.zip

Teenage pregnancy strategy has 4 major components – national media awareness campaign, action to ensure co-ordination across agencies, improved sex and relationships education and access to contraception and sexual health services, and support for teenage parents. Local strategies led by teenage pregnancy partnership board.

Evaluation included a national survey 2000-2004 of over 9,000 13-21 year olds to monitor changes over time. Also routinely collected data on conception abortion, deprivation, intervention and non-intervention activity to explore variations in outcome at a local level. Analysis of regional and national press coverage. Evaluation of processes such as co-ordination of strategy activities and experiences of those implementing them.

Findings – local teenage pregnancy co-ordinator has been the lynchpin of implementation. Importance of school SRE as a source of learning confirmed. Messages about condom negotiation came through most strongly. Increasing use of school-based services, helplines and websites to gain contraceptive advice. Young women most likely to get advice from GP, young men from school. Young women less likely to be offered longer acting more reliable forms of contraception, and confusion remains regarding confidentiality. Participation rates of young mothers changed little during the evaluation period. Links between national and local level co-ordinators worked well.

Sexual behaviour measured by number reporting sexual intercourse, number using contraception at first intercourse, number using protected sex in last four weeks, and number obtaining contraceptive advice before first sexual intercourse.

Conception rate in under 18s fallen by about 9% by 2002 compared with 1998. Areas of greater deprivation and lower educational attainment showed substantially more decline, also changes related to level of expenditure. Suggests strategy has been well targeted in areas of greater need that have benefited the most. Linking decreased conception rates to more specific markers of the extent or quality of strategy related activities has proved more elusive.
Recommendations - future efforts should continue to be directed at tackling the underlying socio-economic determinants of teenage pregnancy with even greater focus on interventions that selectively advantage young people from poorer backgrounds and areas. Further work to ensure young people are well informed about sexual matters. Long acting contraceptives should be more widely available to young women. The school environment offers a key opportunity to evaluate the effectiveness of services. High quality SRE education should be mandatory in the national curriculum. Need for funding and continued role of teenage pregnancy co-ordinators.

Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies (DFES 2000)
http://www.everychildmatters.gov.uk/_files/8845F3C6EC567906D4E1F95616ED6BFB.pdf

Outlines the rationale for the teenage pregnancy strategy, highlighting the short and long term consequences of early parenthood. Makes the financial case for investing in measures to prevent early pregnancy and presents evidence on which women are at risk. Confirms strong link with deprivation, but also emphasises other factors in particular poor educational attainment and low aspiration have an impact over and above deprivation levels. Reports the main factors in successful programmes taken from the main guidance. Emphasises that young people need not just the means to access guidance and avoid early pregnancy but also the motivation. Action to tackle the root causes of teenage pregnancy therefore needs further consideration.

Protective and risk factors for early sexual activity and contraception use amongst black and minority ethnic adolescents in East London (TPU 2005)
http://www.everychildmatters.gov.uk/resources-and-practice/RS00037/

Study using quantitative and qualitative methods – survey (n=2369) collected in schools age 13-16 years. Focus groups, web discussion and interviews n=146 age 15-18 years. 83% of those who had intercourse reported using one or more forms of contraception, young women reported more unprotected sex than men. No ethnic differences in types of contraception, but differences in rate of use. Parental communication and perceived disapproval of sex appeared to affect contraceptive use differently in different ethnic groups. Need to interventions to address issues around continuing protection in long term relationships as young people from non white ethnic groups were more likely to have unprotected sex if they had been in a relationship for 6 months or more. Special needs groups appear to need better access to services.

Conclusions – improving access to services and equipping young people with sound sexual health information would support their expressed desire to make the right choices. Need for investigation of high rates of lack of contraceptive use amongst young women especially in long term relationships. Differences between ethnic groups indicates need to tailor interventions. Continuing protection during long term relationships needs to be emphasised.

Teenage Pregnancy: accelerating the strategy to 2010 (TPU 2006)
http://www.everychildmatters.gov.uk/resources-and-practice/ig00156

Reports progress in the strategy since 1999. Progress in regard to lowered conception rates decline of 15.2% in under 16s and 11.1% in under 18s. Analysis of underlying causes of early pregnancy makes clear that effective delivery of local strategies is critical, but also role of underlying factors such as poverty, poor educational attainment and low aspirations. Teenage pregnancy matters is associated with the most deprived and socially excluded people, having children at a young age can damage a women's health and well-being and severely limit education and career prospects, effects of deprivation and social exclusion are passed from one generation to the next, cost to NHS.

Need to identify and target effectively those most at risk with both a geographical focus on high rate neighbourhoods and the identification of vulnerable groups.

Risk factors – early onset of sexual activity, poor contraceptive use, mental health/conduct disorder/involvement in crime, alcohol and substance misuse, teenage motherhood (20% are births to under 18s who are already teenage mothers), repeat abortions, low educational attainment, disengagement from school, leaving school at 16 with no qualifications, living in care, daughter of a teenage mother, ethnicity, parental aspirations. Young women experiencing five risk factors have a 31% probability of becoming a mother under 20, young men 23%.

Key factors in successful interventions – engagement of all providers, strong champion, well-publicised service, high priority given to PSHE in schools, focus on targeted interventions with young people at greatest risk, training for professionals in partner organisations, a well resourced youth service.

Outline of 6 SRE programmes in terms of key features and evaluation.

Prevent repeat pregnancies by supporting teenage parents to use contraception, disseminate information to agencies, identify and share best practice, liaise with relevant professional bodies, ensuring health visitors have skills and competencies.

Extension of media campaign, improved access to high quality mental health services. Support for emotional health and wellbeing in schools, and initiatives to improve attendance and behaviour and educational achievement. Neighbourhood renewal strategy to target the poorest areas has provided funding in deprived areas to support teenage pregnancy related projects and mainstream programmes. New Deal for Communities neighbourhood renewal programme – case studies of 4 programmes.

Need for further work to assess what support is needed by young fathers. Suggested that they are more likely to be disengaged from education, employment or training, live in deprived areas, have poor levels of educational attainment and have been in trouble with the police.

'You're Welcome' Quality Criteria: Making Health Services Young People Friendly (DH 2007)
http://www.everychildmatters.gov.uk/_files/You%27reWelcomeQualityCriteria2007.pdf

Quality criteria cover ten topic areas – including accessibility, publicity, confidentiality and consent, the environment, staff training skills attitudes and values, joined up working, monitoring and evaluation, involvement of young people, need for programmes on sexual and reproductive health.

Teenage pregnancy next steps: guidance for local authorities and primary care trusts on effective delivery of local strategies (DES, 2006)

Progress nationally masks variation in local performance, with some areas not giving teenage pregnancy sufficient priority. The document discusses the rationale underlying the importance of reducing teenage pregnancy in terms of financial cost and long term outcomes. Presents epidemiology data. Emphasises that poor educational attainment and poor aspiration levels in young people are significant factors in addition to socio-economic deprivation. Reports findings from "deep dive reviews" of areas with both good and poor performance levels to suggest key features of successful strategies outlined below.

- Active engagement of all of the key mainstream delivery partners who have a role in reducing teenage pregnancies – Health, education, Social Services and Youth Support Services – and the voluntary sector.
- A strong senior champion who was accountable for and took the lead in driving the
- local strategy.
- The availability of a well publicised young people-centred contraceptive and sexual health advice service, with a strong remit to undertake health promotion work, as well as delivering reactive services.
- A high priority given to PSHE in schools, with support from the local authority to develop a comprehensive programmes of sex and relationships education (SRE) in all schools.
- A strong focus on targeted interventions with young people at greatest risk of teenage pregnancy, in particular with Looked After Children.
- The availability (and consistent take-up) of SRE training for professionals in partner organisations (such as Connexions Personal Advisers, Youth Workers and Social Workers) working with the most vulnerable young people.
- A well resourced Youth Service, providing things to do and places to go for young people with a clear focus on addressing key social issues affecting young people, such as sexual health and substance misuse.

Need for not just knowledge and skills in regard to sexual relationships combined with access to contraception and support/advice but also motivation to pursue career or further learning.

Key problems that need addressing:
1) Poor knowledge and skills among young people in relation to sex, relationships and sexual health risks;
2) Poor and inconsistent contraceptive use among young people;
3) Lack of support for parents and professionals on how to engage with young

people on relationships, sex, and sexual health issues.
4) Disengagement from/dislike of school among those most at risk;
5) Low attendance/attainment at school;
6) Lack of aspiration among young people in the most disadvantaged communities.

Brief case studies of "deep dive review" areas.

Sure Start Plus National Evaluation: Final Report (Social Science Research Unit, University of London, 2005).

Sure Start Plus is a UK Government pilot initiative to support pregnant young women and young parents under 18 years of age. It was expected that the pilot initiative would be built around the core role of a personal adviser offering co-ordinated, one-to-one support to pregnant young women under 18 years of age and young parents under 20 years of age. The Government's intention was for the selected pilot programmes to be innovative and explore different ways of delivering services. In addition, Sure Start Plus pilot programmes were to work towards reshaping existing services to make them more user-friendly and to fill gaps in provision, especially childcare. Unlike Sure Start local programmes, which were neighbourhood based, Sure Start Plus was to offer its services across an entire local authority or Health Action Zone area. 20 pilot areas funded 2001-2006, increased to 35 when the project became part of the Teenage pregnancy Unit in 2003.

The core aims set out at the beginning of the programme were to:

- Improve the social and emotional wellbeing of pregnant young women, young parents and their children.
- Strengthen the families and communities of pregnant young women and young parents.
- Improve the learning of pregnant young women, young parents and their children.
- Improve the health of pregnant young women, young parents and their children.

The National Evaluation of Sure Start Plus was made up of four components:

- The *service delivery study* that investigated the processes involved in planning, delivering and using Sure Start Plus.
- The *impact study* that investigated the impact of Sure Start Plus on outcomes related to the aims of the initiative.
- The *joined up policy and practice analysis* that investigated the links and relationships between Sure Start Plus and other key local initiatives.
- The *economic commentary* that investigated the costs of providing Sure Start Plus and explored how these related to the outcomes it was having.

Used methods of focus groups, interviews and questionnaires. Matched case control design for the 35 programmes using surveys with programme co-ordinators, service users and staff together with interviews with programme co-ordinators. Further detailed data from interviews with service users, service providers and other agencies for 12 of the programme sites. Also economic questionnaire.

Key findings – diversity in how the programme implemented, working across local authority boundaries affected programme implementation, differing starting points for programmes, issues regarding sure start name, difficulty accessing young fathers, different staffing, different programme delivery, different programme location influenced key objectives, variation in quality of partnerships, success of sure start plus adviser role.

Comparison of data from young people and professionals in Sure Start Plus and matched areas suggest that the Sure Start Plus programme has had mixed success in achieving its aims and objectives. Sure Start Plus appears to have been successful in addressing the crisis needs of pregnant young women and mothers. Following this, it has helped young women to lay foundations for their future lives. In some circumstances, Sure Start Plus programmes were able to then support young women to take the next steps of returning to education or seeking employment. There remained some objectives – notably to do with improving health issues, supporting children and improving circumstances for young fathers – which remained illusive.

Working together: Connexions and teenage pregnancy (DfES, 2001).

Document setting out guidelines for joint working between the connexions service and those involved in teenage pregnancy strategies. The Connexions Service aims to provide integrated information, advice, guidance and personal development opportunities for all 13 –19 year olds in England. It works in particular with, homeless young people, teenage parents, young offenders and young people supported by Social Services to ensure that young people receive the support they need.

Key aims:
Raising aspirations – setting high expectations of every individual.
Meeting individual need – and overcoming barriers to learning.
Taking account of the views of young people – individually and collectively.
Inclusion – keeping young people in mainstream education and training and preventing them moving to the margins of their community.
Partnership – agencies collaborating to achieve more for young people, parents and communities than agencies working in isolation.
Community involvement and neighbourhood renewal – through involvement of community mentors and through personal advisers brokering access to local welfare, health, arts, sport and guidance networks.
Extending opportunity and equality of opportunity – raising participation and achievement levels for all young people, influencing the availability, suitability and quality of provision and raising awareness of opportunities.
Evidence based practice – ensuring that new interventions are based on rigorous research and evaluation into what works.

All young people will have access to a connexions personal advisor. Some will be directly employed by the Connexions Service, others will be seconded to the service and some will remain within their existing professional context, working under a Partnership Agreement with the Connexions Service. Young people will be allocated personal advisers with the relevant skills and background and who best reflect their needs and circumstances. Personal advisers will operate from a range of settings, including schools, colleges, onestop-shops and other outreach sites.

3 broad areas of service – support for those with multiple problems, in-depth guidance and help for those at risk of disengaging, help and guidance in relation to career/personal development.

Examples of different ways connexions, sure start and teenage pregnancy unit advisors could have different roles in different cases.

DFES Documents

Every Child Matters: change for children in health services (DH, 2004)
http://www.everychildmatters.gov.uk/_files/B20E1492383F6ACA9DC8F87450281153.pdf

Focus on improving outcomes in regard to health, safety, enjoyment and achievement, making a positive contribution and achieving economic well-being.

Need for a whole-system change to support more effective and integrated services, a move from intervention to prevention and meet the needs of the most vulnerable.

DFEE

PSHE - Sex and Relationships Education Guidance (DFEE 2000)
http://www.pshe-association.org.uk/PDF/DfESSREguidance.pdf

Guidance to clarify what schools are required to do by law, give guidance on some of the issues, and outline practical strategies. Emphasis on working in partnership with parents and the wider community. Discussion of issues regarding confidentiality.

Sex and relationship education should be firmly rooted in PSHE. SRE has three main elements – attitudes and values, personal and social skills, knowledge and understanding.

Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on Contraception, Sexual and Reproductive Health (DH 2004)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086960?IdcService=GET_FILE&dID=20838&Rendition=Web

Doctors and health professionals have a duty of care and a duty of confidentiality to all patients including under 16s. Concern about confidentiality remains the biggest deterrent to seeking advice. Publicity about the right to confidentiality is an effective element of an effective contraception and sexual health service. If a request for contraception is made doctors and other health professionals should establish rapport and give the young person time and support to make an informed decision.

DH Policy Documents

Better prevention, better services, better sexual health -
the national strategy for sexual health and HIV (DH 2001)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003133?IdcService=GET_FILE&dID=5539&Rendition=Web

Part of the focus of the strategy is to reduce unintended pregnancy rates. Strategy proposes that the benefits of more integrated sexual health services need to be evaluated, a range of contraceptive services should be provided.

Choosing health: making healthier choices easier (DH 2004)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550

New approaches to health of the public should respect the freedom of individual choice in a diverse, open and more questioning society. Principles of informed choice, personalisation, working together.

Providers of local services need to be helped to tailor information and advice to meet people's needs, and provide practical support for people who lack basic skills to help them to use health information.

Introduction of Children's Health Guides and a magazine for young men 16-30. Support implementation of the Teenage Pregnancy Strategy.

Findings of the baseline review of contraceptive services in England (DH 2007)
http://www.dh.gov.uk/en/Publicationsandstatistics/publications/publicationspolicyandguidance/dh_074727?IdcService=GET_FILE&dID=140489&Rendition=Web

Results of a review of services with returns from 82% of PCTs. 164 PCTs had performed a needs assessment of contraception provision. Over half reported consortium working arrangements. 72% reported informal networks such as telephone helplines for professionals, with 7% reporting formal networks. Average spend £11.67 per female.

Health economics of sexual health: a guide for commissioning and planning (DH 2005)
http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Sexualhealth/DH_4001942?IdcService=GET_FILE&dID=157428&Rendition=Web

Literature search. Found 148 articles. Conclusions – in regard to health promotion and disease prevention, screening, Interventions for STIs, Service delivery and organisation, fertility control services.
Fertility control services – it is suggested that cost savings may be derived from contraceptive services in themselves, move from oral hormonal to longer acting methods, reduced delay in abortions, access to over the counter oral contraception, and access to emergency contraception.

High quality care for all: NHS next stage review (DH 2008)
http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085825?IdcService=GET_FILE&dID=168197&Rendition=Web

People want care that is personal to them. Need for the NHS to work in partnership with other agencies.

NSF for children, young people and maternity services. Core Standards. (DH 2004)
http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en

Standards regarding support to parents of teenage children. Also, respecting and involving young people in their care, health promotion for young people, access to services, and transition to adult services. Requirement for services to give young people and their parents increased information, power and choice over the support and treatment they receive, and involve them in planning their care and services. Focus on early intervention, improving access, tackling health inequalities. Term introduced – children in special circumstances including those excluded from school, those not in education, employment or training, and teenage parents.

Our health, our care, our say: making it happen (DH 2006)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139925?IdcService=GET_FILE&dID=29516&Rendition=Web

White Paper issued following consultation exercise using data from questionnaires, surveys, interviews (n=140,000). Key areas of relevance – promotion of well-being, easier access to services, care in the community, better information, joined up care, need to seek views and wishes of service users and act on these views by involving in decision-making.

Sex, drugs, alcohol and young people: a review of the impact drugs and alcohol have on young people's sexual behaviour. A Seminar. (DH 2007)
http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Sexualhealth/SexualHealthGeneralInformation/DH_4079794?IdcService=GET_FILE&dID=141996&Rendition=Web

There is a strong correlation between risky sexual behaviour and drug use. Many young people believe drugs have a positive effect on sex. Sexual health campaigns use drugs and alcohol as lifestyle images. Alcohol consumption must be reduced if there is to be an effect on risk. There are different reasons why young people engage in sex. The lifestyles of young people should be mapped to ensure information and campaigns are targeted at the right time and the right place. Some advertising clearly links sexual behaviour with a product. Those most at risk are from lower socio-economic groups.

Sexual Health and HIV guidance and publications
http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Sexualhealth/DH_4001942

List of resources in regard to sexual health and HIV strategy, primary care, training, commissioning, safer sex and sexual health advice, HIV, STIs, contraception, abortion, effective sexual health promotion toolkit, Health Select Committee reports.

Statement on Contraception and Teenage Pregnancy (DH 2008)
<http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Sexualhealth/DH_085686>

Abortion data (2007) show increases in abortion rate for all women aged under 20, most markedly for those under 18. Many PCTs need to significantly improve performance if targets are to be delivered. One priority of the Teenage pregnancy strategy is to ensure equitable access to contraception methods, provision of high quality advice and support. Benefits of switching to LARC.

Health Inequalities (DH 2003)
http://www.dh.gov.uk/en/Publichealth/Healthinequalities/index.htm>

Actions likely to have the greatest impact over the long terms are improvements in early years support for children and families, improved social housing and reduced fuel poverty, improved educational attainment and skills development among disadvantaged populations, improved access to public services in urban and rural areas, and reduced unemployment and improved income among the poorest. To close the gap in infant mortality one of the short term interventions is preventing teenage pregnancy and supporting teenage parents. Programme organised around four themes – supporting families mothers and children, engaging communities and individuals, preventing illness, and addressing the underlying determinants of health.

HM Government

Working together to safeguard children (HM Gov 2006)
http://www.everychildmatters.gov.uk/workingtogether/

Document addressed to practitioners and front-line managers who have responsibility for safeguarding and promoting the welfare of children. Need for shared responsibility and effective joint working if welfare of children to be promoted.

RCN Guidance

The role of school nurses in providing emergency contraception services in educational settings (RCN 2006)
http://www.rcn.org.uk/__data/assets/pdf_file/0005/78665/002772.pdf

Statement clarifying the responsibilities of school nurses in regard to students aged under 16 in educational settings. School nurses must ensure the young person understands the potential risks, benefits and alternatives, are legally obliged to discuss the value of parent/carer support (however must respect their confidentiality) and should assess whether physical or mental health is likely to suffer if emergency contraception is not provided. Nursing service must work in consultation with the school is developing guidelines and procedures and should inform parents that the service is available on the school premises.

Getting it right for teenagers in your practice (RCN 2002)
http://www.rcgp.org.uk/pdf/publicationsdatabase/getting_it_right.pdf

Teenage friendly means creating a welcoming environment, letting them know what services are on offer and reassuring them that confidentiality will be maintained. Ensure policy and practise in these areas is disseminated to all team members, audit the 10-18 year olds in the practice. Posters and information leaflets to let teenagers know what is provided. Consider running a young persons clinic, involve teenagers and parents.

Contraception and sexual health in primary care. Guidance for nursing staff (RCN 2004)
http://www.rcn.org.uk/__data/assets/pdf_file/0005/78575/002016.pdf

All nurses working in primary care should attend a competency-based programme in sexual health skills. All nurses working in primary care, family planning and contraception and GU clinics should undertake a two day STIF course. At least one nurse in each practice should complete an approved course in family planning or contraception. Each practice should have access to clinical nurse specialists. All family planning and GU nurses should regularly update their skills and knowledge. No nurse should undertake family planning or GU screening unless trained.

Sexuality and sexual health in nursing practice (RCN 2000)
http://www.rcn.org.uk/__data/assets/pdf_file/0004/184585/000965.pdf

Document addressing sexuality and sexual health issues facing nurses, guidance to help nurses work effectively in the area. Raises awareness of the professional role of nurses, professional development issues, guidance on the principles and practice and professional, legal and ethical guidance on best practice. Includes case studies.

RPSGB

Practice Guidance on the supply of emergency hormonal contraception as a pharmacy medicine (RPSGB, 2004)
http://www.rpsgb.org/pdfs/ehcguid.pdf

Guidance on best practice. Pharmacists must deal with requests personally and decide whether to supply the product or refer to an appropriate healthcare professional. Must ensure all necessary advice and information is available. Must handle requests sensitively with regard to right to privacy. Only in exceptional circumstances should supply the product to person other than the patient. Should whenever possible take reasonable measures to inform patients of regular methods of contraception, disease prevention and sources of help. Pharmacist who on religious or moral grounds choose not to supply the product should advise women on appropriate local sources of supply. Pharmacists are encouraged to take the lead in linking community pharmacies into existing networks for family planning services, working with local agencies to produce leaflets containing lists of services and contact points. May consider advertising that all advisory services are confidential and that a private area is available, and are encouraged to display a poster informing users that they can request a more private consultation.

NICE Guidance

Intervention

One to one interventions to reduce the transmission of STIs including HIV and to reduce the rate of under 18 conceptions (NICE 2007)
http://www.nice.org.uk/PHI003

Recommendation 4 – PCT commissioners need to ensure sexual health services including contraception are in place to meet local needs. Define the role and responsibility of each service, ensure staff are trained, ensure there is an audit and monitoring framework in place.

Recommendation 5 – GPs nurses and other clinicians working in healthcare settings need to provide one to one sexual health advice on all methods of reversible contraception including LARC, how to get emergency contraception and other reproductive issues and concerns to vulnerable young people aged under 18.

Recommendation 6 – midwives and health visitors need to regularly visit vulnerable young women under 18 who are pregnant or already mothers to discuss how to prevent future unwanted pregnancies covering all methods of reversible contraception and how to get and use emergency contraception, and opportunities for returning to education, training and employment in the future.

Risk factors – risky behaviours, education-related factors, family background.
Sexual health interventions framework page 14.

Clinical Guideline

The effective and appropriate use of Long Acting Reversible Contraception (NICE 2005)
http://www.guideline.gov/summary/summary.aspx?doc_id=8228&nbr=4593

Recommendations – women requiring contraception should be given information about and offered a choice of all methods including LARC methods. Women should be provided with the method of contraception that is most acceptable to them provided it is not contraindicated. All LARC methods are more cost effective than the combined oral contraceptive pill even at one year of use. IUDs, IUS and implants are more cost effective than injectable contraceptives. Increasing the uptake of LARC will reduce the number of unwanted pregnancies. Women considering LARC methods should be given detailed information, counselling should be sensitive to cultural and

religious beliefs. Health professionals should be competent and receive training to develop and maintain skills.

US National Guidelines Clearinghouse

Adolescent Pregnancy: current trends and issues (2005) Klein J. Adolescent pregnancy: current trends and issues. Pediatrics 2005 Jul;116(1):281-6.
http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=7428&nbr=4387

Document aided at paediatricians based on review of literature. Paediatricians should encourage adolescents to postpone early sexual activity and encourage parents to educate their children. Ensure adolescents have knowledge of and access to barrier methods and emergency contraception. Encourage and participate in community efforts to delay onset of sexual activity and prevent first and subsequent adolescent pregnancies.

Prevention of unintended pregnancy in adults 18 years and older (2007)
Michigan Quality Improvement Consortium. Prevention of unintended pregnancy in adults 18 years and older. Southfield (MI): Michigan Quality Improvement Consortium; 2007 Jun. 1 p.
<http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=11553&nbr=5984>

Document from the Michigan quality improvement consortium aimed at practice nurses, and GPs in the United States. Provides guidelines regarding the key elements that should be included in discussion during a consultation relating to the risk of unintended pregnancy with over 18 year olds.

Initiatives/Clinics

BMA - Examples of good practice in sexual health in England (2006)
http://www.bma.org.uk/health_promotion_ethics/sexual_health/goodpracticeinsexualhealth.jsp?page=2

Health Inequalities (DH)
http://www.dh.gov.uk/en/Publichealth/Healthinequalities/index.htm

Margaret Pyke Centre, London
http://www.margaretpyke.org/

The Margaret Pyke Centre (MPC) is one of the biggest contraceptive centres in the world seeing between 600 and 900 patients per week. In addition they have a network of clinics across Camden and Islington in Central London.

RPSGB - Tacking Sexual Health on the High Street
http://www.rpsgb.org/pdfs/pharmcasestudyeht.pdf

The original EHC service was set up by the health authority in conjunction with local community pharmacies, 10 to start with, funded by the Lambeth, Southwark and Lewisham Health Action Zone. Women who've had unprotected sex are offered a consultation with a specially trained pharmacist, which is carried out in the pharmacy's private consultation area. If appropriate, the woman is offered EHC. There are currently 34 local pharmacies providing EHC but the aim is to increase this to 70 per cent of Lambeth and Southwark's 62 pharmacies by the end of 2008.

Sheffield Centre for HIV and Sexual Health
http://www.sexualhealthsheffield.nhs.uk/

The Centre for HIV and Sexual Health is a Sheffield based service that operates nationally as well as in the local community. It is described as offering a holistic model of working that acknowledges the political, social and cultural factors and health inequalities which affect and determine peoples sexual health, as well as issues relating to individual experience, emotions, sexuality, sensuality and spirituality.

Within the wider aim of working towards sexual health for all, the specific objectives include reducing unintended teenage pregnancies, prevention of HIV and other Sexually Transmitted Infections, the promotion of positive and mutually satisfying relationships and the provision of excellent Sex and Relationships Education. The Centre operates at a national level, through activities including: a comprehensive national training programme of courses delivered in Sheffield and throughout the UK and Ireland, contributing to emerging national strategies and policy, a wide range of publications, resources and materials, partnerships and collaboration with the other major national sexual health promotion agencies, national and regional conferences, seminars and workshops on a range of sexual health issues, service reviews, organisational audits and community needs assessments, consultancy on a range of sexual health and health promotion issues and input to conferences, seminars, study days and workshops, speeches, workshops and presentations on practice.

In Sheffield activities include: community development - particularly with marginalised, vulnerable or stigmatised groups, support for teachers, schools and youth workers in Sex and Relationships Education, consultancy, training, resources and support for those working in Primary Care settings, training for staff in statutory services, voluntary and community-based organisations, HIV prevention initiatives, HIV and AIDS education and STI prevention projects, training and ongoing work to reduce unintended teenage pregnancy, subsidised and Centre-funded places for Sheffield participants on national training courses, conferences and seminars, strong partnerships with other organisations offering sexual health and related services, support for organisations in developing sexual health policies, strategies and action plans, free materials and resources for dissemination within Sheffield, a Directory of Local Sexual Health Services, multi-agency Forums and Think-Tanks, capacity-building communities through support, training, skills development and resources

Young People Friendly Contraception and Sexual Health Services (Nottingham)
<http://www.nottinghamcity.gov.uk/sitemap/services/wtchildrenand_young_people/teenagepregnancy/teenagepregnancy-youngpeople.htm>

The Nottingham City Teenage Pregnancy Partnership aims to provide quality assessed young people focused contraception/sexual health services, that are trusted by teenagers and well known by professionals working with them. Successful young people friendly contraception services provide health promotion activities for young people as well as confidential treatment and advice. They are sited in young people friendly venues including non traditional settings such as youth clubs, colleges and schools and they are accessible for young men and hard to reach groups. The key to the development of young people friendly contraception services is the active and continued involvement of young people in the development and even delivery of the services. Young people have been involved in the development of all the young people's contraception and sexual health outreach clinics, the C-Card Scheme and Chlamydia Screening programme.

Other Documents

BMA Health Promotion Report - Adolescent Health (BMA 2003)
http://www.bma.org.uk/images/Adhealth_tcm41-19549.pdf

Sections on nutrition, exercise, obesity, smoking, drinking and drug use, mental health.
Section on sexual health describes considerable diversity in sexual experience among adolescents. Link between socio-economic deprivation and teenage pregnancy. The sexual health of adolescents does seem to be amenable to intervention. School-based education can be effective, also public health campaigns and community level programmes. Services to adolescents may be most effective when youth-orientated and geared to local needs with adequate follow up services and targeted towards those at greatest risk. Failure of contraception – especially condoms. There is no biological reason to suggest that having a baby before the age of 20 is associated with ill health. Teenage pregnancies can lead to an increase in relative poverty, unemployment, poorer educational achievements and poor health of the child born. Report of Labour Force Survey data, ONS longitudinal survey data.

Source of information about sex is significantly associated with sexual competence and use of contraception. Social exclusion unit report attributed UK high rate to low expectation, ignorance

and mixed messages. Review of effectiveness describing studies relating to education, public health campaigns, improved access to services, screening and targeted interventions.

Preventing and reducing the adverse effects of unintended teenage pregnancies. Effective Health Care 1997; 3 (1)
http://www.york.ac.uk/inst/crd/EHC/ehc31.pdf

Published paper from the CRD York summarising the research evidence on approaches to preventing teenage pregnancy aimed principally at purchasers and providers of services. Discusses evidence relating to educational approaches to intervention, and contraceptive service delivery.

Fraser Guidelines (Source:Brook) http://www.brook.org.uk/content/M5_3_consenttreatment.asp

Young people under the age of 16 can consent to medical treatment if they have sufficient maturity and judgement to enable them fully to understand what is proposed. It is lawful for doctors to provide contraceptive advice and treatment without parental consent providing certain criteria are met, these criteria are known as the Fraser Guidelines. They require the professional to be satisfied that – the young person will understand the professional's advice, the young person cannot be persuaded to inform their parents, the young person is likely to begin or continue having sexual intercourse with or without contraceptive treatment, unless the young person receives contraceptive treatment their physical or mental health or both are likely to suffer, the young person's best interests require them to receive contraceptive advice or treatment with or without parental consent.

Health Protection Agency

A Complex Picture. HIV and other Sexually Transmitted Infections in the United Kingdom (HPA 2006) http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947365435

STIs only, nothing relevant to pregnancy.

Health Scotland

Sexual health policy analysis in selected European Countries (Health Scotland 2002)
http://www.healthscotland.com/documents/380.aspx

Document which examines and contrasts a selection of European policy approaches to the promotion of young people's sexual health. Examines policy in Finland, France, the Netherlands, Romania and Scotland. First step in policy is to acknowledge that young people have a right to their sexual health, rather than trying to "protect" them from sex and sexuality. In order to be responsible young people need to be provided with the tools and knowledge to use. Public education of parents is important to improve parent-child communication. A holistic approach to teenage sexual health is paramount with combining of efforts to prevent pregnancy with STI and HIV education. System of mixed sex and single sex provision would be a progressive step forward. Many young people are unable to access sexual health services that they are comfortable with, further research on school health service in on site school clinic as provided in Finland should be considered. Important to convey that what is being viewed as problematic is not sexual activity but unintended and unwanted pregnancy. A vision of life as a teenager that would be hindered by young parenthood should be promoted as in Holland. Need for co-operation between agencies to be further developed.

Key components of effective sex education – positive attitude to sex, positive public climate, curriculum location, open and safe classroom with single and mixed sex teaching also trained staff and use of active learning methods, positive content, involvement of young men, inter-agency collaboration.

Issues to accessing sexual health services – geographical location, hidden from parental view, suitable opening times, confidentiality, informal and user friendly, professionals treat young person with respect, use of appropriate language, needs of young men recognised.

Medical Foundation for AIDS and Sexual Health

Progress and priorities - working together for high quality sexual health (MedFASHASH, 2008)
http://www.medfMedFASHash.org.uk/publications/documents/Progress_and_priorities_working_together_for_high%20quality_sexual_health_FULL_REPORT.pdf

A review assessing the impact of the National Strategy for sexual health and HIV. The report describes the changes in service delivery including more effective use of multi-disciplinary teams, the extension of nurse-delivered services, the development of new roles or broadening of roles to increase capacity, the use of non-healthcare providers in service delivery such as pharmacies, youth workers, and also advances in technology, and changes in approaches to patient management.

Progress across the country is reported to have been patchy, with the dominance of the clinical model rather than holistic model. Lack of prominence given to contraceptive and reproductive health, and need to given psychosexual support more prominence.

Key barriers to implementation – national targets include only some elements of sexual health, diversion of funds to meet deficits, lack of champions and senior figures involved, conflict between services, variable engagement of GPs, disinvestment in community contraceptive clinics, limited use of needs assessment and IT systems, slow building and disseminating of the evidence base, lack of progress in tackling stigma and absence of strong voice for service users.

Action needed in five areas. Prioritising of sexual health as a key public health issue, with high level leadership. Building of strategic partnerships to forge links and engage in joint planning. Adopting of a holistic commissioning model looking at sexual health in an integrated way. Investing more in prevention that is commissioned according to local need, is integral, co-ordinated, disseminates evidence with PSHE education a statutory subject. Delivering modern services by specifying local standards, establishing networks, open access, increased level and quality of services.

Recommended standards for sexual health services (MedFASH, 2005)
http://www.medfash.org.uk/publications/documents/Recommended_standards_for_sexual_health_services.pdf

Standards to support services in implementing the National Strategy. 10 standards.
The need to deliver services via managed service networks. The need for comprehensive, fully integrated multi-component programmes of sexual health promotion. The need to give individuals greater input into their care and planning and monitoring services. The need to associate sexual health with STIs. Access to services should be improved. Access to STI services should be improved. Need for prompt access to information about contraception and free provision of all contraceptive methods, with appointments available within two working days and well-advertised local services. Rapid access to confidential pregnancy testing services. Early abortion. Explicit confidentiality procedures should be in place.

NHS

SDO

Improving children's health: can nurses, midwives and health visitors make a difference (NHS 2007)
http://www.sdo.lshtm.ac.uk/files/adhoc/68-research-summary.pdf

School nurses have a central role to play in providing education and services to adolescents to reduce the number of pregnancies. Nurses, midwives and health visitors working in this area help to identify risk and offer outreach contraceptive services, group teaching, and education of parents. This contribution has not been accurately measured or evaluated. Issues hindering the work of nurses midwives and health visitors – lack of role clarity, structural boundaries, lack of evidence to support practice, unclear outcomes, constraints imposed by the organisation, lack of evaluation of services and practices, legal factors to do with confidentiality and consent, and policy overload. Factors which aided work – flexible services, creative workforce development, inter-agency working, well organised work systems, technology, professional expertise and user involvement.

OFSTED

Time for change? Personal, social and health education (OFSTED 2000)
http://www.ofsted.gov.uk/content/download/1390/10002/file/Time%20for%20change_Personal,%20social%20and%20health%20education%20(Word%20format).pdf

Evaluation of the current PSHE curriculum based on school inspection reports and behavioural surveys. PSHE programme has a major part in developing knowledge, understanding and values and in preparing them effectively for opportunities, responsibilities and experiences.

Findings – knowledge and understanding of PSHE have improved over the last five years. Particular success in primary schools. The quality of teaching and learning has improved with use of specialist teachers. Need for improvement in lesson planning and assessment. Pupils needs not always identified clearly, and poor arrangements at transition. Monitoring and evaluation poor. Progress towards establishing drop in centres has been slow. Young people report parents and teachers not always good at talking to them about sensitive issues.

Recommendations – schools should involve pupils in planning the curriculum and determining outcomes. Need to improve assessment. Improve monitoring and evaluation of the quality of the provision and develop links with the range of support services.

Other reports

Sexual Knowledge, attitudes and behaviours amongst Black and Minority Ethnic Youth in London (Coleman and Testa 2008)
http://www.sheu.org.uk/publications/eh/eh262lcat.pdf

Study reporting findings from 50 interviews. Three major themes emerged – conflicting sexual norms and values, learning about sex and related attitudes, religion versus ethnicity.

RCOG FFPRHC

Contraceptive Choices for Young People (RCOG 2003)
http://www.ffprhc.org.uk/admin/uploads/YoungPeople.pdf

Guidance for clinicians and young people considering the use of contraception. Need for clinicians to assess a young persons competence to consent to treatment, and is assessed as competent need to document this in case notes as being Fraser ruling competent. A clinician can provide contraceptive advice or treatment to a competent young person without parental consent or knowledge. All staff involved in services should receive appropriate training and services should have a named clinician identified as local lead on child protection and procedure. Need to make young person aware of confidentiality status of information such as difference between medical staff and other staff. Good practice guidelines in regard to use of different types of contraception and medical contra-indications. Age should not limit contraception choice. Need for contraceptive and sexual health services to develop links with education authorities and schools.

Service Standards for Sexual Health Services (RCOG, 2006)
http://www.fsrh.org/admin/uploads/ServiceStandardsSexualHealthServices.pdf

All sexual health services should have appropriately trained adequate leadership. Client need should be the key determiner of service development, provision, monitoring and evaluation. Service provision should include contraception, pregnancy and abortion, screening, STI services and counselling. Services should be non-discriminatory. All staff should receive appropriate training and must maintain their skills. Services should be evidence-based. Client right to confidentiality must be respected and maintained. Record keeping should be of a high standard. The role of nurses should be enhanced. All services should continually monitor and evaluate provision.

Standards on confidentiality for contraception and sexual health services (RCOG 2005)
http://www.fsrh.org/admin/uploads/StandardsOnConfidentiality.pdf

All services should have a written confidentiality policy. Ongoing training and support in regard to confidentiality is essential. All people irrespective of age are entitled to the same duty of confidentiality.

Emergency contraception (RCOG, 2006)
http://www.fsrh.org/admin/uploads/384_EmergencyContraceptionCEUguidance.pdf

Document outlining when emergency contraception is indicated, and how it should be used. Advance provision can be offered to women considered at risk.

Scottish Government

Enhancing sexual wellbeing in Scotland - A Sexual Health and Relationships Strategy (Scottish Executive, 2005)
http://www.scotland.gov.uk/Publications/2005/01/20572/50619

Analysis of written responses to a public consultation 2003-4. Clear support for actions to reduce teenage pregnancies, however it was suggested that the draft strategy did not do enough to tackle some of the underlying causes such as deprivation. Recognition of the powerful role of the media. Need for particular requirements of different groups to be taken into account. Opposition to introducing SRE into pre and primary schools and mixed and opposing views in relation to having a consistent approach to SRE across Scotland. Key differences in attitude amongst the different respondent groups. Positive aspects of the strategy – positive role for parents, influence of the media, broad/holistic approach, positive about teaching young people about relationships.

SCIE Research Briefing

Preventing teenage pregnancy in looked after children (SCIE, 2005)
http://www.scie.org.uk/publications/briefings/briefing09/index.asp

Policy briefing providing key messages. Looked after young people are at greater risk of early pregnancy. The principal risk factors for teenage pregnancy in looked after young people are socio-economic deprivation, limited involvement in education, low educational attainment, limited access to consistent positive adult support, being a child of a teenage mother, low self esteem, and experience of sexual abuse. There are few strategy or policy documents regarding services and practices to reduce teenage pregnancy in this population. Looked after children are known to have less access to good quality and consistent sources of sex and relationship education and advice. The limitations of school-based programmes for looked after children are widely recognised. Services that consult young people and develop specialist services have greater success.

Access to primary care services for people with learning disabilities (SCIE, 2005)
http://www.scie.org.uk/publications/briefings/briefing02/index.asp

People with learning disabilities have problems accessing primary health care because of communication difficulties and barriers in encounters with staff. This can result in failure to access health services.

SCIE Other

The Road Ahead: information for young people with learning difficulties, their families and supporters at transition (SCIE, 2004)
http://www.scie.org.uk/publications/tra/summary.asp

Explores the nature of information needed by young people with learning disabilities at transition.

Save the Children

Get real: providing dedicated sexual health services for young people (StC, 2002)
http://docserver.ingentaconnect.com/deliver/connect/ffp/14711893/v29n3/s28.pdf?expires=1231772166&id=48148903&titleid=4586&accname=University+of+Sheffield&checksum=0CE725BC502A7DB75549EF456C66AC31

A book "giving a snapshot of the sexual health services on offer to young people in England".

Statistics

Contraception and Sexual Health 2007/08
<http://www.statistics.gov.uk/downloads/theme_health/contra2007-8.pdf>
Local Authority Teenage Pregnancy Analysis (2008)
<http://www.everychildmatters.gov.uk/_files/LA_teenage_pregnancy_analysis_v4bMar08.xls>
NHS Contraceptive Services, England: 2007-08 (2008) <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/contraception/nhs-contraceptive-services-england:-2007-08-%5Bns%5D>
Under Eighteen Conception Statistics 1998-2006 (2008)
<http://www.everychildmatters.gov.uk/resources/IG00200/>

Websites

Association for Young Peoples Health
http://www.youngpeopleshealth.org.uk/
British Association for Sexual Health and HIV
<http://www.bashh.org/>
Brook
<www.brook.org.uk>
Connexions Direct
<http://www.connexions-direct.com/index.cfm?pid=97>
fpa
<http://www.fpa.org.uk/>
NANCSH (National Association of Nurses for Contraception and Sexual Health)
<http://www.nancsh.org.uk/>
Playing Safely (NHS)
<http://www.condomessentialwear.co.uk/>
Sex Education Forum from the NCB
<http://www.ncb.org.uk/Page.asp?originx_784wa_21042403840053g59p_200610203221g>
SHINE (Sexual Health Information News Exchange)
<http://www.sexualhealthsheffield.nhs.uk/news/index.php>
Teenage Pregnancy Unit
<http://www.everychildmatters.gov.uk/teenagepregnancy/>
The National Campaign to Prevent Teen and Unplanned Pregnancy
<http://www.thenationalcampaign.org/>