

England's
teenage pregnancy
rate is lower
than it has been
for 20 years

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Condoms need to be readily and freely available in places used and frequented by young people, including shops, sports facilities and youth projects.

Introduction

This is the fourth annual report of the Independent Advisory Group on Teenage Pregnancy (TPIAG).

TPIAG is a non-statutory body established in 2000, with a remit to monitor the implementation of the Teenage Pregnancy Strategy and advise government.

The 10-year strategy has two main goals:

1. To halve the rate of conceptions among under-18s by 2010 and establish a firmly downward trend in conceptions to under-16s
2. To get more teenage parents into education, training or employment, to reduce their risk of long-term social exclusion with a target of 60% participation by 2010.

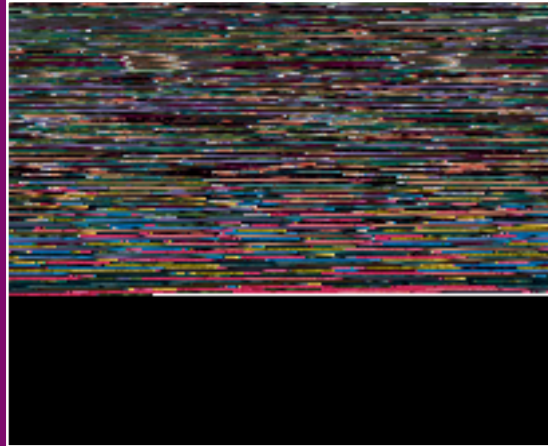
The most recent data, from 2004, showed an overall decline of 11.1% in the under-18 conception rate and a fall of 15.2% in the under-16 rate since 1998, the baseline year for the strategy.

TPIAG has 10 members from a range of organisations and backgrounds with a wide scope of knowledge and experience, including two young people. A Director of Children's Services will shortly be appointed to enable TPIAG to maintain a focus on implementation and integration on the ground.

TPIAG meets quarterly, with additional sub-group meetings as needed.

This year's annual report reviews the work of TPIAG over the past year, outlines the challenges and opportunities for the remaining four years of the strategy, and makes recommendations to government.

Foreword



Gill Frances OBE
Chair, Independent Advisory Group
on Teenage Pregnancy

England's teenage pregnancy rate is lower than it has been for 20 years. I am delighted that the strategy is proving so effective in bringing down the rate from such a high starting point. We know the challenges but we have the solutions.

Government's recent guidance for local authorities and Primary Care Trusts (PCTs), *Teenage Pregnancy Next Steps*, provided clear and explicit guidance on how to achieve the goal of halving teenage pregnancy by 2010.

I welcome the new emphasis on social exclusion to tackle the broader underlying causes of teenage pregnancy. Early and targeted intervention is absolutely critical in preventing teenage pregnancy and ensuring the best outcomes for young people. But this must be done **within** the mainstream agenda of *Every Child Matters* – not as a separate policy.

We have to provide universal entitlement for all, alongside a targeted provision for those who are particularly vulnerable to teenage pregnancy. We must also support those who are young parents. All this must be done within the local context of joined up services for children and young people, services supported by joined up government policy.

This new agenda for children and young people is being established well and we need to work harder and faster to ensure that the needs of the most vulnerable are met.

Teenage parents have often had negative life experiences. An evaluation of the Sure Start Plus programme highlighted the fact that many are in crisis and need intensive support to turn their lives around. Now we must learn from the evaluation and ensure that dedicated personal advisers provide an all-encompassing package of support to teenage parents and their children in all areas.

Some communities endorse early marriage and teenage parenthood. We know that young people from minority ethnic communities, particularly in deprived areas, experience a disproportionate amount of difficulty in accessing support services and

educational and employment opportunities. Again greater effort needs to be made to ensure that all young people can access ongoing education, training and employment.

I am extremely concerned to hear of the closure of some young people's confidential contraception advisory services, which are so vital to the success of the strategy.

I also remain concerned about the number of second pregnancies amongst young parents, and disproportionately high conception rates amongst some groups of young people.

Pregnant young women and their partners need to understand all the options open to them, including abortion, so that they can make an informed decision about whether or not to continue with their pregnancy. We are concerned that Personal, Social and Health Education (PSHE) programmes very often avoid the subject and do not provide sufficient evidence based information about abortion, therefore leaving pregnant teenagers ill-equipped to assess abortion as an option. Many myths prevail, including the fact that abortion may lead to infertility, which TPIAG is concerned may be a contributory factor to repeat abortions.

We are as a nation still embarrassed, titillated, ashamed, guilty and 'peculiar' about sex.

Sensational, polarised media stories simply do not reflect public opinion. The vast majority of parents and young people agree that PSHE should be provided in schools

and that confidential contraception and support services should be available. Further, inaccurate stories in the media reporting 'rising teenage pregnancy rates' are not only misleading but fuel the belief that nothing can be done. We know it can.

Once again this year we recommend that PSHE, which includes Sex and Relationship Education (SRE), should be made a statutory foundation subject. It is becoming indefensible to argue against this. Schools are central to children and young people's lives and are the best place for them to learn the life skills and knowledge needed to meet the challenges of young adulthood. Strong PSHE and pastoral support in the context of the excellent *healthy schools* initiative and extended schools supports early intervention and helps poor behaviour and attendance and low attainment.

I urge government to be brave, confident and to show strong leadership on teenage pregnancy to ensure universal provision of PSHE and support to all. Alongside this there must be targeted work and early intervention for the most vulnerable groups, including those who have become parents.

TPIAG's activities

TPIAG continued to support implementation and delivery of the Teenage Pregnancy Strategy at national, regional and local level. The chair and members have met with ministers and teams across government, including those responsible for education, health, the prison service, social exclusion and housing, to highlight concerns and to ensure the strategy is being addressed through joined up working.

Members worked alongside staff in a major review in summer 2005, which compared the successes of three local authority areas against three that were less successful. The findings helped to shape the priorities for the second half of the strategy's term.

TPIAG and the Independent Advisory Group on Sexual Health and HIV held a joint meeting to discuss concerns about PSHE and published a report, *Time for Action*, which made recommendations to government.

TPIAG responded to key government consultations, including *Youth Matters*, *Working Together*, and *Every Child Matters*.

Members and the chair were active with the media, briefing journalists and doing interviews. They also spoke at numerous conferences and meetings around the country to support the strategy and highlight opportunities and challenges.

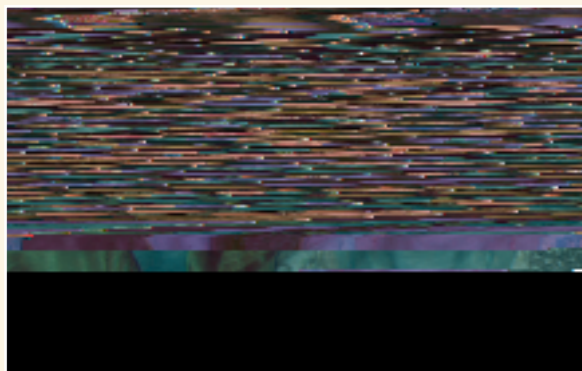
Rhoda Thomas and Rhiannon Holder are the young people recruited onto TPIAG.

Rhoda, 21, is a parent and young people's advice worker for Connexions, in Leicester.

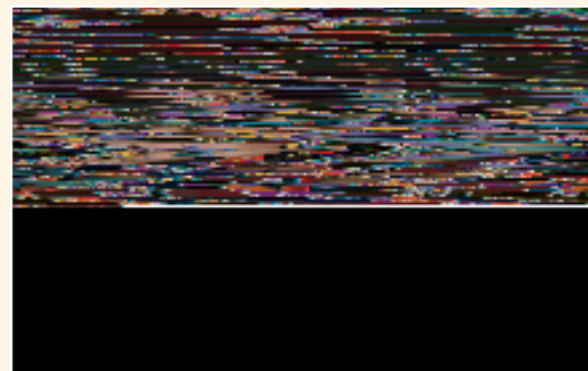
"I've been working on a major project to find out the main barriers young mums face in getting back to work or training. I bring real experience and have already provided feedback to ministers."

Rhiannon, 19, is a student and peer worker who has done five years voluntary work in sexual health.

"One of my driving concerns is that there are good accessible clinics and services so that teenagers can easily get the information and contraception they need."



Former TPIAG member school nurse Viv Crouch works with Davina McCall on a TV programme for Channel 4



Rhiannon Holder, young people's representative, has worked as a volunteer providing information on sex and relationships to other teenagers

Photo by APEX for Children Now

Key areas

Keeping teenage pregnancy a Government priority

The Teenage Pregnancy Unit (TPU), based within the Department for Education and Skills (DfES), continues to be the driving force in implementing and promoting the strategy and TPIAG commends the work and commitment of this small, but highly effective, team plus the work of regional coordinators and the local teenage pregnancy coordinators.

The joint Public Service Agreement to halve the under-18 conception rate by 2010 – as part of a broader strategy to improve sexual health – is currently in place between DfES and the Department of Health (DH), and it is critical that this remains a priority.

TPIAG is encouraged that the Prime Minister listed teenage pregnancy as one of six key areas to be addressed by the Secretary of State for Education.

TPIAG also welcomes the appointment of a Social Exclusion Minister, which has raised the profile of teenage pregnancy and highlighted the links with poverty and deprivation. The new department within Cabinet Office has also done a great deal to ensure the issues retain a strong cross-government focus and TPIAG hopes it will build on the excellent work already being done and make it easier for vulnerable young people to access support.

TPIAG is becoming increasingly aware of the vulnerabilities of a fairly large group of transient young people and would suggest that the needs of this group are addressed as part of the Social Exclusion action plan.

Last summer's 'deep dive' review identified what needs to be done. All areas should implement the following:

- Good partnership in planning and implementing
- A strong champion
- Easy access to confidential contraceptive services
- High quality PSHE in all schools
- Targeted interventions for vulnerable young people, especially looked after children
- Consistent multi-disciplinary training in PSHE/SRE
- An active youth service providing things to do, places to go and personal support

We must ensure the right balance between *universal* provision of education and support and suitable *targeted* early intervention and support. Government must not forget our existing young mothers and fathers. TPIAG believes it is highly important that the next guidance due in the autumn will provide as clear and explicit advice on improving outcomes for teenage parents and their children as the recent *Next Steps* managed for prevention work.

Recommendation 1

TPIAG recommends that DfES maintains teenage pregnancy as a high priority across government to ensure an effective, co-ordinated approach and retains the joint Public Service Agreement to keep the priority for the duration of the 10-year strategy.

Confidential 'young people friendly' services

Young people need easy access to appropriate contraception and sexual health facilities, which are open at convenient times, are in the right locations and offer a confidential and non-judgemental service. This was a key factor emerging from the 'deep dive' review. Provision has always been patchy and TPIAG is extremely concerned that some Primary Care Trusts (PCTs) are disinvesting in these services for young people. Whilst we are aware of the pressures faced by PCTs in tackling the National Health Service (NHS) deficit and meeting the 48-hour genito-urinary medicine access target, there can be no logic in slashing services for young people, especially when there is such a strong social and economic argument for reducing the rates of teenage pregnancy.

TPIAG is already very concerned about the waiting times for all sexual and reproductive health services, including contraception, abortion and diagnosis and treatment of sexually transmitted infections. The closure of vital community provision will seriously undermine efforts to reduce teenage pregnancy and the rates of repeat abortion and second pregnancy amongst young mothers, which – despite progress so far – continue to be relatively high.

TPIAG welcomes the reduction of VAT on condoms from 17.5 to 5%, but would still like to see further action to encourage free or very low cost condoms being made available and easily accessible to young people. New and creative approaches to getting condoms out into the community would be the next logical step. Condoms need to be readily and freely available in places used and frequented by young people, including shops, sports facilities and youth projects. It is also crucial that there is choice of contraceptive methods, including long-lasting ones.

Research confirms the value of 'young people friendly' services. The *Getting it Right* initiative from the Royal College of General Practitioners' Adolescent Task Group, and *You're Welcome* from DH, give GPs and PCTs respectively a step-by-step guide and recognised set of criteria for providing appropriate services.

Despite some excellent practice some PCTs seem to offer very little to children and young people. It is absolutely vital that PCTs invest in young people's preventive health care and participate fully in *Every Child Matters*. TPIAG welcomes the National Service Framework for Children and Young People but regrets there is no imperative for PCTs to implement it. Action to address this could be a DH commitment for a kite mark for services meeting the *You're Welcome* criteria and incentivising general practice to provide young people's services as part of the Quality Outcomes Framework.

A national kite mark could be used by the Healthcare Commission in their annual inspection of PCTs to assess the level of priority given to young people's health services and incentivise increased provision. 'Young people friendly' services in schools, colleges and the wider community could become a PCT designated enhanced service.

TPIAG is pleased that TPU is exploring possibilities with the Association of Colleges in signing up to guidance on developing onsite services in further education colleges.

Fear of lack of confidentiality is constantly cited by young people as being the biggest barrier to seeking advice and help.

TPIAG welcomed the new guidance *Working Together* which found a fine balance between supporting confidentiality and ensuring the safeguarding of children and young people.

TPIAG welcomed the legal judgement against Axon in a high profile court case, which attempted to overturn young people's rights to confidential advice and services. However, we would now like to see very clear messages to all health professionals and others working with young people to ensure they are all aware that they are legally allowed to see young people in confidence.

Recommendation 2

The provision of young people's contraceptive services should be monitored through the Healthcare Commission. Children and young people's healthcare should be explicitly prioritised in the NHS, and particularly in primary care through the revised Quality and Outcomes Framework.

Personal, Social and Health Education (PSHE)

TPIAG and the Independent Advisory Group on Sexual Health and HIV have repeatedly called for PSHE to be a statutory foundation subject at all key stages.

TPIAG is aware that some schools are already offering excellent PSHE, but provision remains patchy and there are no guarantees of delivery across the current broad range of schools.

There is also no guarantee of monitoring. The new 'light-touch' Ofsted inspections are unlikely to identify weak areas in PSHE.

Many positive initiatives are taking place, such as the launch of end of key stage statements on PSHE from the Qualifications and Curriculum Authority and the establishment of a new PSHE subject association, which will give teachers an arena for gaining information and sharing best practice on the subject and continued professional development.

TPIAG recognises the opportunities for improving PSHE, which is now one of the four strands within the *healthy schools* initiative but, all the time this remains voluntary, some schools will need convincing that this area of work is worthwhile. It is worth noting that schools which provide good PSHE benefit from better pupil behaviour, attendance and attainment.

TPIAG also remains concerned about young people not in the school system, who may be in care, in secure settings, or are over 16. They are the ones at greatest need of the essential life skills that PSHE offers.

TPIAG cannot see any reason why government doesn't make PSHE statutory so that schools can use it as their main vehicle for meeting the national *Every Child Matters* outcomes for children of 'being healthy, staying safe, achieving and enjoying, making a positive contribution and achieving economic well being'.

Training has been offered to 2000 teachers and nurses to develop specialist skills in PSHE as part of their professional development, but this is a drop in the ocean. TPIAG would like to see PSHE become part of the Initial Teacher Training course consistent with other curriculum areas so that newly qualified teachers have a good understanding of the issues before taking on responsibility for their pupils, even if they are not PSHE specialists.

Recommendation 3

To ensure consistent provision of PSHE in all schools, government should make PSHE a statutory foundation subject at all key stages and ensure all schools have the information, knowledge and skills to deliver good PSHE. PSHE should be included in Initial Teacher Training for all new teachers.

Support for young parents

The evaluation of the Sure Start Plus programme showed what worked. The key factor leading to success was the role of the personal adviser who provided an holistic package of support to teenage parents and their children. The dedicated service was welcomed and trusted by young parents.

Crisis support had also been particularly successful in advising on benefits, health, and housing as well as mediating in family relationships and addressing domestic violence.

Reintegration into education and employment of young mothers was significantly higher in Sure Start Plus areas.

TPIAG welcomes the new government guidance *Next Steps* but is anxious that equal attention is given to the second strand of the strategy – helping young parents (both mothers and fathers) in their parenting and re-engaging them into education and working. TPIAG members are aware, from their visits to projects, that this area continues to be relatively neglected, and feel that it must be addressed if government is serious about minimising the risk of poor outcomes.

Further, far too many young parents are still living in inadequate accommodation, with insufficient help and support. Government has not met its target of providing supported housing to all young parents in need of it. It is important this is achieved to prevent isolation in independent tenancies and to prevent worse outcomes.

Young parents and their babies are still being placed in unsuitable and inappropriate temporary housing, including bed and breakfast accommodation.

TPIAG welcomes the extension of the Care to Learn childcare scheme to include 19-year olds and the increase in the weekly rate of support. But we need to ensure there is adequate, high quality childcare for teenage parents in education and that the weekly level of support is sufficient to pay for childcare in areas where costs are high.

TPIAG would like to see more young parents taking up the Education Maintenance Allowance and would welcome initiatives to raise awareness of this.

TPIAG remains very concerned about continuing reports of closures of positive parenting courses for teenage parents, such as the Young Mums to Be award, due to lack of funding. TPIAG believes the funding situation needs to be clarified so that young mothers gain the skills and knowledge they need to ensure positive health and social outcomes for themselves and their children.

Recommendation 4

All teenage parents should have a dedicated personal adviser to coordinate a package of support. This should be implemented through Children's Centres and the targeted support provided by Children's Trusts. All parents under 18 who cannot live at home should be provided with high quality supported housing.

Information and the campaign

The campaign provides consistent messages to young people through a range of media including websites, cinema and radio advertising. TPIAG is pleased that so many young people recognise the key messages from this popular campaign but we want to know how it actually impacts on behaviour. TPIAG needs reassurance that the campaign will be resourced at its current level to ensure that each emerging generation receives accurate information. And TPIAG wants to be assured that information will reach the most vulnerable young people, including those who are in care or secure settings, and young people who have left school.

TPIAG would like to see provision of services and easy access to contraception linked into the campaign, so that when young people get the message that they should use condoms they can then easily access them. This should be achieved with very close collaboration between DfES and DH.

TPIAG welcomes all initiatives which include parents and is pleased with the progress made in informing parents. There is no disagreement between what government, young people and parents want.

TPIAG now wants a calm and respectful debate at all levels about children and young people's sex and relationship education, advice and support. It is vital that correct and relevant messages are conveyed, particularly to counter misinformation and misrepresentation.

Recommendation 5

TPIAG recommends that government leads a calm and respectful debate and continues with a sustained consistent campaign to ensure accurate information is conveyed confidently to children and young people, including the most vulnerable. Clear messages must also be communicated to parents and the children's workforce.

Workforce reform

TPIAG is concerned about the ongoing need for a confident and competent children's workforce relating to young people's emotional and social development, including teenage pregnancy. This should incorporate all those who work with children and young people, including school nurses and general practitioners, school staff, youth workers, carers and social workers.

There are now many opportunities to improve the communication and listening skills of this valued workforce to enable them to deal expertly with the emotional, social and health needs of **all** children and young people through building more mutually trusting relationships. The *Every Child Matters* agenda gives excellent scope for ensuring training across the children's workforce.

TPIAG proposes the establishment of a foundation course, and standards set to ensure workers have basic levels of competence.

Recommendation 6

All professionals working with young people should have the skills and knowledge to address health and emotional well being – including sex and relationships. A specific module should be included in pre- and post qualification training, as part of the children's workforce development.

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Early intervention
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