



Government Response to the First Annual
Report of the Independent Advisory Group
on Teenage Pregnancy

June 2002

department for
education and skills



**OFFICE OF THE
DEPUTY PRIME MINISTER**

DWP Department for
Work and Pensions



The Department of Health, Department for Education and Skills, Department for Work and Pensions, Office of the Deputy Prime Minister and the Home Office have joint responsibility for the implementation of the Government's Teenage Pregnancy Strategy. The Children and Young People's Unit and the Sure Start Unit also support implementation.

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Foreword

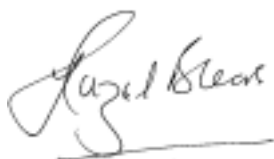
Tackling teenage pregnancy is central to the Government's work to prevent health inequalities, child poverty and social exclusion. Girls from the poorest backgrounds are ten times more likely to become teenage mothers than girls from professional backgrounds. 1 in every 10 babies born in England is to a teenage mother. These children are at high risk of growing up in poverty and experiencing poor health and social outcomes. Infant mortality rates for babies born to mothers under the age of 18 are twice the average.

We have made good progress so far in implementing the Social Exclusion Unit report on Teenage Pregnancy. By the end of this year, all but 2 points of the 30 point action plan will be completed. The under 18 and the under 16 conception rates have both fallen by over 6% over the first two years of implementation. 29% of teenage mothers are now in education or work, compared to only 17% in 1996.

But much remains to be done. We continue to have one of the worst records on teenage pregnancy in the developed world. We must now build on the encouraging early progress, and maintain momentum towards delivery of our ambitious longer-term goal, signalled by the Prime Minister at the launch of the Social Exclusion Unit report, to halve teenage pregnancies by 2010.

I would like to thank the Independent Advisory Group on Teenage Pregnancy for their thorough and thoughtful report, and for their important contribution in supporting implementation of the Government's Strategy. Our response builds on their recommendations to set out a new action plan for the next phase of implementation. As well as maintaining the downward trend in teenage conceptions, our aspiration is that 60% of teenage mothers will be in learning or employment by 2010.

This new action plan brings together the contributions that a wide range of Departments and organisations, both statutory and voluntary, will need to continue to make at national, regional and local level to drive forward implementation. It is through this broad coalition that we can succeed in raising young people's aspirations, and preventing teenage pregnancy from closing off opportunities and passing down health and social disadvantage from one generation to the next.



Hazel Blears

Introduction

- 1 The Social Exclusion Unit (SEU) report on Teenage Pregnancy was published in June 1999. The Prime Minister commissioned the report to *“work with other departments, building on the work already undertaken by the Department of Health to develop an integrated strategy to cut rates of teenage parenthood, particularly under-age parenthood, towards the European average, and propose better solutions to combat the risk of social exclusion for vulnerable teenage parents and their children”*.

The main aims of the national Strategy are to:

- reduce the rate of teenage conceptions, with the specific aim of halving the rate of conceptions among under 18s by 2010, with an interim reduction of 15% by 2004;
- set a firmly established downward trend in the under 16 conception rates by 2010; and
- increase the participation of teenage parents in education and work, to reduce their risk of long term social exclusion.

- 2 The SEU report draws on national and international research to identify the most effective approaches to tackle teenage pregnancy. The report sets out a ten-year national Strategy, based on a 30-point action plan, to tackle the causes and consequences of teenage pregnancy under four broad themes:

- joining up action at national, regional and local level;
- a national campaign to help young people resist peer pressure, make their own choices and take responsibility;
- better prevention by improving Sex and Relationships Education and the provision of contraceptive advice services for young people; and
- better support for pregnant teenagers and teenage parents to increase their participation in education, training and employment and reduce their risk of social exclusion.

- 3 The initial £60m three year investment package set out in the report has been delivered. All of the 30 action points are being implemented and all but two should be fully completed by the end of 2002¹. There are encouraging early signs that the Strategy is making a positive impact on teenage conception rates and the participation rates among teenage parents.

1 Action point 29 to provide supported housing has a target implementation date of 2003. We are considering the need for further guidance for health professionals on the provision of confidential contraceptive advice to under 16s (action point 13).

- Both the under 18 and the under 16 conception rates declined by over 6% between 1998, which is the baseline year for the Strategy, and 2000 (latest full year figures available);
- The figures for the under 18 conception rate during the first quarter of 2001 show a 4% reduction from the first quarter in 2000. This is the tenth successive quarter in which the rate has been lower than the corresponding quarter a year earlier;
- The proportion of teenage mothers aged 16 to 19 years in education, training or work increased from 17% in 1996 to 29% in 2001.

Strategy Implementation

- 4 A cross-Government implementation unit has been established to drive delivery of the Strategy. The Teenage Pregnancy Unit was set up in 1999 and is based within the Department of Health, but co-funded by the Departments for Education and Skills; Office of the Deputy Prime Minister; Work and Pensions and the Home Office, who have joint responsibility for the Strategy's implementation. Delivery of the national Strategy is a commitment of the Manifesto and NHS Plan and a Department of Health Public Service Agreement delivery target.
- 5 A network of local teenage pregnancy co-ordinators is in place, covering every top-tier local authority in England. Each local authority area has an agreed local teenage pregnancy strategy and rolling three-year action plan, which sets out how the local authority and health bodies will work together to implement the national Strategy. Local co-ordinators are supported by regional co-ordinators, who oversee local implementation and ensure that the Strategy is embedded within the performance management frameworks of other relevant programmes at regional level.
- 6 In addition to establishing the infrastructure for delivery, key achievements over the first three years include:
 - Within local teenage pregnancy strategies, all local areas have signed up to under 18 conception rate reduction targets of between 40%-60% by 2010 to underpin delivery of the national target. Achievement of these targets will also reduce the level of inequality in rates between the worst fifth of wards and the average by at least a quarter;
 - A national advertising campaign aimed at young people began in October 2000, focusing on the themes of choices and taking control and responsibility around relationships and sexual behaviour, including resisting peer pressure. Evaluation has shown that 78% of 13-17 year olds recognise the campaign materials. Although the campaign has been delivered through teenage magazines and local radio – the level of recall is equivalent to that shown for TV-led campaigns;
 - New guidance for schools on Sex and Relationships Education is being implemented;
 - Best practice guidance on the provision of effective contraception and advice services for young people has been issued, against which local services have been audited. Since the Strategy launch, there has been a 22% increase in the number of clinic sessions for young people;
 - We have supported the National Children's Bureau to establish a Young People's Forum as a tool for consulting young people about the Strategy;
 - 20 Sure Start Plus pilots are now underway, providing personal support for pregnant teenagers and teenage parents on health, education, benefits and housing issues.

- Nine pilot areas are testing how best to provide childcare for teenage parents, to help them return to education, training or employment.
- Six housing pilots are testing how best to support teenage parents. The Housing Corporation has approved funding for over 1,500 new units of supported housing for teenage parents.

Independent Advisory Group on Teenage Pregnancy

- 7 The Independent Advisory Group on Teenage Pregnancy was established in 2000, as part of the Strategy's action plan. Its terms of reference are to *provide advice to Government and monitor the success of its Strategy towards achieving the headline goals*. There are 30 members in the Group, appointed in accordance with the Nolan rules for Non-Departmental Public Bodies, and drawn from a wide range of individuals and organisations with experience of working with teenagers and teenage parents.
- 8 The Strategy requires that the Independent Advisory Group publish annual reports to Government on national and local progress. Their first report was published on 30 November 2001, which broadly endorsed the aims and direction of the Government Strategy and set out 49 recommendations for further work to underpin delivery of the Strategy's goals.

Structure of Government Response

- 9 This report sets out the Government's response to the recommendations in the Independent Advisory Group's first annual report. The chapters follow the order of the Advisory Group's report, each covering a key area of the national Strategy. Each chapter begins with a detailed summary of progress to date and then sets out the specific responses to the recommendations. At the end of each chapter, a summary sets out the next steps the Government will take to further progress the national Strategy and underpin delivery of the headline goals. The next steps are reproduced in the Annex, which will form the basis of a forward action plan, covering the next three years of implementation.

Chapter 1: Joined Up Action

- 1.1 The Social Exclusion Unit report on Teenage Pregnancy signalled for the first time a joined up approach to tackling teenage pregnancy. We have established a range of mechanisms to co-ordinate action at national, regional and local level to maximise the impact of the Strategy.
- 1.2 At national level, the aims and targets of the Teenage Pregnancy Strategy are now embedded within a wide range of relevant Government programmes, including the NHS Plan; the overarching Strategy for Children and Young People; work to tackle health inequalities, child poverty and improved outcomes for children and young people; the Personal, Social and Health Education and Citizenship framework; the Connexions Service; Sure Start Plus; Neighbourhood Renewal; Supporting People and Opportunity for All.
- 1.3 Senior officials from across Government meet quarterly through the Inter-Departmental Group on Teenage Pregnancy so that formal links to the Teenage Pregnancy Unit (TPU) are maintained, accountability for implementation of the Strategy is assured and emerging policies which could impact on the Strategy are identified. This is supported by a wide range of bilateral links between the Teenage Pregnancy Unit and other relevant policy teams.
- 1.4 For example, we have worked with housing colleagues in the Office of the Deputy Prime Minister and the Housing Corporation to produce joint guidance on supported accommodation for teenage parents, disseminated through a series of joint regional seminars. We have also worked with the Connexions National Service Unit to produce joint guidance *Working Together – Connexions and Teenage Pregnancy*, setting out the principles of joint working to support and reintegrate teenage parents.
 - The Teenage Pregnancy Unit and Neighbourhood Renewal Unit have worked across Government, New Deal for Communities neighbourhoods, Neighbourhood Management Pathfinder programmes and frontline agencies to produce and publish guidance “Teenage Pregnancy and Neighbourhood Renewal: Learning from New Deal Communities”. The guidance aims to forge and strengthen links between the Teenage Pregnancy Strategy and the neighbourhood renewal initiatives. It was launched at an event in March, where attendees included neighbourhood managers and teenage pregnancy co-ordinators.
- 1.5 Regional teenage pregnancy co-ordinators act as an important link between central Government and local Teenage Pregnancy Partnerships and co-ordinators. They have been instrumental in the development, management and monitoring of local teenage pregnancy strategies, and in assessing the annual reports and action plans produced by local Teenage Pregnancy Partnership Boards. They convene cross-cutting assessment panels at regional level to ensure relevant links are made, in particular with the Healthy Schools, Connexions, Sure Start and housing teams within Government Offices for the Regions and with the Housing Corporation Regional Offices. Following the NHS restructuring, from next year, there will be a regional co-ordinator within each Government Office.

1.6 Regional co-ordinators meet at least twice a year with each local area and with the Teenage Pregnancy Unit quarterly. They have been key in identifying areas where new or emerging policies have required further clarification locally, and a series of seminars to do this have taken place.

- A rolling programme of regional seminars have taken place to support local co-ordination and troubleshoot implementation of new policies covering, for example, supported housing, working with the media, improving services, involving young people and local strategy development.

1.7 Every top tier local authority area now has a 10-year Teenage Pregnancy Strategy and detailed 3-year action plan in place working towards locally agreed targets, which underpin delivery of the national goals. Teenage Pregnancy Partnership Boards and local co-ordinators are leading implementation of local strategies and action plans. Each Board includes representation, as a condition of receiving the Teenage Pregnancy Local Implementation Grant, from the local authority social services, education and housing departments, local Primary Care Trusts, Connexions Service and other key local partners, including the voluntary sector.

1.8 The Board reports to one or more strategic planning committees, such as the Local Strategic Partnership, Children and Young People Strategic Partnership or Planning Groups and Health Improvement Partnership.

Recommendations

1.9 We welcome the Independent Advisory Group's recommendations to further enhance joined up action.

National commitment

- 1 that the Cabinet Committee on Children and Young People's Services ensures that tackling teenage pregnancy continues to be a national priority, supported by a clear commitment to long-term funding from across Government; including mechanisms for identification and accountability of funding; and that the status, skills and leadership capacity necessary for the co-ordination function of local co-ordinators is sustained by an ongoing commitment to adequate funding from central sources

1.10 Tackling teenage pregnancy is a national priority. The Government's Manifesto pledges to reduce teenage pregnancy by 15% by 2004 and implement the Strategy in full. This is also a NHS Plan commitment. "Delivering the NHS Plan²" promises extra help for tackling teenage pregnancy, which will support delivery of the Department of Health's Public Sector Agreement to deliver the headline conception rate reduction targets.

1.11 The Cabinet Committee on Children and Young People's Services oversees delivery of the Teenage Pregnancy Strategy. The Domestic Affairs Committee on Social Exclusion and Regeneration also monitors delivery of all Social Exclusion Unit reports. In addition, lead teenage pregnancy Ministers have been identified within each of the main implementing Departments and they are supported by an Inter-Departmental Group on Teenage Pregnancy which meets quarterly to review progress with implementation.

2 Delivering the NHS Plan – Next Steps on Investment, Next steps on Reform, Department of Health, April 2002.

- 1.12 We have already invested £60m in tackling teenage pregnancy, as set out in the original Social Exclusion Unit report. Future funding is to be determined as part of the current Spending Review, but there is clear national commitment to the ongoing implementation of the 10-year Strategy.
- 1.13 We recognise the importance of supporting local implementation and co-ordination through funding arrangements. We have developed a local authority grant, which sets out conditions for the use of local funding, including the implementation and co-ordination of local strategies, and the framework for local accountability. This is further supported by the regional teenage pregnancy co-ordinators and the national Unit.

Sex Offences

- 2 that in reforming the law on sex offences, the Government takes account of all professionals working with young people, including those under the age of consent, to ensure that they can make a referral to, or provide, contraceptive and sexual health services without risk of prosecution
- 4 that Government reconsiders the proposed new offence of adult sexual abuse of a child, to ensure that there are no unintended consequences on contraceptive use and previous sexual history in mutually agreed relationships

- 1.14 The Sex Offences Review began in January 1999 to ensure that the criminal law provides clear and coherent offences to protect all victims of sexual abuse and exploitation, with penalties that enable appropriate punishment for abusers. A key aim of the Review was to ensure that the law on sexual offences protects children, young people and other vulnerable groups.
- 1.15 The Review's recommendations to Government were set out in the consultation document '*Setting the Boundaries*'³. Consultation ended on 1 March 2001 and the Home Office is now considering how the existing laws should be changed. The Home Office plan to introduce new, strengthened legislation as soon as parliamentary time allows.
- 1.16 In giving careful consideration as to how best to frame all the proposed new offences, including the offence of adult sexual abuse of a child, we will ensure that they are clearly drafted to target criminal behaviour to protect children from abuse whilst taking account of issues around seeking advice about contraception and sexual health.
- 1.17 Professionals giving help, advice, treatment and support to young men and women around sexual health issues will not be viewed as aiding and abetting a criminal offence whilst undertaking these activities.

Local co-ordination and ownership

- 3 that Government ensure that the primary unit for co-ordination is the local authority social services department, given the rapid changes in health authority boundaries
- 5 that Government identifies ways to ensure that local service plans for teenage pregnancy by social services, education, housing and health authorities contain a greater partnership element to encourage ownership and links to local sexual health plans and other initiatives; is informed by the views of all local stakeholders; and that consideration is given to how best to secure the ongoing commitment of these authorities to the strategy
- 6 that Government considers how best to secure the ongoing commitment of elected authorities to nationally set targets, including the use of financial incentives

- 1.18 A new Teenage Pregnancy Local Implementation Grant has been established, from 1 April 2002, to route local teenage pregnancy funds through local authorities. These new arrangements will help strengthen the co-ordination between local authorities and Primary Care Trusts to support implementation of local strategies, which have been produced to local authority boundaries.
- 1.19 Local strategies are managed by local Teenage Pregnancy Partnership Boards which exist in every local area. To facilitate partnership and encourage ownership and links to other initiatives, each Board includes representation from the local authority social services, education and housing departments, local Primary Care Trusts, Connexions Service and other key local partners, including the voluntary sector. The Boards report to one or more strategic planning committees.
- 1.20 Partnership Boards have locally agreed targets to reduce under 18 conception rates within their areas ranging from 40% to 60% by 2010, depending on local baseline rates. By meeting these, the national target of a 50% reduction by 2010 will also be achieved. As a condition of the Local Implementation Grant, Partnership Boards must submit an annual report which demonstrates satisfactory progress towards achieving their agreed reduction targets. These local annual reports and rolling forward action plans are submitted annually for consideration by regional cross-cutting assessment panels.
- 1.21 Local implementation is further supported by links at the national level. For example, the Connexions Service shares the headline national conception rate reduction target. Work to tackle teenage pregnancy is also reflected in local Quality Protects Management Action Plans, and the Housing Investment Programme audit now asks specific questions about housing allocations to lone teenage parents.
- 1.22 Halving the rate of teenage conceptions by 2010 is one of the Department of Health's national Public Service Agreement targets. Several local authorities have already included a teenage pregnancy target as part of a Local Public Service Agreement (LPSA). These set a more challenging reduction than the local target already agreed and if met, the local authority can benefit from additional funding and agreed freedom and flexibilities. Of the authorities who have agreed LPSAs so far, roughly 10% have included a teenage pregnancy target.

We will now:

- Provide local areas with feedback on local annual reports for 2001/02 to ensure implementation stays on track and that any weaknesses are addressed; By July 2002
- Assess annual reports for 2002/03 to be produced by April 2003, to ensure satisfactory progress continues to be made; By July 2003
- Embed performance management of the Teenage Pregnancy Strategy with the performance management assessment framework for social services, PCTs and other relevant agencies; From Summer 2002
- Continue to promote the issue of teenage pregnancy within new and developing initiatives, including the National Service Framework for Children. From Summer 2002

Chapter 2: National Campaign

- 2.1 Our teenage pregnancy national media campaign targets both boys and girls and focuses on the key messages of taking control, choices and personal responsibility. The campaign began in October 2000 and is ongoing.
- 2.2 In addition to advertising in teenage magazines and on radio, we have produced ambient materials, including postcards and posters. Last year, over two month periods, we displayed posters in shopping centre washrooms (both male and female) in areas with high teenage pregnancy rates, in order to reach a broader range of young people, including more excluded groups.
- 2.3 We have also undertaken targeted PR work with the teenage media, which has included providing case study material and facts on teenage pregnancy for magazine articles, and distributing campaign materials through goody bags at national events, such as the Smash Hits tour.
- 2.4 More recently, we have developed partnerships with youth brands as a way of promoting the themes of the teenage pregnancy media campaign. For example, during April 2002, the teenage website mykindaplace.com carried campaign images and key messages around dealing with peer pressure. Further development of partnership working has the potential to reach disadvantaged young people such as truanting or school-excluded children (especially young men), who cannot be accessed via traditional media.
- 2.5 We support a free national helpline, Sexwise, to support the campaign, provide advice to young people and, where appropriate, refer them for further professional advice. Young people can also access the website, www.ruthinking.co.uk which includes general information and details of local services for young people.

- The most recent tracking survey of the campaign has shown that the level of recall among young people has increased during the last year with 78% of 13 to 17 years olds now recognising the campaign materials, and there is a good level of understanding of the key messages;
- Sexwise advised over 1.4 million young people during 2001/02. An independent survey of users found that 95% of callers were happy with the advice they received and 98% were likely to call again;
- Around 6,000 different users access www.ruthinking.co.uk each month.

Local media work

- 2.6 All areas are developing local media strategies and in many areas, local campaigns are underway to reinforce the messages of the national campaign. Every local area has produced credit card sized details of local young people friendly services. More detailed young people directories are also being developed, in liaison with other relevant partners, such as Connexions.

- **Blackpool, Fylde, Preston and Wyre** Teenage Pregnancy Partnerships produced a video, for use in local schools, to familiarise young people with the local health and information centres, to help address young people's concerns and anxieties about seeking professional advice.
- **Warwickshire** have developed a *Facing the Facts* campaign to advertise local services for young people, using consistent branding to develop local service checklists and leaflets to signpost choices and options available to local young women who think they may be pregnant.

Recommendations

2.7 We welcome the Independent Advisory Group's support for the national media campaign and their recommendations for its further development:

- 7 that the campaign includes an aspirational element to develop self-esteem, both amongst young parents and young people across different age groups; continues to reinforce messages about responsible sexual behaviour in all its guises and the importance of using contraception, including messages targeted specifically at under 16s; ensures appropriate targeting for groups with specific needs including boys and young men, young people with learning disabilities and other specific needs, young people from black and minority ethnic groups, those in Young Offender Institutions and care leavers
- 8 that, as the campaign develops, it pays particular attention to the needs of vulnerable groups identifying appropriate, and using known, networks to disseminate targeted material

2.8 We are looking at how we can build on the early success of the campaign to sustain and improve young people's awareness. The results of the most recent tracking survey highlight the need for messages to be clear, focused and sustained. The main messages will therefore continue to focus on choices and responsibility around sexual behaviour, and the importance of using contraception.

2.9 The campaign specifically supports delivery of the targets to prevent teenage pregnancies. We are pursuing work to tackle social exclusion among young parents and develop their self-esteem through other initiatives, in particular Sure Start Plus (covered further in Chapter 9), and the provision of supported housing (see Chapter 10). We also supported the development, by the National Council of One Parent Families, of a magazine for young mothers.

2.10 The campaign already separately targets older and younger boys and girls with age appropriate messages. Messages for under 16s focus on peer pressure and the availability of confidential sources of information and advice – both locally and through the national helpline and website. Building self-esteem will continue to be a key strand of the PR work, to reinforce the advertisements around peer pressure and choices.

2.11 We are also looking at how best to develop the campaign to target harder to reach vulnerable groups effectively. PR work offers particular opportunities to target messages more effectively than general advertising and during the next three years there will be a particular focus on promoting messages through specialist media. Discussions are already underway to place articles in magazines for young people in care and care leavers.

- 2.12 Private sector partnerships have significant potential to better engage boys and young men, and excluded young people, by carrying campaign messages through brands that are already popular and have wide appeal for young people. This will be a particular focus in seeking new partnerships over the next three years.
- 2.13 We also plan to undertake research to look at successful public health campaigns targeted at black and minority ethnic groups. This will inform how the national campaign and local media work can best reach these groups.
- 2.14 All Youth Offender Institutions now offer an accredited Social and Lifeskills module on Sex and Relationships Education, with supporting materials developed by the Sex Education Forum. We are also working with the National Children's Bureau and OFSTED to consider how we can best support the needs of young people with learning disabilities through Personal, Social and Health Education. We consider that education is a more effective way of targeting these young people than through a media campaign.

We will now:

- develop new adverts to build on the early success of the campaign and sustain young people's awareness of the key messages; Autumn 2002
- focus on promoting self-esteem among young people through PR work; From Summer 2002
- consider how best to develop the campaign to effectively target harder to reach vulnerable groups; By end 2002
- seek and develop further private sector partnerships, particularly with brands that appeal to boys and young men, and excluded young people; By Summer 2003
- undertake research to consider how the national campaign and local media work can best reach black and minority ethnic groups. By end 2002

Chapter 3: Sex and Relationships Education

- 3.1 Research clearly shows that effective Sex and Relationships Education (SRE), linked to the provision of good quality advice and contraceptive services for young people is key to reducing teenage pregnancy rates.
- 3.2 DfES issued new SRE guidance to schools in July 2000, which provides a national framework to support work in this area. Effective SRE should equip young people with the skills to take responsibility for their sexual behaviour, including dealing with pressure to have early sex. It should ensure that young people know where they can access further confidential advice.
- 3.3 As part of the Teenage Pregnancy Strategy, OFSTED have recently published their report on Sex and Relationships Education in schools. The report concluded that SRE teaching within the majority of schools surveyed was effective, but that the teaching about sexual health in Key Stages 3 and 4 was poor in one in five lessons. In addition to highlighting a number of good practice examples, the report makes recommendations for further improvements in the quality of SRE. The report has been circulated to all schools and Local Education Authorities.
- 3.4 In response to the weaknesses identified in the report, DfES have commissioned detailed practical guidance for teachers on teaching particular aspects of SRE, including lesson plans and case studies. This will provide further advice on working with boys and young men, teaching about HIV/AIDS, sexually transmitted infections and sexuality, and will be available later this year on a new website to support Personal, Social and Health Education (PSHE) teachers.
- 3.5 The OFSTED report highlighted that the most effective SRE teaching was by teachers with a specialist interest and expertise in the subject. We are undertaking a pilot for the professional development and accreditation of SRE teachers, which is currently being evaluated. Teachers taking part in the pilot have already reported significant improvements in their teaching of SRE. We will be giving careful consideration to the evaluation findings to help inform national rollout later this year. This will include exploring the possibility of wider Personal, Social and Health Education accreditation. A similar pilot to accredit school nurses and other professionals who undertake whole class teaching as part of the SRE programme will begin next year.
- 3.6 We are also working closely with the Teacher Training Agency in their development of a Handbook of Guidance to support the introduction of new standards for the Award of Qualified Teacher Status (QTS).
- 3.7 We are working with the National Healthy Schools programme to encourage schools in the most deprived areas, where rates of teenage pregnancy are highest, to join the programme. We are also developing a set of indicators to monitor both the educational and health outcomes for schools participating in the programme in order to assess the overall success of the programme in helping to make improvements in these areas.
- 3.8 We have been working with experts in the field of peer led SRE to produce a guide for all local areas, demonstrating a wide range of examples and the principles of developing an effective peer led programme. The resource will be launched in June 2002.

- 3.9 OFSTED also found that school programmes need to do more to develop values and attitudes and the personal skills young people need to make sensible choices. SRE teaching was most effective when taught in this context and when pupils are given better access to individual advice from specialist professionals. The SRE guidance makes clear that young people need access to, and precise information about, confidential contraceptive information, advice and services. Chapter 5 provides further information on the work we are undertaking to improve the provision of effective contraceptive and advice services for young people, including disseminating publicity in places where young people meet.
- 3.10 We are also working to support the provision of school based health services, where the governing body and school community identify a need (see Chapter 5). Guidance on the provision of school based services is being developed as part of the Extended Schools programme, due for issue in September 2002, to encourage schools to consider providing these services. In addition, the National Healthy Schools Standard will be working with secondary schools within the programme to provide guidance on establishing health services, where schools wish to do so.
- The Teenage Information and Advice Centre (TIC-TAC) at Paignton Community College, **Torbay**, was highlighted in the OFSTED report as providing excellent support and guidance for pupils. TIC-TAC is a school based health service, staffed by a multi-disciplinary team of general practitioners, practice and school nurses, health visitors and other health and youth workers, which aims to provide a service that is user-friendly, easily accessible, confidential and non-judgemental. It is used equally by boys and girls and without exception, all pupils are very positive about the centre.
- 3.11 The Sex Education Forum develops policy and practice to support effective delivery of Sex and Relationships Education. We have jointly funded a post within the Forum to further support the implementation of the new SRE guidance. We have also supported the dissemination of the termly newsletter Sex Education Matters to all schools and teacher training organisations.
- 3.12 Local teenage pregnancy strategies set out further action being undertaken at the local level to provide effective SRE in both school and non-school settings (see also Chapter 7) in partnership with Local Education Authorities.
- 3.13 The green paper *14-19 Extending Opportunities, Raising Standards*, which was published in February 2002, highlighted the importance of an effective programme of Personal, Social and Health Education in maintaining the engagement of young people in learning. Poor educational attainment and disengagement with learning is strongly associated with teenage pregnancy. To further support vulnerable young people at risk of disengagement from education, we will pilot a youth development programme next year. Similar programmes in the United States have reduced teenage pregnancy rates by up to one third, through an intensive, integrated approach – spanning health and education – to building self-esteem and aspirations among young people at risk and providing good quality SRE. We will map similar intensive youth programmes in this country and in the US later this year to inform the design of the pilot programme.
- 3.14 In order to further support the provision of effective SRE, we plan to do more to support parents in being able to talk to their children about sex and relationships. This is covered in Chapter 4.
- 3.15 Recognising the particular issues raised by faith communities, we commissioned the Sex Education Forum to produce a *SRE, Faith and Values* resource and we are now funding the dissemination of this to all schools.

- 3.16 We have also commissioned a video and training pack for School Governors, to inform them of the importance of SRE, and their responsibilities in ensuring it is provided in their schools. It will provide model SRE policies and information on our strategy to improve Sex and Relationships Education.

Recommendations

- 3.17 We welcome the Independent Advisory Group's recommendations for the continued improvement of Sex and Relationships Education.

- 9 that PSHE forms part of the statutory curriculum, is integrated into the early years framework and is extended into post 16s education or training, and that those responsible for the delivery of PSHE receive adequate training and support
- 10 that the Government carefully monitors the impact of its SRE guidance and other measures in the special educational sector, primary and secondary schools, and considers what further action may be necessary to improve the quality of SRE, in particular to promote good quality education about relationships at key stages 1 and 2, including training of teachers and PSHE co-ordinators
- 11 that, as part of its current review, the Teacher Training Agency ensures support for colleges offering initial teacher training in the development of PSHE and SRE programmes
- 12 that the Government undertakes an evaluation of SRE which identifies and measures the aims, objectives, key indicators and outcomes for SRE
- 13 that OFSTED produce an annual report on the provision of SRE and Citizenship for all students
- 14 that the Government develops a clear policy on the provision of information about health services on all school premises and special educational settings, including sexual health services, which is both openly displayed and contains information about access to local services

Delivering and monitoring effective Personal, Social and Health Education and Sex and Relationships Education

- 3.18 SRE will be taught through compulsory science lessons and during other, specific PSHE lessons. DfES guidance on SRE advises schools on the themes that should be covered. The Learning and Skills Act 2000 places a statutory requirement on schools to pay regard to the guidance which supports SRE teaching within the PSHE framework. While parents have the right to withdraw their children for all or part of SRE provided at school, except for those parts included in the National Curriculum for Science, less than half a percent choose to do so.
- 3.19 To support PSHE and SRE teaching, we are establishing a Learning and Development website which we plan to launch this Summer. The website will cover Sex and Relationships Education, drugs, alcohol and tobacco, emotional health and well being, financial literacy, physical activity, nutrition, safety education and Citizenship at key stages 1 and 2. There will be links to other relevant websites including that provided by the National Healthy Schools programme. The site will provide resources, case studies and information about training opportunities for teachers and others responsible for PSHE teaching and learning.

- 3.20 Personal, social and emotional development is one of the Foundation Stage Curriculum areas of learning. The Curriculum Guidance for the Foundation Stage defines this as being ‘about emotional well-being, knowing who you are and where you fit in and feeling good about yourself. It is also about developing respect for others, social competence and a positive disposition to learn.’ Learning goals for this area include children understanding the difference between right and wrong and considering the consequences of their words and actions for themselves and others. Guidance to practitioners includes involving children in agreeing codes of behaviour and taking responsibility for their implementation and includes examples of effective practice such as ‘children learning about relationships’ and ‘children learning about the importance of friendship’.
- 3.21 The Green Paper 14-19: Extending Opportunity, Raising Standards explains that enrichment activities pursued by young people outside the formal curriculum make a critical contribution to personal development and that participation in active citizenship may form an important part of the proposed new Matriculation Diploma. Proposals for delivering appropriate enrichment activity for young people in this age group will be considered in the Government response to the Green Paper consultation.
- 3.22 We are also exploring, in partnership with DfES and other organisations, options for promoting better support on Sex and Relationships Education, health services and childcare within Further Education.
- 3.23 We have supported the development of an interactive resource (TV/video and web-based) on PSHE and SRE for young people at key stage 4. This will be rolled out through the Healthy Schools programme in 2003.

Inspection

- 3.24 OFSTED are statutorily required under Section 10 of the Schools Inspection Act 1996 to evaluate and report on the spiritual, moral, social and cultural development of pupils at any school they inspect. This involves commenting on the SRE provision in those schools where it is taught during an inspection and SRE itself has formed part of inspections since September 2001. The Social Exclusion Unit report also committed OFSTED to survey practice in SRE and identify good practice and their report was published earlier this year. We are reviewing this report with DfES and taking forward further action to improve the quality of SRE.
- 3.25 Once Citizenship is statutory (September 2002), OFSTED will complete separate subject inspections for Citizenship. It is expected that OFSTED will publish further guidance for inspectors on this later this year.
- 3.26 We have asked HM Chief Inspector of Schools to consider how we can continue to make best use of the evidence gathered by OFSTED, through inspections of schools, colleges and teacher training. We are also working with OFSTED to look at options for annual reporting of the quality of SRE practice and to ensure that inspectors receive adequate training.

Teacher Training

- 3.27 We will consider the evaluation of our pilot programme to accredit specialist Sex and Relationships Education teachers to inform next steps for national roll-out. We will also explore the possibility of wider PSHE teaching accreditation and options for monitoring take-up through the national Teenage Pregnancy Strategy indicator set.

- 3.28 We have commissioned the National Children's Bureau to consider how the provision of Sex and Relationships Education for young people with Special Educational Needs could be improved. As part of this work, a set of case studies to illustrate good practice when delivering SRE to pupils with special educational needs, will be compiled and disseminated to providers of initial teacher training.
- 3.29 From 1 September 2002, those awarded Qualified Teacher Status must demonstrate a familiarity with the programme of study for Citizenship and the National Curriculum Framework for PSHE, including SRE, as part of the minimum requirements for qualification.
- 3.30 We are working closely with the Teacher Training Agency to produce a Handbook of Guidance, due in June 2002, to support the recently issued standards (minimum requirements) for the Award of Qualified Teacher Status (QTS) and Requirements for Initial Teacher Training. This requires providers of Initial Teacher Training to ensure that their newly qualified teachers are familiar with the PSHE framework and understand how to adapt teaching strategies to deliver effective PSHE. To support providers in this role we have commissioned the National Children's Bureau and the Sex Education Forum to produce a "Best Practice" module for providers of initial teacher training on PSHE and SRE. We will also work with the Teacher Training Agency to provide support materials and activities to providers of initial teacher training, in order to enhance their coverage of PSHE and SRE.

Service Provision

- 3.31 The current Sex and Relationships Education guidance already highlights that young people need access to, and precise information about, confidential contraceptive information, advice and services. The school's SRE policy should clearly set out how this is achieved.
- 3.32 We are committed to promoting and developing "extended schools" which will provide, or contract with others to provide, a range of services at or through the school, built around the needs of the pupils, their families and the wider community. The provision of health services will be part of the Extended Schools programme. It will be for governors to decide what services they might provide, having assessed the needs of the pupils, families and communities in their areas, and taken account of the school's available expertise and facilities. DfES will be issuing guidance on Extended Schools in September 2002 which will encourage schools to consider providing these services. This is further covered in Chapter 5. We will be hosting a seminar in October to consider how the National Healthy Schools Programme can support secondary schools in developing health services on site, and establishing effective school health teams.

We will now:

- work together with OFSTED to ensure that all schools have an up-to-date SRE policy available for inspection and that inspectors have adequate training; From Summer 2002
- commission a video and training resource for School Governors on SRE; By end of 2002
- start national roll-out of the SRE teacher accreditation programme, informed by the results of the evaluation of the pilot; By end of 2002
- develop an SRE accreditation programme for school nurses and other professionals delivering SRE in schools and other educational settings; From Summer 2002
- provide further practical guidance on the provision of good quality SRE and PSHE for teachers, highlighting examples of best and innovative practice, with lesson plans and case studies; By Summer 2003
- work with Colleges of Further Education to assess their requirements for support in developing SRE programmes, health services and childcare; By end 2003
- target schools in the most deprived areas, where teenage pregnancy rates are high, to encourage them to join the National Healthy Schools Standard – aiming for at least 15% of schools in these areas to join the programme by 2006; By 2006
- host a seminar in October to further develop the role of the National Healthy Schools Standard in supporting school based health services; Autumn 2002
- develop a national indicator set to monitor the health and educational outcomes of schools in the Healthy Schools programme; Summer 2002
- pilot a youth development programme, using the learning from successful programmes run in the United States (following a mapping exercise of similar projects to be completed by the end of 2002). From Spring 2003

Chapter 4: Involving Parents in Prevention

- 4.1 An important strand of the national Strategy is to support parents in talking to their children about sex and relationships. Research shows that the risk of teenage pregnancy is more than doubled for young women who find discussion difficult, or who do not discuss sex, with their parents⁴. Openness within families about sex and relationships can delay the onset of first sex and increase the use of contraception.
- 4.2 We have developed an *Involving Parents in Prevention* initiative to encourage and support parents in talking to their children about sex and relationships:
- We have supported Parentline Plus in the development of their “*timetotalk*” branding. This is a long-term PR initiative which includes working with women’s and parenting magazines and linking in with soap story-lines. This is backed up by the Parentline Plus free 24 hour helpline and website for parents seeking further advice and information. A top-ten-tips leaflet to advise parents on how best to approach the subject with their children has been produced. The leaflet is available on the Parentline Plus website and sent to callers to the helpline who need more information. Several newspaper and magazine Agony Aunts are including leaflets in replying to parents who write with particular concerns around talking to their children about sex.
 - We have established a national parents’ forum, through the National Family and Parenting Institute to consult with parents on all aspects of the national campaign and national Strategy and to seek views on how we can best target and support parents.
 - We are working with *fpa* to set up a pilot programme in two areas to look at how work with parents can be embedded into local teenage pregnancy strategies.
 - We have produced, for dissemination through schools, a leaflet for parents explaining the importance of Sex and Relationships Education (SRE) and the details of what is covered in the curriculum. This is for use in particular with parents who are considering withdrawing their child from SRE lessons. Further information for parents is available on the DfES website and we are developing particular advice for fathers to enable them to talk constructively to their children.
 - The importance of supporting parents in talking to their children and engaging them in school SRE policies is highlighted in the School Nurse Practice Development Resource Pack.
 - The Health Development Agency held a seminar in March 2002 to collect promising examples of local initiatives encouraging and supporting parents to communicate with their children about sex and relationships, for dissemination to all local teenage pregnancy co-ordinators.

- *Parent Power* courses are run across **East Sussex**, including Brighton and Hove, to build parents' confidence and skills in communicating with their children about sexual development and feelings. The courses consist of three or four 2-hour sessions, run by experienced facilitators, and have been highly popular with local parents.
- A girls secondary school in **Bath** arranges a series of workshops for parents of teenagers, including one on sex and relationships and other sexual health issues. Arranged through the Parent Teacher Association and involving the school nurse and local GP, the evening aims to introduce parents to the SRE programme, to provide them with accurate information about sexual health issues and to support them in talking to their children about sensitive issues. The workshop uses a variety of interactive and informal activities and is very well evaluated by parents.

Recommendation

4.3 We fully accept the Independent Advisory Group's recommendation for the further development of our *Involving Parents in Prevention* initiative:

15 that arrangements should be established to help support parents in dealing with prevention issues through, for example, national and local parenting organisations, primary care settings, faith communities, primary, secondary and special schools and PRU community units working with parents and or carers

4.4 We will continue to support Parentline Plus in the development of the "*timetotalk*" initiative to raise parents' awareness of how they can help to protect their children from the risk of teenage pregnancy and the availability of the national helpline and website. Parentline Plus has established a reference group of national parenting and sexual health organisations to support the further development of this work, for example, *fpa* has provided training to Parentline Plus helpline advisers on sexual health issues.

4.5 We will disseminate details of local parenting networks and examples of promising practice to local co-ordinators on how best to support local parents. We are also planning to work with the Health Development Agency to establish a network for those involved in local teenage pregnancy work, which will include those delivering local parenting projects.

4.6 We will develop options for providing information through primary care settings to the parents of school aged children on a range of health issues such as nutrition, exercise, alcohol, smoking and drugs. This would include the issue of talking to children about sex and relationships with practical tips on when to start, how to approach the subject and what to say. Informing parents about the advice available for young people in general practice and supporting them in discussing issues with their children is included in the leaflet produced by the Royal College of General Practitioners and Royal College of Nursing – *Getting it Right for Teenagers in Your Practice*. (See Chapter 5) We will continue to work with the RCGP to explore further ways in which general practice can support parents, including developing a poster for waiting rooms to highlight the issue and provide useful helplines.

4.7 We have established an Inter-Faith Forum, supported by the Independent Advisory Group on Teenage Pregnancy, to help achieve a better understanding about the ways in which the various faith communities can support the goals of our national Strategy and the sensitivities involved. We will be asking the Forum to consider how parents from the faith communities might be supported and involved in helping to prevent teenage pregnancy.

- 4.8 The Sex and Relationships Education guidance (see Chapter 3) which is applicable to all schools, including special schools and Pupil Referral Units, requires schools to work in partnership with parents and consult them regularly on the content of Sex and Relationships Education policies and programmes. We will now undertake further work to look at how we can best help parents, particularly fathers, talk constructively to their children to support school based SRE programmes.
- 4.9 Connexions personal advisers can also provide advice and information to young people about sex and relationships issues and make appropriate referrals to other professionals. Personal advisers will encourage young people to discuss with their parents or carers any action that they have agreed and can advise parents and carers on where to access further support and information.

We will now:

- continue to support Parentline Plus in the development of the *"timetotalk"* initiative and further dissemination of the top-ten-tips leaflet to local parenting projects; By Summer 2003
- disseminate interesting local practice examples of work with parents (including work with fathers) to local teenage pregnancy co-ordinators and support those involved in local parenting projects through a new network for those tackling teenage pregnancy at local levels; By end 2002
- develop options for providing information through primary care settings to the parents of school aged children on a wide range of health issues; By Spring 2003
- seek the views of the Inter-Faith Forum on how best to support and involve parents from the faith communities in helping to prevent teenage pregnancy; By end 2002
- undertake further work to look at how we can best support fathers in talking constructively to their children to support school based SRE programmes. By Spring 2003

Chapter 5: Advice and Contraception for Young People

- 5.1 The Social Exclusion Unit report highlighted that three quarters of teenage pregnancies were unplanned. Research in the late 1990s found that more than three quarters of teenagers visited contraceptive advice services after becoming sexually active. Since the launch of the Strategy, there has been a 22% increase in the number of clinic sessions for young people, considerable improvements in the provision of effective contraceptive and advice services and a 20% increase in attendance by young people during the same period.

Improving Services

- 5.2 We issued *Best Practice Guidance on the Provision of Effective Contraceptive and Advice Services for Young People* to teenage pregnancy co-ordinators in 2000, to work with health organisations and other relevant local partners to increase the provision of effective services in all local areas. The guidance sets out the key criteria for providing services drawn from studies that have identified the features of a trusted and accessible service. These include an age specific focus, confidentiality, non-judgmental staff, accessible locations and opening hours, a friendly atmosphere, and publicity materials which are widely disseminated in places where young people meet, including schools and colleges.
- 5.3 Supplementary guidance, issued in 2001, focused on steps that can be taken to improve mainstream services and develop targeted initiatives to better meet the needs of boys and young men and young people from black and minority ethnic groups. This addresses a range of issues from the training of staff on effective communication to the development of publicity materials that have resonance with the target group. Examples of promising practice were included from different areas of the country.
- 5.4 The package of guidance was supplemented by a series of regional seminars in 2001 for local co-ordinators and service commissioners.
- 5.5 Local teenage pregnancy co-ordinators have undertaken an audit of community contraceptive services and general practice against the *Best Practice Guidance*. Where these local audits identified gaps in provision or areas for further development this is reflected in local teenage pregnancy forward action plans. Information from the local audits is also being analysed at national level and the results, which will be available in the Autumn, will be used to assess what further action needs to be taken to ensure that all young people have access to appropriate sources of contraception and advice.
- 5.6 To help develop service standards on the criteria set out in the *Best Practice Guidance*, we are supporting a project in the North West to pilot a set of standards in a range of service settings. The three standards have been developed by Brook for their own young people's sexual health services, and focus on confidentiality, access and the reception process. The results of the pilot evaluation will be available in the Summer and will inform next steps on supporting services to develop quality standards in line with the Guidance.

- In **Oxfordshire** Bodyzone clinics have been set up in sixteen secondary schools, providing a comprehensive health information, advice and support service for young people, staffed by a school health nurse, a family planning nurse and a youth worker, with back up from a local GP. A community based Bodyzone service is being developed to provide the service out of school hours, during holidays and out of school premises to include young people not attending school. This is a joint initiative between the Teenage Pregnancy Partnership Board, Sure Start, school health nursing teams and the youth service.
- In **Cornwall**, several new contraceptive advice services for young people have opened in a range of settings. These include nurse led services in a youth club, local Foyer project, Connexions Centre and a joint contraception and sexual health clinic specifically for young people in the GUM clinic.

5.7 We have also supported the development of a leaflet by the Royal College of General Practitioners and Royal College of Nursing to help general practices become more teenage friendly. The leaflet includes a self assessment checklist for the practice, including questions on whether staff are trained to be teenage friendly and whether the practice has a special appointment system for emergency contraception. The leaflet was launched in April 2002 and sent to all General Practices and PCTs. Subsequent demand for the leaflet from the RCGP and RCN has been extremely high.

5.8 Within local teenage pregnancy strategies, plans are being developed to advertise and promote local young people friendly services. All local areas have already produced credit card sized publicity materials and plans to ensure effective distribution to young people (see also Chapter 2).

Further Sources of Advice

5.9 We aim to ensure that all professionals working with young people are supported in providing, or sign-posting appropriate sources of advice on sexual health and relationships. We issued *Guidance for Field Social Workers, Residential Social Workers and Foster Carers on Providing Information and Referring Young People to Contraceptive and Sexual Health Services* and *Guidance for Youth Workers on Providing Information and Referring Young People to Contraceptive and Sexual Health Service* in December 2001. Both make clear for these professional groups that they can and should encourage young people to seek advice and direct them to local services if they are, or are thinking about becoming, sexually active. The guidance underlines the importance of the provision of confidential support for young people and clarifies the rights of young people, including under 16s, to seek confidential contraceptive advice from health professionals.

- In **Cambridgeshire**, as part of the local Teenage Pregnancy Strategy, social services organised two training events for social workers and foster carers to highlight their role in supporting looked after young people on sex and relationship issues, including implementation of the new guidance.

5.10 The Connexions Service shares the headline target of the Teenage Pregnancy Strategy to halve the under 18 conception rate by 2010. The Diploma for Connexions personal advisers covers working with organisations providing contraceptive and sexual health advice services and this will be supported by a more detailed reader on sexual health to support personal advisers in providing advice to young people.

Confidentiality

- 5.11 We commissioned research on young people's perceptions of seeking contraceptive advice which showed that the issue of confidentiality remains a significant barrier. To help increase awareness among professionals and build the trust of young people, we have supported publication of a training resource on confidentiality in general practice. The *Confidentiality Toolkit* is endorsed by the Royal College of General Practitioners, the British Medical Association, the General Practitioners Committee, the Royal College of Nursing and the Medical Defence Union. A significant number of training events using the Confidentiality Toolkit have already been undertaken in local areas, with more planned for 2002/03.
- 5.12 We supported a seminar at the Royal College of Nursing Congress on Confidentiality and Child Protection. We are also supporting a training day to be run by the Royal College of General Practitioners in October 2002 to develop a network of primary care professionals who can advise and support local training initiatives around increasing young people's access to general practice. PCTs will be invited to nominate a GP or practice nurse to attend who will then be able to advise on training for primary care teams in the PCT area.
- 5.13 The local service audits undertaken by teenage pregnancy co-ordinators included questions on the provision and implementation of confidentiality policies, which will form part of the national analysis to inform whether further work is needed on this issue.

- In **Oxfordshire**, following the local general practice audit, the PCT has organised training on confidentiality and making practices more accessible to young people. These have been designed to enable one or two people from each practice within the PCT to attend the training, obtain resources and then cascade the training to the practice team.

Improving Contraceptive Use

- 5.14 The research on young people's perceptions of contraception and seeking contraceptive advice highlighted a lack of knowledge about the range of available contraception, in particular the long acting methods such as injectables and implants. To address this we will be providing information about the full range of contraceptive methods to young people through the PR work undertaken as part of the national media campaign (see Chapter 2). In addition we will be raising the awareness among health professionals of young people's views of contraceptive methods to help them improve the effectiveness of their consultations. This will be done through contributions to professional conferences and through PR work with relevant publications.
- 5.15 One of the key messages of the national campaign is to promote the use of condoms among sexually active young people, in order to prevent pregnancy and also to address the issue of rising rates of sexually transmitted infections. To supplement the free availability of condoms from sexual health clinics, we are exploring the effectiveness of social marketing of condoms to increase the use of condoms. This is a method of selling condoms through vending machines in locations and at a price that make them more attractive and accessible to young people.

- In **Manchester** we are supporting a pilot project to make low cost condoms available through vending machines placed in locations chosen by young people. Working in partnership with a local radio station the condoms will be branded and publicised in a style tested with and approved by local young people. The project begins in August and will be evaluated over the next year.

Recommendations

- 5.16 We welcome the Independent Advisory Group's recommendations to ensure continuing improvement in the range and accessibility of contraceptive advice and sexual health services for young people.

Service Provision

- 16** that confidential health services including full contraception and sexual health services should be available for young people, both male and female, on secondary school premises where appropriate and/or through community settings

- 5.17 We support the provision of school based health services where the governing body and school community identify a need. The OFSTED report on good practice in SRE, published in May 2002, highlights how access to individual advice from specialist professionals can underpin effective delivery of school SRE programmes (see also Chapter 3). The Teenage Information and Advice Centre (TIC-TAC) at Paignton Community College, Torbay, is included as an example of a school based service providing excellent support and guidance for pupils. We will now link with DfES to develop guidance on the provision of school based services as part of the Extended Schools programme, for issue in September 2002, to encourage schools to consider providing these services.

- 5.18 The *Best Practice Guidance on the Provision of Effective Contraceptive and Advice Services for Young People* sets out the criteria for commissioning and providing effective services in a range of community settings. Since the Strategy was launched, there has been a 22% increase in the number of under 20s sessions provided in community contraceptive clinics. Local Teenage Pregnancy Partnerships are now using the information gathered from their local service audits, and consultation with young people, to determine the most appropriate location of services. Particular attention is being paid to marginalised groups least likely to access mainstream services.

Confidentiality and Professionals

- 17** that the Government ensures that all professionals working with young people have appropriate guidance on confidentiality which is disseminated effectively and supported by a comprehensive training programme
- 20** that training for Connexions and Sure Start Plus Personal Advisors covers sexual health issues, and that Connexions Partnerships are actively encouraged to publicise details of local sexual health services
- 21** that the Government consider what further action is necessary to ensure that boys and girls under 16 are aware that they can access advice about contraception in confidence

- 5.19 We fully recognise the key importance of confidentiality in improving younger teenagers' uptake of contraceptive advice. We are committed to ensuring that all professionals are appropriately trained to support young people and make appropriate referrals. We have issued a range of guidance for professionals working with young people to make clear that all young people, including under 16s, have the same right to confidentiality as adults, unless there are serious child protection concerns.
- 5.20 We are considering the need for further guidance for health professionals on the provision of confidential contraceptive advice to under 16s. We will let research in Summer 2002 to identify the extent and nature of any outstanding confusion amongst general practitioners to inform the timing and content of revised guidance.

Health professionals

- 5.21 We are continuing to support the dissemination of the *Confidentiality Toolkit* training resource. We are also supporting the Royal College of Nursing in developing a contraception and sexual health distance learning training module for nurses, to enable them to provide services in a range of settings. This will be completed by Autumn 2002 and will cover confidentiality as one of the key issues.
- 5.22 We will continue to work closely with the Royal College of General Practitioners Adolescent Working Party and the Royal College of Nursing Sexual Health Forum on ways to further support health professionals in providing confidential contraceptive advice within the current legal framework. The DH School Nurse Practice Development Resource Pack, published in 2001, also highlights the importance of school nurses providing confidential support to young people. School nurses are encouraged to use the pack to agree and plan improvements with their PCT, other primary care colleagues and local relevant partners. Sexual health, teenage pregnancy and teenage parenthood are identified as health priorities for school nurses with a range of ideas and specific practice examples included.

Social workers and youth workers

- 5.23 The guidance we issued to these professionals in December 2001 underlines, for both groups of professionals, the importance of their providing confidential support to young people. The training needs of these professionals are being considered within local teenage pregnancy strategies and we will continue to monitor the dissemination and implementation of the guidance.

Teachers

- 5.24 The SRE Guidance published by DfES in 2000 makes clear that schools should have a clear and explicit confidentiality policy which is advertised to pupils, staff, parents and visitors and which is set within the schools SRE policy. The guidance also makes clear that schools should provide all pupils with details of local sources of confidential help, for example the school nurse, counsellor, GP or local young person's advice service.
- 5.25 Within confidentiality policies, teachers should follow a set procedure if they learn that a child under the age of 16 is having, or contemplating having, sex. Schools should ensure that the child is adequately counselled and informed about contraception, including precise information about where they can access contraception and confidential advice services.

Connexions

- 5.26 Training for Connexions personal advisers covers working with organisations providing advice on contraceptive and sexual health services and will be supplemented with a detailed sexual health reader. The *Guidance for Youth Workers on Providing Information and Referring Young People to Contraceptive and Advice Services* has been issued jointly with Connexions. We believe there is a need for extra training for personal advisers on SRE and sexual health to enable them to support young people they work with, many of who will be vulnerable and at risk of teenage pregnancy. We will be exploring how best to deliver this.
- 5.27 DfES has recently consulted on the draft guidance on professional practice for Connexions personal advisers. In particular, views were sought on whether school-based personal advisers should be bound by school confidentiality policies at all times, which in some cases would mean that personal advisers would not be able to offer a confidential service, or whether they should be able to provide confidential one-to-one consultations. The results of the consultation are now being analysed and final guidance on professional practice for Connexions personal advisers will be published by the end of the year.

Sure Start Plus

- 5.28 Sure Start Plus offers personal adviser support to pregnant young women and teenage parents in 20 pilot areas (see also Chapter 9). The guidance on delivery of Sure Start Plus requires local partnerships to include in their plans arrangements for linking in with all relevant local advice services for young people, including youth counselling services and contraceptive clinics. It is part of the role of Sure Start Plus personal advisers to ensure that all pregnant teenagers are given advice on contraception, whatever the decision on the outcome of their pregnancy.

NHS Funding and Fees Structures

- 18** that the Government monitors mainstream NHS funding and investment in improving designated contraception services for young people, including the availability and funding of free condoms, emergency contraception and the long-acting methods, both through primary care and community services
- 22** that Government reviews GPs' funding and fee structure in relation to administering contraceptive products, in particular implants and condoms, to ensure that there is equal access to contraceptive products which may be particularly suitable for young men and women

- 5.29 NHS-funded contraceptive and advice sessions for under 25s and NHS mainstream investment in teenage pregnancy work will continue to be monitored. We will also monitor the provision of all methods of contraception through national data collected from NHS community contraceptive services and through teenage pregnancy partnerships working with Primary Care Trusts to monitor general practice provision of the full range of contraceptive methods.
- 5.30 The National Institute for Clinical Excellence (NICE) will be developing a clinical guideline for the provision of long acting contraception. The NICE guideline will take into account all available research evidence on the advantages and disadvantages of long acting methods for different age groups. The guideline, which is due to be published by 2006, will support PCTs and health professionals to ensure clinically effective provision of these forms of contraception and help to address the current inequity of access.

- 5.31 Primary Care Trusts will be delivering youth advice and contraceptive services under Health Improvement and Modernisation Programmes as one of the key actions required to meet local teenage conception targets. Services should be planned and evaluated in line with the *Best Practice Guidance* and in consultation with young people who reflect the diversity of the local community. Service provision should ensure that young people have access to all methods of contraception through the three levels of contraceptive and sexual health service as set out in the National Sexual Health and HIV Strategy.
- 5.32 A new contract for GPs is being negotiated between the NHS Confederation, on behalf of the Secretary of State for Health, and the BMA. This includes consideration of the detail of the funding and fees structure for Items of Service, which includes fees for the provision of contraceptive services.

NHS Funded Abortions

19 that the Government ensures that all pregnant young women have early access to a NHS-funded abortion, if that is their decision, and that it undertakes research to establish the extent of GPs refusing abortion or contraceptive treatment to young women under the age of 16 who pass the competence criteria set out under the Fraser guidelines

- 5.33 Questions on conscientious objection to abortion referral and contraceptive provision to under 16s were included in local audits of general practice. The responses from the audit are now being used by partnerships to identify gaps in service provision and plan improvements. Information from the national analysis of the audit will also be used to collate national and regional information on the proportion of GPs who have a conscientious objection to abortion or who have a practice policy not to provide contraception to under 16s.
- 5.34 Ensuring general equity of access to abortion will be addressed through the delivery of the National Sexual Health and HIV strategy which requires that, by 2005, all women who meet the legal requirements for abortion should have access to an abortion within 3 weeks of the first appointment. Teenage Pregnancy Partnerships are developing plans for specific action needed to increase NHS abortion provision for under 18s, and are monitoring the proportion of abortions undertaken after the first trimester in this age group.

We will now:

- prepare information on long acting methods of contraception for professionals, young people and parents; By Summer 2003
- consider research into the extent and nature of confusion on the provision of confidential contraceptive advice to under 16s and prepare any further guidance required; By end 2002
- develop guidance, in conjunction with DfES, on the provision of school based health services, as part of guidance on the Extended Schools programme; Autumn 2002
- support a pilot on the social marketing of condoms to young people; To start August 2002
- develop a plan for further action in the light of the evaluation of the local audit of services; By end 2002
- linked to the implementation of the Sexual Health and HIV Strategy, we will continue to support the training of all professionals working with young people and in particular:
 - consider what further work is needed to support the training of health professionals, in partnership with the Royal Colleges; By Spring 2003
 - following an evaluation of the Connexions training programme, consider whether a national training module on sexual health and relationships should be developed. By end 2002

Chapter 6: Boys and Young Men

- 6.1 As the Social Exclusion Unit report highlighted, boys and young men are half the solution to tackling teenage pregnancy.
- 6.2 We have ensured that all aspects of the strategy target boys and young men as well as girls and young women, including through the media campaign, improvements to services and improving SRE. We are also committed to improving the support for young fathers (see Chapter 9).
- 6.3 The teenage pregnancy national media campaign (see Chapter 2) places advertisements specifically targeted at boys and young men in publications aimed at these groups. The latest tracking survey found that 72% of boys aged between 13 and 17 recognised the campaign materials. The radio ads, which include messages specifically targeted at boys, particularly around peer pressure and condom use, have been particularly effective. The supporting PR and partnership work is using magazines and brands already popular with boys and young men, such as publications and merchandise for the World Cup 2002, to promote safer sex messages and the provision of further support and advice through the Sexwise telephone line and www.ruthinking.co.uk website. Around half of all callers to the Sexwise helpline are male.
- 6.4 Guidance on *Developing Contraception and Sexual Health Advice Service to Reach Boys and Young Men* was issued in April 2001, to improve the uptake of contraceptive and sexual health services by boys and young men. The guidance aims to ensure that specific needs of young male clients are included in service development plans. Youth workers who have high contact with boys and young men have also been issued with guidance on providing information and referring young people to contraceptive advice services (see also Chapter 5). Local Teenage Pregnancy Partnerships have also received guidance on developing and disseminating local service publicity materials to reach boys as well as girls.
- **Haringey** is using a Sexual Health Advice bus providing information about sex, relationships and contraception in areas where young people congregate. The bus and materials are specifically branded and promoted through a website. Preliminary data shows that the bus is very popular with young people, with young men making up around half of the service users
 - In **Newcastle** a condom distribution scheme has been developed to increase the availability, accessibility and acceptability of condoms to young men. In the C-card scheme, young people register with a trained worker who discusses sex and relationship issues, reviews any child protection issues and ensures they understand how to use condoms correctly. Young people can then drop into any C-card outlet located in a range of community settings.
- 6.5 The new Sex and Relationships Education guidance (see Chapter 3) highlights the importance of tailoring SRE to the needs of boys and young men. We are supporting a project led by Working with Men to develop a school SRE programme for boys in Years 8, 9, and 10. This aims to engage boys in discussion about SRE issues and specifically to give them the knowledge and skills to access local advice services. A resource that provides ready to use lesson plans and group activities will be available to schools from the Autumn term 2002.

- 6.6 The Health Development Agency held a seminar with those involved in work with boys and young men around sex and relationships in March 2002, in order to bring together examples of promising practice for dissemination to local teenage pregnancy co-ordinators.
- 6.7 Research is underway in the North East region to evaluate the effectiveness of having specialist workers for boys and young men. The research findings will be disseminated to all local Teenage Pregnancy Partnerships to increase understanding of the best methods to engage and work with young males to address their sexual health needs.
- 6.8 Sure Start Plus pilot programmes (see also Chapter 9) are delivering or linking in with local services to provide ongoing support and advice to young men and fathers, during pregnancy, birth and thereafter.

Recommendation

- 6.9 We welcome the Independent Advisory Group's recommendation for the promotion of effective strategies with boys and young men in SRE in all teacher training.

23 that the Teacher Training Agency ensure that all teacher training provides a focus on strategies in SRE which are effective with boys and young men.

- 6.10 The Handbook of Guidance supporting the recently issued standards (minimum requirements) for the Award of Qualified Teacher Status includes references relating to the need for trainees to be familiar with the Programme of Study for Citizenship and the National Curriculum Framework for PSHE. Assessors of trainee teachers will need to be assured that trainees understand how to adapt teaching strategies to support boys and young men.

We will now:

- | | |
|--|----------------|
| • map cross-Government activities targeted at boys and young men to inform further development work to tackle teenage pregnancy; | By Autumn 2002 |
| • disseminate interesting local practice examples of work with boys and young men to local teenage pregnancy co-ordinators; | Summer 2002 |
| • disseminate findings from research in the North East on the effectiveness of specialist workers for boys and young men. | By Spring 2004 |

Chapter 7: Groups with Specific Needs

- 7.1 We are committed to ensuring that special help and advice is available for those young people most at risk of teenage pregnancy, including looked after children and young people, care leavers, young offenders and young people from black and minority ethnic (BME) communities.

Looked after young people and care leavers

- 7.2 Social services are a key local partner for the development and implementation of local teenage pregnancy strategies, which must include action to target and address the needs of looked after young people.

- **Southampton and Southwest Hampshire** have seen collaborative work between social services, its Contraceptive and Sexual Health service and Barnardos to develop and provide SRE to foster carers, residential homes and looked after young people through funding for a specialist nurse post. An outreach sexual health service is also being provided in a local swimming and diving pool with specialist provision made for looked after young people.

- 7.3 Quality Protects (QP) aims to ensure that all looked after young people gain maximum benefit from educational opportunities, health and social care. This encompasses action to reduce teenage pregnancy and support teenage parents. Local QP implementation plans include joint work on sexual health, information packs and training for pupils, social workers and carers on safer sex and contraception.

- 7.4 We have issued guidance for social workers and foster carers making clear that they can and should refer sexually active young people to sexual health services. Regional teenage pregnancy co-ordinators will closely monitor implementation.

- Following a needs analysis of local SRE provision in the **West Midlands**, a partnership project set up by the regional teenage pregnancy co-ordinator and the West Midlands Child Care Consortium will develop and support local implementation of *Guidance for Field Social Workers, Residential Social Workers and Foster Carers on Providing Information and Referring Young People to Contraceptive and Sexual Health Services*.

- 7.5 The Leaving Care Act 2001 ensures continuing support for care leavers, including pregnant teenagers and teenage parents, through help, advice and support provided by a Young Person's Adviser. Connexions has issued guidance "Working Together – Connexions and Social Services" highlighting the roles and responsibilities of the Young Person's Adviser which are broadly similar to those of the Connexions personal adviser. The Young People's Advisor will also normally act as the Connexions personal adviser for these young people.

- 7.6 We are commissioning *fpa* and the National Children's Bureau (NCB) to develop a "Training the Trainers" resource on SRE, sexual health and teenage pregnancy to support the training of those who work with looked after young people. Central to this programme will be the implementation of the *Guidance for Field Social Workers, Residential Social Workers and Foster Carers on Providing Information and Referring Young People to Contraceptive and Sexual Health Services* (see Chapter 5). NCB and *fpa* will be liaising with local and regional teenage pregnancy co-ordinators on providing some regional seminars on the resource from November 2002.

Young Offenders

- 7.7 An accredited Social and Lifeskills module on SRE has been developed under a new Prison Order to help ensure that young people in all Young Offenders Institutions (YOIs) receive SRE to support their understanding and skills, raise their self-esteem and develop emotional resilience. Materials supporting the module, developed in partnership with the Sex Education Forum, were launched in October 2001. We will be monitoring the use of the module and our future work programme will include further work to support the development of parenting skills for young people in YOIs and Prisons. We will also be working with the National Children's Bureau and Sex Education Forum to develop a module for use by Young Offending Teams and in Regional Secure Units.

BME Communities

- 7.8 Guidance to local teenage pregnancy co-ordinators was issued in April 2001 to highlight the need for better tailored contraceptive and sexual health advice for young people from BME communities to access the information and support they need to make safe choices about their sexual health.

- A young Asian Sexual Health project in **Walsall** has used a theatre production in community settings to raise awareness and encourage better use of sexual health clinics amongst 500 Asian young people and their families. The production will be further developed for school-based performances.

- 7.9 The Health Development Agency held a seminar in March 2002 to collect examples of interesting practice around work with BME groups on prevention issues for dissemination to all local teenage pregnancy co-ordinators.
- 7.10 To help inform our future work in this area we have commissioned research on BME young people's experience of teenage parenthood. In addition research and data about the sexual behaviour, sexual health and teenage pregnancy of young people amongst BME young people has been drawn together to form a briefing paper which was disseminated to local teenage pregnancy co-ordinators.
- 7.11 In order to support teenage pregnancy co-ordinators, and others, working with BME communities and people from different faiths we have commissioned a guide providing advice on working effectively with different communities on issues relating to teenage pregnancy. This document, "Working with Diverse Communities", will be launched in the Autumn together with the resource "SRE, Faith and Values" produced by the Sex Education Forum. We also plan to undertake research to look at how best to target black and minority ethnic groups through national and local media work (see Chapter 2).

Special Needs

- 7.12 We are exploring the issue of prevention and provision of SRE for young people with physical and learning difficulties, mental health and behavioural problems and severe disability. This will draw on a mapping exercise on the provision of PSHE (including SRE) in special schools; the evaluation of the pilots to accredit SRE teachers; and a proposed peer review of existing resources to enhance the help and advice available for young people with special needs. We will also be looking at models to support parents of children and young people with special needs in dealing with sex and relationships issues.

Recommendations

- 24** that data are collected on births which occur to looked after children and young people and reported to the Chairs of local authority Children and Young People's Strategic Partnerships, and that an audit of all local teenage pregnancy services is undertaken in order to identify initiatives of relevance to young people with specific needs

- 7.13 We welcome the Independent Advisory Group's recommendations to enhance data collection amongst looked after children and young people. Collection of data on births amongst looked after children and young people is being developed as part of the indicator set for monitoring the Teenage Pregnancy Strategy. Once a robust methodology has been established for this, dissemination of the data at local level will need to be done in a way that protects the confidentiality of the young people included.

- 7.14 We have already commissioned from the National Children's Bureau, a mapping exercise of the provision of PSHE in special schools. This will be completed later this year and will be used to further develop work on the prevention of teenage pregnancy for young people with special needs.

- 25** that local authorities ensure that their duty under the Children Act 1989 to safeguard and promote the health and welfare of children and young people in their care, specifically the provision of SRE for children and young people of both genders, is discharged

- 7.15 All looked after children and young people care must have a personal health plan informed by health professionals and co-ordinated by a social worker. It must be kept up to date, and form part of the evidence at the six monthly review of placement. In addition, they must also have a personal education plan, including the provision of Personal, Social and Health Education and Sex and Relationships Education.

- 7.16 We are developing an Integrated Children's System to support the co-ordination of the assessment and review information so that key pieces of information can be properly collated and do not get overlooked during the course of the child's life in care. We are also developing an indicator to monitor the percentage of social services authorities with SRE policies for looked after children.

- 26** that the work of the National Care Standards Commission fully reflects the goals of the Teenage Pregnancy Strategy, especially in relation to looked after young women

- 7.17 The National Care Standards Commission will inspect regulated children's establishments in accordance with the Care Standards Act 2000. This will cover both establishments or services used by young people, including looked after young women.

- 7.18 The Commission will assess and report upon the extent of compliance of each regulated establishment and agency. Issues relating to staff supervision of young people, individual placement planning for children in children's homes, risk assessment on welfare issues, education and health promotion, child protection, responses to absences from the home, countering risks of involvement in prostitution, and consultation with young people will be of particular importance.
- 7.19 The Commission will support the reduction of social exclusion related to teenage pregnancy through regulation of compliance on issues relating to individual welfare, educational and health support to young people in children's homes and through the work of fostering services. From July 2002 the Commission will also regulate Residential Family Centres, which provide direct care and support, particularly in relation to parenting, to parents requiring such support in a residential setting, including young parents.
- 7.20 The Commission will develop and incorporate criteria in support of the goals of the Teenage Pregnancy Strategy in its guidance to inspectors. Local teenage pregnancy strategies will address particular issues relating to supporting looked after children in each local area.

27 that information is collected on the provision of sexual health services for young men and women from black and minority ethnic groups and all young men and women with specific needs

- 7.21 The Sexual Health Data Strategy Group is considering the requirements of sexual health data to inform implementation of the Sexual Health and HIV Strategy. This will take account of service provision and use by young people from black and ethnic minority groups and will also consider young people with specific needs.
- 7.22 In addition, the abortion notification form completed by practitioners, in compliance with the Abortion Act 1967 and its Regulations, has recently been revised to include collection of ethnicity data.

We will now:

- develop a method for collecting data on looked after children who become pregnant and identify social services authorities with SRE policies for looked after children as part of the teenage pregnancy national indicator set; By end 2002
- include the goals of the Teenage Pregnancy Strategy in guidance for National Care Standards Commission Inspectors; By end of 2002
- disseminate interesting practice examples of work with looked after young people and care leavers; By Autumn 2002
- provide some regional seminars to help develop local expertise in training professionals working with looked after young people on issues around SRE, sexual health and teenage pregnancy; By April 2003
- publish a resource on diverse communities and working with those from different cultures and faiths around sexual health issues; By end 2002
- conduct further research to explore the attitudes and behaviour of BME young people in relation to sexual activity, contraceptive use, pregnancy and experiences as teenage parents. By Summer 2003

Chapter 8: Education and Training for Teenage Parents

- 8.1 Increasing the participation of teenage parents in education, training or employment is one of the two main aims of the Teenage Pregnancy Strategy.

School-age parents

- 8.2 For those of compulsory school age, Government guidance on pupil inclusion makes clear that teenage pregnancy is not a reason for school exclusion. More detailed guidance on the education of school-age parents was published in October 2001, which aims to help schools and LEAs with the practicalities of supporting parents and pregnant girls of school age.

- 8.3 The Teenage Pregnancy Standards Fund grant provides £5m per year to help 89 LEAs and schools with above average teenage conception rates to support school age parents. This grant has funded specialist reintegration officer posts to provide personal adviser support to teenage parents to help them overcome barriers to learning, including access to affordable childcare.

- **Walsall's** annual report for 2000/01 highlights that during last year, all school age mothers in the local area returned to mainstream education. In the ten years prior to last year, only two had ever returned to mainstream education. This success is attributable in part to the local provision of childcare, open and flexible attitudes of the local schools and in particular to the success of the reintegration officer and team.

Post 16

- 8.4 We have established 20 Sure Start Plus pilots to improve support for pregnant teenagers and teenage parents. The pilots address the personal and social consequences of teenage pregnancy, in particular by helping teenage parents return to education, training or employment. The pilots provide specialist one-to-one personal adviser support to assess needs and broker access to other services including appropriate local education, training provision and employment opportunities.

- 8.5 The Connexions Service provides integrated information, advice, guidance and personal development opportunities for all 13 – 19 year olds in England. It shares the goals of the Teenage Pregnancy Strategy to reduce teenage conceptions and local Connexions Partnerships have been asked to set a target for 2002-03 for the proportion of 16-19 year old teenage mothers who are in employment, education or training, against which local progress can be monitored. In areas not covered by the Sure Start Plus pilots, local Connexions Partnerships are working to ensure that they can offer specialist advice to teenage parents to ensure that they remain engaged in learning. Our aspiration is to double the rate of participation of teenage parents by 2010.

- 8.6 The Connexions Service National Unit, Teenage Pregnancy Unit and Sure Start Plus joint guidance *Working together – Connexions and Teenage Pregnancy* sets out the principles for joint working. This guidance aims to ensure that Connexions and Sure Start Plus personal advisers and Reintegration Officers deliver a consistent, high quality service to teenage parents, avoiding duplication.
- 8.7 Education Maintenance Allowances (EMAs) aim to help young people fulfil their learning potential, by providing weekly allowances to stay on at school or college, with additional bonuses for achievement and retention. Two pilot areas (Cornwall and Stoke) offer additional flexibilities for teenage parents, including the provision of allowances for up to three years rather than two, and allowing them to study a wide range of courses more suited to their needs. Teenage mothers are able to take maternity leave for the birth of their babies and receive a ‘bonus’ to encourage them to return to education after the birth.
- In the **Black Country** the local Teenage Pregnancy and Connexions Partnerships are working together to recruit teenage pregnancy advisers into the Connexions Service.
 - Early evidence from the **Cornwall and Devon** Connexions Partnership has shown a 50% increase in the number of teenage parents re-engaging in school or college.

Childcare

- 8.8 Access to affordable childcare can be a major barrier to the participation of teenage parents in education and training. We are committed to providing accessible and affordable quality childcare through the National Childcare Strategy, which includes addressing the particular needs of teenage parents. Nine pilot areas are testing different models of providing childcare to teenage parents:
- Childcare pilots are underway in Early Excellence in City areas (Stockport and Camden) and within Education Maintenance Allowance areas (Cornwall, Oldham and Middlesbrough). These pilots enable teenage parents to choose suitable, registered childcare to enable them to undertake a wide variety of courses to help prepare them to become job ready.
 - The *Children Come First* scheme provides registered childcare and parental support for young parents who have been in care, are in the care system or who live alone. The £3m project aims to help teenage mothers stay in full time education and training, and is initially based in four pilot areas with low levels of participation in education and high rates of teenage pregnancy – Greenwich, Barking and Dagenham, Blackpool and North East Lincolnshire.
- 8.9 From September 2002, the Learning and Skills Council (LSC) will pilot new and improved arrangements for providing childcare support to young parents in school sixth form and sixth form colleges, as part of the wider Learner Support Funding arrangements. This funding is in addition to the childcare support in other further education institutions, which will continue to receive support under the existing arrangements. This is part of a comprehensive package of Learner Support Funding available to students who are at risks of dropping out of education.
- 8.10 The Sure Start Plus pilots are also providing access to affordable childcare for teenage parents and are testing different methods for this.

- In **Kingston-Upon-Hull**, Sure Start Plus funds have been used to reserve childminder places for young parents in education, training, work or voluntary placements. The project is in partnership with Hull Childcare Network that has assisted with identifying childminders. Sure Start Plus is funding training for selected childminders so that they can support and advise young mothers on breastfeeding, benefits and post-natal depression.
- The **Rochdale** pilot is developing an Education and Childcare Project. A new nursery facility will be built at a local college to enable young parents to continue with education if a return to school is not appropriate. The facility will be open to young mothers under 16, and under 18 by arrangement with the LEA.

Recommendations

- 8.11 We welcome the Independent Advisory Group's recommendations for increasing the participation of teenage parents in education and training.

School-age parents

- 28** that local authority policies in relation to education take account of, and reflect, the needs of teenage parents, including childcare, SRE and contraceptive services to prevent subsequent unintended conceptions
- 30** that the Government ensures support for schools to enable pregnant young women to remain in school, and to return there following the birth of the baby, if they wish

- 8.12 Connexions will have close links with local authorities through their local authority-led Local Management Committees, often chaired by the Chief Executive. Connexions will work with local authorities, schools and Sure Start Plus through these links to provide a network of intensive, specialist support to pregnant teenagers and teenage parents to help them access health and support services and remain engaged in learning or return to education or employment.
- 8.13 Local Sure Start Plus Partnerships, comprising local authorities, health authorities, HAZ, teenage pregnancy co-ordinators and other relevant local agencies, have ensured that in providing comprehensive advice to pregnant teenagers on future options, whatever their decision they are given advice on future contraceptive needs.
- 8.14 The detailed guidance on the education of school-age parents helps schools and LEAs with the practicalities of supporting parents, or pregnant girls of school age, including advice on accessing childcare. LEAs must provide suitable education, for all school-age teenage parents and individual education packages should be developed, following consultation with the pupil, the parents or carers, and the school.
- 8.15 The Teenage Pregnancy Standards Fund Grant provides £5m per year to help 89 LEAs and schools with above average teenage conception rates support school age parents. We will now consider commissioning a research programme amongst those LEAs which have not received Standards Funds monies to monitor the level of support offered to pregnant girls and parents of school age.

Childcare

29 & 34 that the Government produces a nationwide strategy to ensure that all teenage parents seeking to return to education have access to affordable childcare, drawing on the lessons learned from existing pilot projects

8.16 The National Childcare Strategy aims to provide accessible and affordable quality childcare and will prioritise the particular needs of teenage parents. Our research suggests that there is a strong case for subsidising the provision of childcare for teenage parents. We are currently evaluating the targeted childcare pilots for teenage parents and are working towards a nationwide strategy to ensure that all teenage parents have appropriate access to childcare.

Specialist Support

31 that the performance of Connexions Partnerships and reintegration officers in providing specialist advice to teenage mothers and fathers on returning to education and training is closely monitored, and that best practice is disseminated, taking particular account of 18 and 19 year old parents

32 that the Connexions Partnerships and Sure Start Plus work in harmony with other services of a similar nature that are in place, to build on existing experience and to avoid duplication

8.17 Evaluation and monitoring of the Teenage Pregnancy Standards Fund Grant, conducted by Newcastle University in six LEAs⁵, highlighted the achievements made by the reintegration officers in those LEA areas. These included overcoming barriers to education, altering negative routes through education, providing advocacy, parenting and relationship support, changing perceptions of education and an improvement in non-educational attainment. Evaluation of the reports of the 48 LEAs initially funded through the grant is due in October 2003.

8.18 Informal arrangements between reintegration officers are supported to exchange good practice, for example the London Reintegration Officers Forum meets regularly to share good practice and discuss issues related to re-engagement of school age parents. Annual reports from those LEAs in receipt of the Teenage Pregnancy Standards Fund grant have provided information on expenditure and numbers of school age parents, and we are now looking at how best to capture and disseminate good practice on returning school age parents to education.

8.19 One of the objectives of the evaluation strategy for Connexions is to demonstrate the effectiveness of the Service in helping young people engage in learning and achieve their full potential. As part of the evaluation, national surveys will annually monitor the views of young people and key stakeholders, providing valuable information for the development of future provision.

8.20 Connexions performance is monitored by a combination of contract management against local business plans and inspection and as part of the process the National Unit will disseminate good practice in a range of areas. We will also disseminate information later this year on the way in which Connexions Partnerships are implementing the national Connexions policy on young people with acute and complex needs, including teenage parents. For example, the Connexions Coventry and Warwickshire partnership

5 Monitoring of the DFES Standards Fund Teenage Pregnancy Grant, Department of Sociology and Social Policy, Newcastle University, 2001

have published the results of a pilot to help young runaways. This has helped identify which young people were going missing and the link made between missing young people and problems at school, truancy and teenage pregnancy.

- 8.21 Connexions Partnerships have been asked to set a target for 2002-03 for the proportion of 16-19 year old teenage mothers who are in employment, education or training, against which local progress can be monitored. The guidance *Working together – Connexions and Teenage Pregnancy*, sets out the principles of joint local working which will be key to the achievement of these targets. It aims to ensure that where Connexions is operational in Sure Start Plus pilot areas, young parents are able to benefit from the expertise of the Sure Start Plus and Connexions personal adviser, which will be key in achieving these targets. A key aim of Sure Start Plus is to develop and build upon existing services to ensure that young parents and pregnant teenagers have access to a range of appropriate user-friendly local services.

Education Maintenance Allowances

- 33** that the Government recognises that some young mothers may wish to take maternity leave and therefore the incentives offered under the EMA should be made available to these young women up to the age of 19 to enable them to take up education and training opportunities

- 8.22 EMAs are currently being piloted in 56 areas of the country. All students in the pilots, under the present rules, are entitled to two years of EMA support, during the three years following completion of compulsory education from age 16. The two pilot areas offering additional flexibilities to teenage parents provide up to three years of EMA support, enabling young mothers to take maternity leave for the birth of their babies and there is a 'bonus' to encourage them to return to education after the birth.
- 8.23 Reports for the national evaluation of the EMA pilots are produced annually, the final reports are due by Summer 2004. Findings from the reports will inform any possible decisions about the development of a national model.

Pupil Referral Units

- 35** that the Government monitors and reports on the ongoing availability of places for teenage mothers and fathers in specialist Pupil Referral Units. Additionally, it recommends that the Government ensures every LEA, or consortium of LEAs where an LEA is too small, offers pregnant young women, young mothers and young fathers access to a PRU specifically designed to meet their needs
- 36** that the Government undertake a review of the quality of educational and training provision in PRUs and schools
- 37** that the Government carefully monitors whether all school age mothers are returning to finish full time education, in line with its published policy, and takes further action as necessary to implement this policy in full

- 8.24 In meeting their duty to ensure that all pupils, including teenage parents, receive suitable education, LEAs respond in a variety of ways. This includes continuing education in mainstream schools or through alternative provision outside of school, including Pupil Referral Units (PRU). The ability to offer choice and the involvement of the pupil, their parents as well as staff in school and from the LEA are key in deciding which provision might best suit a teenage parent.
- 8.25 As part of the move towards the delivery of a full timetable for all excluded pupils in 2002, we have an ongoing programme to look at the quality of provision at PRUs and other provision for excluded pupils. The OFSTED report identified that specialist PRUs have many highly successful features that help girls to continue or, in many cases, re-engage with learning. We will now commission research to review the educational outcomes for pregnant teenagers in mainstream and non-mainstream settings.
- 8.26 We are in the process of amending PRU registration forms to collate data on the provision of education for school age parents and we will consider commissioning research to look at how best to deliver SRE to young parents.

We will now:

- consider the evaluation of the targeted childcare pilots for teenage parents to work towards a nationwide strategy to ensure that all teenage parents have appropriate access to childcare; From Summer 2002
- disseminate good practice on helping school age parents return to education; By end 2002
- consider commissioning research amongst LEAs which have not received Standards Funds monies to monitor the level of support offered to pregnant girls and parents of school age; By Spring 2003
- disseminate information on the way in which Connexions Partnerships are implementing the national Connexions policy on young people with acute and complex needs, including teenage parents; By end 2002
- monitor the progress of Connexions Partnerships against delivery of locally agreed targets to increase the participation of teenage mothers in education and training; Summer 2003
- consider further development of the EMA flexibilities for teenage parents in the context of a wider review of the EMA scheme, following the national evaluation; From Summer 2004
- conduct research to review the educational outcomes for pregnant teenagers in mainstream and non-mainstream settings. By Spring 2004

Chapter 9: Support for Teenage Parents

9.1 The underlying aim of all of the support services for teenage parents is to promote independent living, facilitate a return to education, training and employment and decrease the risk of longer-term social exclusion.

9.2 The 20 Sure Start Plus pilots (as highlighted in Chapter 8) aim to improve health, education and social outcomes for teenage parents and their children. The pilots have been designed through consultation with young parents and the development of new services to fill gaps identified. All of the pilots provide specialist one-to-one support throughout pregnancy, including specialist counselling on the options available to pregnant teenagers, working in partnership with the local Connexions Service. A key aim of Sure Start Plus is to increase the involvement of young fathers in the upbringing of their children.

- **Wakefield** Sure Start Plus has developed a Food Direct programme which provides free boxes of locally grown organic food, with simple recipe cards for baby and family meals
- A Young Dads group has been developed in **Wolverhampton** to encourage teenage fathers to take an active role in their children's lives
- **Sheffield** Sure Start Plus, in partnership with Homestart, has trained 12 volunteers (who were teenage parents themselves) through a 10-week accredited training course, to provide befriending support and practical advice to young parents

9.3 Advice and support services available to pregnant teenagers are also highlighted in local service checklists and directories, developed as part of local media work (see Chapter 2), covering all local strategy areas. Local Teenage Pregnancy Partnerships have also developed referral checklists for professionals to ensure that young people are referred to appropriate local services and to facilitate a seamless local service pathway for pregnant teenagers. These are widely disseminated to local health services and other sources of help and support for pregnant teenagers, including for example Connexions personal advisers.

- St Gabriel's Family Centre in **Brighton and Hove** offers three stages of support to young mothers – a pregnancy group, a young mothers support group and a peer education group – which young mothers can progress through. The project is a partnership between The Children's Society, Brighton and Hove Social Services and Health.
- Boys2MEN project was set up by the **Coram** Leaving Care Services to work with young black men who have been in care, to focus and support them in their transition from boyhood to manhood and their potential to become responsible adults and caring fathers.

9.4 Pregnant teenagers often delay accessing maternity care. The provision of high quality antenatal care, however, is associated with improved maternal outcomes for young mothers and their children. We are therefore supporting a newly established Teenage Parents' Midwifery Network aimed at sharing effective ways of tailoring midwifery services to teenage parents. The Health Development Agency has also collected interesting practice examples of ante- and post- natal care for teenage parents for wider dissemination to local teenage pregnancy co-ordinators.

- A One to One midwife service has been developed for pregnant young women aged 19 years or under in the **London Borough of Hammersmith and Fulham**. All pregnant young women are appointed a named midwife from a Young Mums Midwives Team who will provide one to one ante- and post- natal care and who will attend the delivery of the baby.

Recommendations

9.5 The Independent Advisory Group recommendations under the heading of support for teenage parents cover benefits and childcare, Sure Start Plus and encouraging the participation of young fathers.

Benefits and childcare

- 38 that the Government abolishes the differential rates in benefits for teenage parents aged between 16-18, given the identical parenting costs, and considers whether greater incentives to return to education could be built into the benefits system for example through a childcare subsidy similar to that provided through the Working Families Tax Credit
- 41 that the Government provides free childcare to teenage mothers and fathers returning to education, training or work for a defined period
- 42 that the Government reviews the impact of the benefits system on co-habiting fathers in stable relationships

9.6 Young people receive lower levels of benefit because in general, they earn less than adults and have fewer financial responsibilities than people who are older and live independently. Where young people under 18 are forced to live independently, however, their Income Support and Job Seekers Allowance rates are the same as 18 to 24 year olds. Young parents living alone are paid at the rate for over 25s when they reach 18.

9.7 For equity reasons, the benefit system treats married couples and couples living together in the same way. Parents who are both under 18 and live together receive double the rate of a single claimant in that age group and, taking into account their family responsibilities, they will also receive child allowance and family premiums.

9.8 Lone parents participating in the New Deal for Lone Parents (NDLP) can receive financial help with childcare costs if they are taking part in approved activities or working part-time. In addition to childcare costs, lone parents in receipt of a working age benefit can receive a training premium of £15 a week when undertaking training or education through the NDLP.

- 9.9 Help may also be available, through the Adviser Discretion Fund, with the up-front costs of childcare when someone starts work. Payments for childcare are made direct to the childcare provider and are therefore ignored for income-related benefit purposes. Working teenage parents will be eligible to claim the Childcare Tax Credit, which can also be claimed by grandparents if their grandchild lives with them and they are claiming benefit for the parent of the child. Childcare is covered in further detail in Chapter 8.

Sure Start Plus and advice services

- 39** that the Government produce a plan to roll out the Sure Start Plus pilot initiatives nationally if the evaluation demonstrates that they are effective in supporting teenage mothers and fathers
- 40** that the Government monitors and reports on the extent and quality of advice provided to teenagers and young mothers and fathers by the Connexions and Sure Start Plus Initiatives, including information on all three choices offered (keeping the baby, adoption or abortion)

- 9.10 A national evaluation of the Sure Start Plus pilot programme is examining the efficacy and cost-effectiveness of the programme in reaching its goals. The 3 year evaluation will investigate the various approaches to service delivery; how Sure Start Plus relates to other initiatives in providing joined-up policy and practice; the impact of Sure Start Plus on pregnant teenagers, teenage parents and their children; and the costs of Sure Start Plus. The evaluation team will report in full in Autumn 2004.
- 9.11 We are committed to disseminating good and innovative practice from the lessons learned from Sure Start Plus across the pilots, to local teenage pregnancy co-ordinators and to other relevant initiatives, such as Connexions. Emerging findings from national and local evaluation will be used to inform further development of the programme.
- 9.12 Sure Start Plus advisers provide counselling and advice on the three choices (abortion, adoption or keeping the baby) to enable pregnant teenagers to make an informed decision on the outcome of their pregnancy. Pilot areas are required to report quarterly on each outcome following pregnancy counselling and the collected data will form part of the national and local evaluation, to identify good and innovative practice and identify the extent to which multi-agency working and an integrated service approach leads to better local services.
- 9.13 A range of mechanisms is being put in place to evaluate the quality and effectiveness of the service provided by the Connexions Service to ensure that it is responsive to young peoples' needs. These include self-assessment, periodic OFSTED inspections, and a range of targets and performance indicators. We are also considering arrangements to conduct surveys of young peoples' views on the service.

Young Fathers

43 that the Government ensures that programmes are in place which encourage the participation of teenage fathers in the upbringing of their children

- 9.14 One of the key objectives of the Sure Start Plus initiative is to strengthen the core family unit by helping both teenage mothers and fathers to be effective parents. A key target is to increase the involvement of the birth father, or teenage mother's partner, in the upbringing of their child.
- 9.15 We are supporting the publication of posters of teenage fathers and their babies, with quotes from the young men on their experience of being young parents. The posters will be disseminated through local co-ordinators to mainstream and project based antenatal and support services, to help promote the involvement of young men in the care of their children.
- 9.16 We are also supporting a publication, drawing on recent research with teenage fathers and including photographs, to raise awareness among health and other professionals of the experiences and needs of young fathers.

We will now:

- disseminate interesting local practice examples of ante- and post-natal care for teenage parents; By end 2002
- disseminate good and innovative practice from the lessons learned from Sure Start Plus; By Spring 2003
- draw on the emerging findings from the evaluation of Sure Start Plus to consider further development of the programme; From Summer 2003
- seek inclusion of issues around the particular needs of teenage fathers at relevant annual conferences of national professional organisations; From Summer 2002
- disseminate posters of young fathers to mainstream and project based antenatal and support services; By end 2002
- map cross-Government work with young fathers and develop a way forward to enhance existing work in this area. By end of 2002

Chapter 10: Housing for Teenage Parents

- 10.1 Our target is that all lone parents under 18, who cannot live with their parents or partner, should be provided with suitable accommodation with support by 2003.
- 10.2 The provision of good quality housing with support provides a springboard for the future for teenage parents and their children. Supported housing projects offer young parents adult and peer support to help prepare them for independent living, for example by helping to develop effective parenting and budget management skills. The projects also facilitate their return to education or employment, by brokering access to local colleges and training opportunities. Accommodation can range from hostels with twenty-four hour on-site support to clusters of independent flats or floating support where workers support young parents in existing housing stock across a wide area.
- 10.3 We are supporting six pilots to test which type of supported accommodation most effectively meets the needs of young parents to help them to return to education, training or employment and live independently. In particular, the pilots are looking at the role of floating support and how housing schemes can best link with other local programmes that support teenage parents. Three of the pilots were opened during 2001 and the remaining three will open later this year. A full evaluation of the pilots will be published next year.
- The pilot housing project in **Oldham** provides seven self contained flats, with on-site support, and floating support for a further fourteen young mothers in nearby flats. The staffing team offer intensive housing management and support during the day and are on call 24 hours a day to respond to crises. This model enables women to receive flexible levels of support depending on need.
- 10.4 We have also issued good practice guidance on the provision of supported accommodation for teenage parents, which has been disseminated to all local housing authorities, local teenage pregnancy co-ordinators, Supporting People lead officers and the 200 largest Registered Social Landlords. The guidance sets out options for establishing different types of schemes and measuring effectiveness, as well as staffing and training needs and the type of support that young parents request.
- The Teenage Pregnancy Unit, together with regional teenage pregnancy co-ordinators, housing leads and Housing Corporation colleagues, hosted a series of regional seminars during Autumn 2001 to support local implementation of the housing policy.
- 10.5 To date, the Housing Corporation has approved funding for over 1,500 new units of supported accommodation for young parents, including a mix of new build, refurbishment and floating support schemes.
- 10.6 Local housing authorities report annually on the supply and demand of supported accommodation for young parents, as part of the annual Housing Investment Programme round. A key part of local authorities' housing strategic role is to assess the housing needs of vulnerable groups in their area, including teenage parents, and develop plans for meeting these needs, in conjunction with social services.

- 10.7 Through Supporting People, which takes effect on 1 April 2003, local authorities will be expected to make links with local strategies for teenage parents and to make appropriate provision for meeting housing support needs for this client group in Supporting People strategies.

Recommendations

- 10.8 The Independent Advisory Group suggest that providing all lone parents with supported housing until they are 18 years old, may not provide sufficient flexibility for young parents who are ready for independent living before they are 18 years old. The main aim of the policy is to ensure that vulnerable young parents receive the support they need. Housing authorities should provide appropriate levels of support based on individual need. It may not always be appropriate for a young parent making good progress to stay in an on-site supported project until their 18th birthday, but we would expect that all lone teenage parents should continue to have access to support services until they are at least 18.

- 10.9 The specific recommendations were:

- 44** that the Government ensures there are sufficient resources to enable fulfilment of its policy on housing for teenage parents: both capital resources, and revenue to ensure the provision of a full range of support services
- 45** that the Government ensures there is an adequate supply of 'move-on' accommodation to enable young mothers, fathers and their child to move on to independent living, and in doing so it recognises the need for continuing support

- 10.10 We are committed to the delivery of our target for providing supported housing to teenage parents by 2003.

- 10.11 The Housing Corporation's National Investment Strategy identifies teenage parents as one of the priority client groups and bids for new schemes have been actively encouraged from areas with high teenage pregnancy rates. Funding has already been approved for 1,500 new units, which cover a wide range and level of support services. Local authorities can also fund the provision of new or adapted accommodation within their housing capital programmes and in some local areas, provision is available within the voluntary sector.

- 10.12 We are encouraging local authorities to work together with Registered Social Landlords, to ensure that within each local area there is a range of provision for lone teenage parents, including suitable move-on accommodation. The Office of the Deputy Prime Minister is making substantial resources available to improve and increase the general stock of affordable housing, by both increasing capital allocations for local authority housing and increasing investment through the Housing Corporation.

Supporting People

- 10.13 Supporting People – which comes on stream in April 2003 – will introduce a new system of planning, monitoring and funding for housing related support services for vulnerable groups, including young parents. For the first time, local authorities, in partnership with other stakeholders, will commission and deliver housing support services, within a strategic framework.

- 10.14 The level of need for appropriate housing support for teenage parents must be assessed and included in local Supporting People plans. There will be greater flexibility to provide move-on floating support, as housing support will no longer have to be linked to tenure.

Monitoring and Evaluation

- 46 that the Government carefully monitors the standard of housing and level of support provided for teenage mothers and fathers, and that clear standards are set for each level of support to ensure the safety and quality of support for young parents and their babies
- 47 that the Government ensures monitoring data are available to track progress towards the target of offering supported housing for all lone parents under the age of 18 by 2003
- 48 that housing authorities be required to explain their approach to the housing and support of teenage mothers and fathers, and quantify the range of services provided as part of the Housing Investment Programme framework.

- 10.15 We are currently developing performance standards for housing support services and Supporting People will introduce consistent quality standards across the supported housing sector.

- 10.16 We are also commissioning research to monitor and evaluate support and accommodation provision for teenage parents funded through the Approved Development Programme and Safer Communities Supported Housing Fund. The research will look at the quality of support and accommodation provided and whether this is meeting the needs of teenage parents.

- 10.17 Information on the supply and demand for supported housing for teenage parents is collected annually for the Housing Investment Programme exercise. The April 2001 data suggested that a total of around 2,000 new units of accommodation for teenage parents would be needed to meet the 2003 target. The data highlighted a number of areas with a significant shortfall in the provision of supported accommodation for teenage parents. These have been followed up with the relevant authorities, and there are encouraging signs that most authorities now have plans in place to provide appropriate housing and support for this client group by 2003. Further follow-up action will be undertaken, if necessary, when the 2002 data become available over the Summer.

Teenage Parents under 16

- 49 that the Government reviews the provision of supported housing for mothers and fathers under the age of 16 who are unable to stay with their family, and ensures consistent and high quality provision for them preferably in a substitute family placement

- 10.18 Young parents under the age of 16 who cannot live at home may be accommodated (under section 20 of the Children Act) through a voluntary agreement between their parents and the local authority, or, if there is a risk of significant harm, they will be placed in care. In fulfilling either of these possibilities, the local authority may explore whether someone in the extended family of the young person can provide the placement.

- 10.19 The overriding principle applied in arranging a placement for the young person is that it should be one that best suits the young person's needs. The majority of looked after children are in foster care and generally this continues to be the favoured placement option. A number of local authorities are now operating mother and baby fostering schemes catering for both the under and over 16s.
- 10.20 We will commission research to investigate the position at local level on the placement of young parents under 16 who are unable to live with their family, to inform further work in this area.

We will now:

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| <ul style="list-style-type: none">• continue to monitor the range of provision for lone teenage parents provided within each local authority, and encourage local authorities to work with Registered Social Landlords to provide suitable move-on accommodation; | From Summer 2002 |
| <ul style="list-style-type: none">• work with housing colleagues in the Office of the Deputy Prime Minister to target local authorities who have not yet put in place adequate plans to address the supported housing needs of teenage parents by 2003; | From Summer 2002 |
| <ul style="list-style-type: none">• monitor all local authority Supporting People strategies to ensure that they take into account the housing support needs of teenage parents; | From April 2003 |
| <ul style="list-style-type: none">• commission research to look at what is happening at local level around housing for parents under 16 who cannot live with their families. | By Spring 2004 |

Annex

Forward Action Plan

A full list of new actions in response to the recommendations of the Independent Advisory Group is set out below.

Joined Up Action

<ul style="list-style-type: none"> • Provide local areas with feedback on local annual reports for 2001/02 to ensure implementation stays on track and that any weaknesses are addressed; 	By July 2002
<ul style="list-style-type: none"> • Assess annual reports for 2002/03 to be produced by April 2003, to ensure satisfactory progress continues to be made; 	By July 2003
<ul style="list-style-type: none"> • Embed performance management of the Teenage Pregnancy Strategy with the performance management assessment framework for social services, PCTs and other relevant agencies; 	From Summer 2002
<ul style="list-style-type: none"> • Continue to promote the issue of teenage pregnancy within new and developing initiatives, including the National Service Framework for Children. 	From Summer 2002

National Campaign

<ul style="list-style-type: none"> • Develop new adverts to build on the early success of the campaign and sustain young people's awareness of the key messages; 	Autumn 2002
<ul style="list-style-type: none"> • Focus on promoting self-esteem among young people through PR work; 	From Summer 2002
<ul style="list-style-type: none"> • Consider how best to develop the campaign to effectively target harder to reach vulnerable groups; 	By end 2002
<ul style="list-style-type: none"> • Seek and develop further private sector partnerships, particularly with brands that appeal boys and young men, and excluded young people; 	By Summer 2003
<ul style="list-style-type: none"> • Undertake research to consider how the national campaign and local media work can best reach black and minority ethnic groups. 	By end 2002

Sex and Relationships Education

<ul style="list-style-type: none"> • Work together with OFSTED to ensure that all schools have an up-to-date SRE policy available for inspection and that inspectors have adequate training; 	From Summer 2002
<ul style="list-style-type: none"> • Commission a video and training resource for School Governors on SRE; 	By end of 2002
<ul style="list-style-type: none"> • Start national roll-out of the SRE teacher accreditation programme, informed by the results of the evaluation of the pilot; 	By end of 2002
<ul style="list-style-type: none"> • Develop an SRE accreditation programme for school nurses and other professionals delivering SRE in schools and other educational settings; 	From Summer 2002
<ul style="list-style-type: none"> • Provide further practical guidance on the provision of good quality SRE and PSHE for teachers, highlighting examples of best and innovative practice, with lesson plans and case studies; 	By Summer 2003
<ul style="list-style-type: none"> • Work with Colleges of Further Education to assess their requirements for support in developing SRE programmes, health services and childcare; 	By end 2003
<ul style="list-style-type: none"> • Target schools in the most deprived areas, where teenage pregnancy rates are high, to encourage them to join the National Healthy Schools Standard – aiming for at least 15% of schools in these areas to join the programme by 2006; 	By 2006
<ul style="list-style-type: none"> • Host a seminar in October to further develop the role of the National Healthy Schools Standard in supporting school based health services; 	Autumn 2002
<ul style="list-style-type: none"> • Develop a national indicator set to monitor the health and educational outcomes of schools in the Healthy Schools programme; 	Summer 2002
<ul style="list-style-type: none"> • Pilot a youth development programme, using the learning from successful programmes run in the United States (following a mapping exercise of similar projects to be completed by the end of 2002). 	From Spring 2003

Involving Parents in Prevention

<ul style="list-style-type: none"> • Continue to support Parentline Plus in the development of the "timetotalk" initiative and further dissemination of the top-ten-tips leaflet to local parenting projects; 	By Summer 2003
<ul style="list-style-type: none"> • Disseminate interesting local practice examples of work with parents (including work with fathers) to local teenage pregnancy co-ordinators and support those involved in local parenting projects through a new network for those tackling teenage pregnancy at local levels; 	By end 2002
<ul style="list-style-type: none"> • Develop options for providing information through primary care settings to the parents of school aged children on a wide range of health issues; 	By Spring 2003
<ul style="list-style-type: none"> • Seek the views of the Inter-Faith Forum on how best to support and involve parents from the faith communities in helping to prevent teenage pregnancy; 	By end 2002
<ul style="list-style-type: none"> • Undertake further work to look how we can best support fathers in talking constructively to their children to support school based SRE programmes. 	By Spring 2003

Advice and Contraception for Young People

<ul style="list-style-type: none"> • Prepare information on long acting methods of contraception for professionals, young people and parents; 	By Summer 2003
<ul style="list-style-type: none"> • Consider research into the extent and nature of confusion on the provision of confidential contraceptive advice to under 16s and prepare any further guidance required; 	By end 2002
<ul style="list-style-type: none"> • Develop guidance, in conjunction with DfES, on the provision of school based health services, as part of guidance on the Extended Schools programme; 	Autumn 2002
<ul style="list-style-type: none"> • Support a pilot on the social marketing of condoms to young people; 	To start August 2002
<ul style="list-style-type: none"> • Develop a plan for further action in the light of the evaluation of the local audit of services; 	By end 2002
<ul style="list-style-type: none"> • Linked to the implementation of the Sexual Health and HIV Strategy, we will continue to support the training of all professionals working with young people and in particular: <ul style="list-style-type: none"> – consider what further work is needed to support the training of health professionals, in partnership with the Royal Colleges; – following an evaluation of the Connexions training programme, consider whether a national training module on sexual health and relationships should be developed. 	By Spring 2003
	By end 2002

Boys and Young Men

- | | |
|--|----------------|
| • Map cross-Government activities targeted at boys and young men to inform further development work to tackle teenage pregnancy; | By Autumn 2002 |
| • Disseminate interesting local practice examples of work with boys and young men to local teenage pregnancy co-ordinators; | Summer 2002 |
| • Disseminate findings from research in the North East on the effectiveness of specialist workers for boys and young men. | By Spring 2004 |

Groups with Special Needs

- | | |
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| • Develop a method for collecting data on looked after children who become pregnant and identify social services authorities with SRE policies for looked after children as part of the teenage pregnancy national indicator set; | By end 2002 |
| • Include the goals of the Teenage Pregnancy Strategy in guidance for National Care Standards Commission Inspectors; | By end of 2002 |
| • Disseminate interesting practice examples of work with looked after young people and care leavers; | By Autumn 2002 |
| • Provide some regional seminars to help develop local expertise in training professionals working with looked after young people on issues around SRE, sexual health and teenage pregnancy; | By April 2003 |
| • Publish a resource on diverse communities and working with those from different cultures and faiths around sexual health issues; | By end 2002 |
| • Conduct further research to explore the attitudes and behaviour of BME young people in relation to sexual activity, contraceptive use, pregnancy and experiences as teenage parents. | By Summer 2003 |

Education and Training for Teenage Parents

We will now:

- Consider the evaluation of the targeted childcare pilots for teenage parents to work towards a nationwide strategy to ensure that all teenage parents have appropriate access to childcare; From Summer 2002
- Disseminate good practice on helping school age parents return to education; By end 2002
- Consider commissioning research amongst LEAs which have not received Standards Funds monies to monitor the level of support offered to pregnant girls and parents of school age; By Spring 2003
- Disseminate information on the way in which Connexions Partnerships are implementing the national Connexions policy on young people with acute and complex needs, including teenage parents; By end 2002
- Monitor the progress of Connexions Partnerships against delivery of locally agreed targets to increase the participation of teenage mothers in education and training; Summer 2003
- Consider further development of the EMA flexibilities for teenage parents in the context of a wider review of the EMA scheme, following the national evaluation; From Summer 2004
- Conduct research to review the educational outcomes for pregnant teenagers in mainstream and non-mainstream settings. By Spring 2004

Support for Teenage Parents

- Disseminate interesting local practice examples of ante- and post-natal care for teenage parents; By end 2002
- Disseminate good and innovative practice from the lessons learned from Sure Start Plus; By Spring 2003
- Draw on the emerging findings from the evaluation of Sure Start Plus to consider further development of the programme; From Summer 2003
- Seek inclusion of issues around the particular needs of teenage fathers at relevant annual conferences of national professional organisations; From Summer 2002
- Disseminate posters of young fathers to mainstream and project based antenatal and support services; By end 2002
- Map cross-Government work with young fathers and develop a way forward to enhance existing work in this area. By end of 2002

Housing for Teenage Parents

- | | |
|---|------------------|
| <ul style="list-style-type: none">• Continue to monitor the range of provision for lone teenage parents provided within each local authority, and encourage local authorities to work with Registered Social Landlords to provide suitable move-on accommodation; | From Summer 2002 |
| <ul style="list-style-type: none">• Work with housing colleagues in the Office of the Deputy Prime Minister to target local authorities who have not yet put in place adequate plans to address the supported housing needs of teenage parents by 2003; | From Summer 2002 |
| <ul style="list-style-type: none">• Monitor all local authority Supporting People strategies to ensure that they take into account the housing support needs of teenage parents; | From April 2003 |
| <ul style="list-style-type: none">• Commission research to look at what is happening at local level around housing for parents under 16 who cannot live with their families. | By Spring 2004 |



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