

TEENAGE PREGNANCY
INDEPENDENT
ADVISORY GROUP

Annual Report
2007/08



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Introduction

The Teenage Pregnancy Independent Advisory Group (TPIAG) monitors the implementation of the Government's Teenage Pregnancy Strategy and advises ministers. It is made up of 11 experts including a young member, from the fields of health, education, local government, children's services, housing and research. It is an advisory non-departmental public body that meets four times a year with additional sub-group meetings as needed.

This is TPIAG's fifth annual report. It contains recommendations to the Minister for Children, Young People and Families and her ministerial colleagues and officials from across Government and those working in partnership, locally and regionally, to progress the Teenage Pregnancy Strategy.

The Teenage Pregnancy Strategy resulted from a report by the Social Exclusion Unit published in 1999 which recognised that teenage pregnancy was both a result and cause of poverty, low achievement, and low aspirations and was often associated with poor long-term outcomes for young parents and their children.

Although the teenage pregnancy rate is decreasing, England still has one of the highest teenage pregnancy rates in Western Europe.

The strategy has two strands:

- To halve the number of under-18 conceptions by 2010 (and to establish a firm downward trend in the rate of under-16 conceptions) and
- To increase the participation of young mothers aged 16-19 in education, employment and training to reduce the risk of long-term social exclusion, with a target of 60% participation by 2010

At national level, the strategy is co-ordinated and overseen by the Teenage Pregnancy Unit (TPU), part of the Department for Children, Schools and Families (DCSF).

The latest available provisional data from 2006 showed an overall decline of 13.3% in the under-18 conception rate and a fall of 13% in the under-16s since 1998, the baseline year of the strategy. Within the overall decline, there has been a reduction of 23% in conceptions leading to births, while the abortion rate has remained stable.

The teenage pregnancy rate is now at its lowest for over 20 years and is falling in 89% of local authorities. Some areas are experiencing dramatic reductions in their rates. In a few areas teenage conception rates continue to rise, or are stubbornly high. If all areas showed the same commitment and applied the same key factors to accelerate their progress that characterise the 25% most successful areas, the overall reductions in the rate would be 27% (double the current figure of 13.3%) and on track to meet the 2010 target.

There is no room for complacency, even in areas which have reduced their rates. Experience from some European countries shows that the teenage pregnancy rate rises again if work and commitment in this area is not maintained.



In 2006 the Government reviewed the Teenage Pregnancy Strategy. It is now very clear what needs to be done and what will work to accelerate the teenage pregnancy rate reduction by 2010. There is a lot to learn from the local areas which have made excellent progress. The ones doing less well need to ensure that:

- A strong senior champion or a team of champions is in place to take the strategic lead and be accountable
- The children's trust and children and young people's services (the PCT, education, social services, the youth service and the voluntary sector) work together effectively to reduce teenage pregnancy
- Accessible, 'young people friendly' contraceptive and sexual health services are provided and publicised, offering a full range of contraceptive methods including long-acting contraceptives
- All schools provide Personal, Social and Health Education (PSHE) which includes comprehensive programmes of Sex and Relationships Education (SRE)
- Young people at greatest risk of teenage pregnancy are identified and supported through effective targeted intervention
- The provision of multi-agency training to ensure that everyone working with children and young people is confident and competent in addressing relationships and sexual health
- A well resourced youth service which addresses sexual health and related risk behaviour.

There is now an urgent need for all local areas to accelerate the strategy, but Government must continue to take a national lead.

TPIAG's activities

TPIAG advises the Government, specifically the Minister for Children, Young People and Families, as well as other ministers and officials in education, health, housing, social exclusion, community regeneration and local government and communities.

The Chair and members get involved in events and visits across the country to help raise the profile of teenage pregnancy, gather evidence, offer support and find out what the challenges are at local level. The Chair is also in regular contact with regional and local Teenage Pregnancy Co-ordinators (TPCs) across the country, consulting them on current issues of concern.

Members also participate in the Department of Health's (DH) National Support Team (NST) visits to areas which need intensive help and guidance.

The Chair is a member of the Children, Young People and Families key stakeholders' group. This is led by the Minister for Children, Young People and Families and attended by other government ministers and key leaders within the sector.

TPIAG was involved in the review of the Teenage Pregnancy Strategy and the development of the *Teenage Pregnancy Next Steps* guidance. The group has also responded to a range of government consultations including *Raising Aspirations*, *Staying Safe*, *Joint Birth Registration - Promoting Parental Responsibility* and *Aiming High*, as well as the Prime Minister's consultations on the *Children's Plan*, to ensure teenage pregnancy is firmly embedded in all relevant policy.

The Chair and members have participated in meetings, ranging from the Faith Communities Consultative Committee to the Independent Advisory Group on Sexual Health and HIV, the SRE review panel and the DH sexual health programme board.

TPIAG was also delighted to support the UK Youth Parliament in developing and launching the results of their survey of SRE, *Are You Getting It?* which included the views of more than 21,000 young people.

The Chair and members remained active in the media, carrying out interviews and providing comment on a range of issues.

There were some changes to the membership during 2007-8. TPIAG particularly wants to acknowledge the work and commitment of three long-standing members whose terms of office ended: Dr Ann McPherson, GP, author and founder of the Dipex charity, Anne Weyman, the former Chief Executive of fpa, and headteacher Jane English. All three had been on the group since its inception. The group also thanked Rhoda Thomas, who was the first young parent member and who made a major contribution to *Reaching Out*, the 2006 social exclusion report, and Jackie Kelly who provided an invaluable insight into the housing issues faced by young parents.

Six new members joined TPIAG. We welcome Nicola Baboneau from the Learning Trust, Hackney, Julie Bentley, Chief Executive of fpa, Simon Blake, the Chief Executive of Brook young people's sexual health charity as an ex-officio member, Annie Hargreaves from the London Borough of Hounslow, Dr Jon Tilbury from the Cornwall and the Isles of Scilly Primary Care Trust (PCT), and Carol White, Director of Children's Services in Calderdale Local Authority (LA).

Congratulations go to former TPIAG member Viv Crouch, a school nurse from Bath, who was awarded an MBE in the 2008 New Year Honours for her work in setting up drop-in sexual health clinics for young people.

Foreword

**Ms Gill Frances OBE,
Chair TPIAG**

I start this report with the encouraging news that nationally, teenage pregnancy rates are coming down, giving firm evidence that the Government's Teenage Pregnancy Strategy is working.

Many areas have made extraordinary progress since the start of the strategy and we were delighted to hear this month that the Teenage Pregnancy Partnership for Hackney and the City won first prize at the NHS Health and Social Care Awards for achieving a dramatic reduction of 28% in its teenage conception rate, since 1998.

This is more than twice the national decline of 13.3% and shows what can be done when excellent services are put in place. We now need to see all Local Authorities and Primary Care Trusts scaling up their work, and working together to achieve real results.

In my visits around the country I have seen many examples of good practice and I've witnessed the dedication and hard work of many regional and local Teenage Pregnancy Coordinators (TPCs) who strategically drive the strategy throughout the country. We also have continuing praise for the Teenage Pregnancy Unit, based in the Department for Children, Schools and Families (DCSF), which has unfaltering commitment to implementing the strategy at national level, despite being a very small and overworked team.

We welcome the continuing strong support from the Minister for Children, Young People and Families and other colleagues, including the Minister for Public Health. We also congratulate Government on the many excellent initiatives around teenage pregnancy over the past year which we highlight throughout this report.

We still have concerns about the quality and provision of Personal, Social and Health Education, including Sex and Relationships Education, and we call on Government once again, to make it a statutory part of the national curriculum. We have been involved in the Government's review of Sex and Relationship Education and we very much hope it will contain some of our longstanding recommendations. We hope Government has noted the very strong body of support for statutory provision.

In this year's report we also highlight our anxiety about the lack of 'young people friendly' contraceptive services in the community. Contraception is absolutely critical to the success of the Teenage Pregnancy Strategy. The latest abortion data highlighted the need to help young people prevent unwanted, unplanned pregnancies.

We do, however, welcome the increased numbers of onsite health advisory services in schools and Further Education colleges which we know young people like and use.

Our young people's representative on the Group, Rhiannon Holder, told me: "Young people need sexual health services that are easy to access, open at convenient times, and situated where they hang out. This makes schools an ideal place. They also offer help and advice on a wide range of health issues, not just sex, so we need more of them."

TPIAG has made a number of recommendations both to Government and other bodies, which we hope will be carefully considered. These range from more work with parents and carers in supporting young people around sex and relationships to more provision of long-acting reversible methods of contraception and better housing for young parents.

The report also highlights some of the activities that TPIAG is undertaking, including work with lead elected council members with responsibility for children and young people, and a collaboration with the Press Complaints Commission to encourage more responsible reporting around teenage pregnancy and the reality of being a young parent.

The Teenage Pregnancy Independent Advisory Group will continue to do everything it can to accelerate the strategy, reducing under-18 conceptions and increasing the number of young parents returning to education and training.

Whilst this is primarily written for Government, we hope that everyone reading our report will find some positive suggestions for working towards a common goal of reducing teenage pregnancy in this country.

Christine

Strategic direction and leadership

Recommendation 1

Government should continue to provide strong leadership to champion the Teenage Pregnancy Strategy – with ministers across government departments publicly explicit in their support. This is particularly important if local staff are attacked in the media for providing innovative SRE, or school drop-in services.

Government should ensure that it has the capacity at a national and regional level to lead and monitor the progress of local areas now that teenage pregnancy funding is no longer ring-fenced. The DH NST for Teenage Pregnancy should be expanded to help improve the performance of high and increasing rate areas and a 'bank' of experts developed to provide specialist intensive support on specific aspects of local delivery.

All children and young people's services at a local level should work together effectively to reduce teenage pregnancy and improve outcomes for teenage parents and their children. This needs to be demonstrated through a strategic vision, shared responsibilities and solutions agreed by senior officials across the LA and PCT. All areas should have clear lines of accountability through the Children's Trust and the Local Strategic Partnership to ensure the contribution of all partners is effectively monitored.

Government should include Teenage Pregnancy in the forthcoming Child and Young People's Health Strategy.

This is a critical time for the Teenage Pregnancy Strategy. Teenage pregnancy must remain a top priority for the Government at national and local level.

TPIAG is very pleased that reducing under-18 conceptions is included in all recent government guidance and is one of the five leading indicators in the new Youth Public Service Agreement '*Increasing the number of children and young people on the path to success*', which applies across government departments and children's services.

The *Children's Plan*, *Aiming High*, the *Time to Care Implementation Plan* and *Healthy Schools*, have also included teenage pregnancy and emphasised how it should be addressed.

Now we need strong and explicit leadership from both national government and local children and young people services. We need to see ministers demonstrating effective leadership for the Teenage Pregnancy Strategy and explicitly supporting local areas where there are challenges to the strategy. We talk more in Recommendation 3 about the need for positive communication, but we stress here the need for all leaders at a local and national level to be supportive, especially when front-line workers and services are being unjustly attacked in certain parts of the media.

TPIAG welcomes the DH announcement of £26.8 million for contraceptive services, including money to reduce teenage pregnancy, which sends a strong signal of its commitment to addressing this critical area. We examine this in more detail in Recommendation 4. We would, however, like Government to be more proactive in ensuring that these monies are used by PCTs to improve contraception and sexual health services and to see contraception put on the same footing as the Government's chlamydia screening programme and their GUM access target initiative.

From April 2008 the teenage pregnancy local implementation grant lost its ring-fenced funding. Although local authorities still receive the money as part of the Area Based Grant, they are now expected to make their own decisions about spending based on national targets and local priorities. The new process involves choosing 35 priority indicators from the Local Government National Indicator Set of 198, under new Local Area Agreements (LAAs), which are monitored by Government.

TPIAG is encouraged that 106 out of 150 local authorities have proposed teenage pregnancy as one of their priority LAA indicators. This hopefully reflects recognition of the importance of reducing teenage pregnancy and its links to social inclusion and health inequalities. It is important that areas which do not choose teenage pregnancy as part of their LAA continue to sustain their downward trends and are challenged if rates start to increase.

“TPIAG welcomes the DH announcement of £26.8 million for contraceptive services, including money to reduce teenage pregnancy.”

TPIAG is very pleased that the *National Health Service Operating Framework 2008-9* has identified the under-18 conception rate as one of the NHS Vital Signs for PCTs, under the category *Improving Health and Reducing Health Inequalities*. PCTs will need to work with local authority partners to ensure this is addressed in their own plans as well as in the LAAs.

TPIAG welcomes the strong support for the strategy from the Minister for Children, Young People and Families and the Minister for Public Health, who worked together to run very helpful support and challenge days in January 2007 and May 2008 for the local authorities doing least well in reducing their rates. TPIAG was pleased to be involved in these and notes that these LAs will have to submit reports to the ministers every six months until they have shown a sustained downward trend.

Prioritising teenage pregnancy is the first step. Mainstreaming it into all areas of relevant work comes next. It needs to be co-ordinated and relevant to meet the needs of individuals and the wider community.

Reducing teenage pregnancy rates and supporting teenage parents is not always linked into the wider agendas of social inclusion and regeneration – but it should be. Teenage pregnancy is now a mainstreaming issue which has to be integrated into many different areas of work, including targeted youth support, integrated youth support services, children and young people’s health services, child poverty, raising educational attainment and reducing those who are not in education or training.

Joined-up working has been shown to be critical in achieving a reduction in rates and it is becoming even more important in terms of guaranteeing joint commissioning mechanisms.

We have been very concerned that some PCTs are ineffective in commissioning teenage pregnancy-related services such as school nurses and family support, as well as contraceptive and sexual health (CASH) services.

A robust local performance management framework, alongside strong leadership and a clear business plan agreed across all services, will secure success in teenage pregnancy reduction.

It is absolutely clear that success at a local level is highly dependent on having a strategic vision, shared responsibilities and solutions agreed by all Chief Executives, Directors of Children's Services and senior staff. Lead elected members for children and young people must also be involved in this process. TPIAG is undertaking a project in partnership with the Local Government Association to support lead councillors with responsibility for children and young people.

TPIAG also welcomes the work of DH's NST on teenage pregnancy, which provides intensive, practical, and in depth diagnostic support to the areas doing least well. We note, however, that the NST can only manage a limited number of visits every year and that some areas need more intensive follow up support to carry through recommendations. We believe the NST should be expanded and that a 'bank' of specialist experts is developed to provide intensive support on specific areas of the strategy. Some of these experts should be drawn from successful areas.

TPIAG has concerns about the changes to Connexions, which has transferred to local authority management. Whilst we believe this is a good long-term move which will facilitate improved joint working, it may also cause problems. There remain fears that services will be cut and the well-known branding may disappear. We are particularly concerned that specialist Connexions advisers for young parents will disappear. This role is crucial in providing co-ordinated, trusted support and needs to be retained, either through the Connexions Service or through Targeted Youth Support.

The Teenage Pregnancy Unit (TPU) leads work on the Teenage Pregnancy Strategy at national and local level and TPIAG has the highest praise for this very small, but very effective team. However we remain very concerned over the severe reduction in staffing and the resulting demanding workload.

TPIAG also appreciates and thanks the regional and local TPCs for all their hard work and commitment. They have a pivotal role to play and should be in a position where they can work strategically to drive the strategy, with strong support from senior level managers, including the Director of Children's Services and Chief Executive of the PCT.

“Joined-up working has been shown to be critical in achieving a reduction in rates.”

Data

Recommendation 2

TPIAG would like to see DH combining antenatal data with abortion data to provide timelier national monitoring of progress.

We would like improved recording in Hospital Episode Statistics of ethnicity and repeat births.

We would like Government to work with the Office for National Statistics (ONS) to ensure more timely release of ward data and to reduce the restrictions for sharing between local partners.

TPIAG recommends all areas should make maximum use of local data sources, implement the TPU Local Monitoring Data Set and provide some dedicated analyst support to improve targeting and monitoring of local strategies. TPU should provide a guide to support areas in using data effectively.

TPIAG also wants evidence that national and local data is being used for effective commissioning, planning and delivery of teenage pregnancy relevant services, which would include improved support for teenage parents, especially around housing as well as universal and targeted contraception and sexual health services.

The collection of accurate and timely data is key to effective policy, good planning and the commissioning of services. Much of the data collected nationally on conceptions is excellently presented by DH and DCSF and quickly made available, once it is received each quarter from ONS.

We would urge ONS to release conception data as rapidly as possible to avoid in future any delays in the availability of quarterly data and ward level data. When data is late, it is difficult for PCTs and LAs to assess the scale of the challenges, to recognise and interpret trends and to design and implement effective services.

ONS should also ensure that measures to protect confidentiality are balanced against the need to analyse and share data. For example, whilst ward level data should suppress low numbers to prevent disclosure of an individual's identity, very restrictive controls on the sharing and analysis of ward data limits the usefulness of this data to inform the targeting of local teenage pregnancy strategies.

TPIAG is concerned about other aspects relating to the collection and use of data at both national and local level.

At a national level, Government needs to improve the collection of data on young fathers. Whilst data collected through the Connexions Customer Information Service (CCIS) contains information on teenage mothers and their engagement in education and training, we know very little about young men aged 16 plus, especially those not in education, employment or training (NEET), including whether or not they are young fathers. This needs to be asked and recorded routinely as part of the CCIS. We also need to know much more about the type of housing young parents are living in, including numbers that are homeless.

Locally available information supplements the picture given by ONS data as it can inform the targeting of interventions and provide a more detailed and timely understanding of teenage pregnancy trends. Sources of local data include local antenatal clinics, children's centres, health visitors and contraceptive services.

However, although there are numerous examples of excellent data sharing between local agencies, it is clear that opportunities to collect or share data are being missed in many areas. Some areas have reported to us that data is collected but not analysed or used.

Services cannot be commissioned without good data collection and analysis. TPIAG emphasises that local areas should all be using TPU's excellent *Teenage Pregnancy: Working towards 2010 - Data collection and information sharing* toolkit and making progress in collecting local performance indicators as set out in the *Teenage Pregnancy Local Monitoring Dataset*. The Joint Services Needs Assessment should also encompass local teenage pregnancy data to ensure the commissioning and development of appropriate services.

If PCTs are not identifying their local needs they will not be able to commission appropriate contraception and sexual health services, improve the provision of SRE or appropriately target interventions. This will limit their success in meeting the teenage pregnancy rate targets, reducing health inequalities, ensuring optimal outcomes for young people and young parents and improving sexual health in general.

Communication

Recommendation 3

All local areas should develop communications strategies to convey clear and consistent messages about why reducing teenage pregnancy matters, to local partners, media, young people and parents, with support from TPU. Nationally, the Government needs to get clear messages to the public about the work and breadth of the Teenage Pregnancy Strategy and why it is so critical.

We recommend the removal of the restriction on promoting condom use before the 9pm watershed.

We would like to see the development of a safe portal which young people, parents and carers, teachers and those who support SRE, can use to access approved sites on sex and relationships.

TPIAG recognises the importance of the media and its impact on the political landscape as well as on those who are working directly with children, young people and their families.

TPIAG commends the many news organisations, documentary-makers, drama producers and broadcasters who go to great lengths to provide their audiences with accurate, unbiased information and facts. They do a lot to help the Teenage Pregnancy Strategy, by educating and supporting their younger listeners, viewers and readers.

Young people still report that in the absence of information from home or good SRE, they turn to the media for information about sex and relationships.

However it is really unhelpful that some elements of the media persist in undermining the Teenage Pregnancy Strategy with attacks on individual health workers, head teachers or schools, with erroneous stories often encouraged by opponents of contraception and sexual health services. In these circumstances, TPIAG would like to see senior government officials making very public, robust statements of support for their own strategy, as highlighted earlier.

We are also concerned about irresponsible reports containing biased or inaccurate messages, making negative or unfair judgements about young people, glamorising or trivialising teenage pregnancy and presenting teenage parenthood or under-age sex as a social norm for specific groups.

In 2007 TPIAG worked with the Press Complaints Commission to address the coverage of teenage pregnancy in several magazines aimed at older teens. We were concerned that teenage pregnancy could be glamorised and that chequebook journalism could encourage more young women to get pregnant.

TPIAG drew up guidelines for magazine editors, with the agreement of the Press Complaints Commission, asking, among other things, for editors to give careful thought to using vulnerable under-16s as case studies, and to carry helpline numbers of organisations which can offer help and advice.

A key part of the Teenage Pregnancy Strategy is the promotion of contraception, including condoms, and many local areas have done well in advertising these in places where young people congregate, such as in schools, colleges and youth settings.

TPIAG commends the Government's award-winning campaign, *Want Respect?* which is exciting, innovative and successful with young people.

TPIAG would like to see restrictive and outdated broadcasting standards reviewed and overhauled to ensure positive sexual health messages including the advertising of condoms are communicated effectively before the 9pm broadcast watershed.

The internet is increasingly providing young people with vital information about pregnancy and sexual health, but many schools block websites containing sexual words. They fear, quite rightly, that material may be pornographic, but this prevents young people as well as their teachers getting helpful information. At home, young people, their parents and carers, may not know which websites are safe and trusted.

TPIAG believes the Government should develop a safe web portal, which can be easily found and gives immediate access to safe and approved websites on SRE and teenage pregnancy related issues. We have been impressed by the website portal on abortion which has been set up to ensure unbiased, accurate and non-judgemental information for those considering their pregnancy choices.

Young people's contraceptive services

Recommendation 4

TPIAG urges DH to ensure PCTs are aware they have received new funding totalling £12 million for contraceptive services and know how to access it, and then monitor how the money is spent.

All young people should have access to appropriate contraception and sexual health services that are 'young people friendly' and meet the DH You're Welcome standards, and are available in a diverse range of settings including schools and colleges.

Abortion and contraceptive services should be joined up at national and local level so that the cost-benefits of contraception, particularly long-acting reversible contraception (LARC), can be set against the greater costs of terminating an unwanted pregnancy.

All community contraception services should have access to IT and use it to collect and analyse data which should then feed back in to improving the service.

Contraception is absolutely vital to the success of the Teenage Pregnancy Strategy. Research from the USA showed that 86% of its decline in teenage pregnancy was due to improved contraceptive use. We know that between one quarter and one third of young people have sex before they are 16 and that reality must be addressed.

TPIAG welcomed news that DH was committing an extra £26 million to contraceptive services this financial year. Yet we are extremely concerned that many PCTs may not have identified the new DH money, totalling more than £12 million, and do not know how or where to access the funds. It would be extremely unfortunate if money for this desperately under-funded and critical area has gone astray. This must be rectified and the spending must be monitored.

A further £14 million funding for contraception, provided through Strategic Health Authorities (SHAs), must also be monitored to ensure it goes to areas with high and increasing teenage pregnancy rates. TPIAG is pleased to note that some of this money will be used to set up onsite services in Further Education (FE) colleges.

TPIAG thinks it is essential that some of the new money is used to train health professionals in the counselling and fitting of long-acting reversible contraception (LARC). Long-acting methods such as implants or injections are a really positive, practical option for many young women. Health professionals must be trained to ensure they have the clinical skills to fit implants. They must also be able to provide good counselling so that young people can make an informed decision about their choice and be more likely to continue with the method.

TPIAG is concerned at anecdotal reports of young people's contraceptive clinics being cut. We know from local areas that existing services are very precarious. Some are funded by the teenage pregnancy local implementation grant, which from April 2008 was included in the Area Based Grant and no longer ring-fenced, and have not yet been embedded as part of standard PCT provision.

TPIAG is concerned that many teenagers lack access to 'young people friendly' contraceptive services. Commissioners are still failing to listen to what sort of services young people want and would use, and we hope that the national launch of the You're Welcome criteria later this year will help to overcome this problem.

“Contraception is absolutely vital to the success of the Teenage Pregnancy Strategy.”

TPIAG welcomes the statement in the *Children's Plan* that the Government will “also increase young people’s knowledge of effective contraception and improve their access to advice through encouraging the provision of onsite health services in schools, colleges and youth centres”.

TPIAG would like to see schools meeting their obligations in the *Children's Plan*, the *Every Child Matters* agenda, and their forthcoming work towards Healthy Schools Plus and Healthy Colleges, by making extended school services available. This should be done in consultation with parents and school governors.

The Chair raised the issue of school sexual health clinics in the Foreword. Health provision is not just about handing out emergency contraception. Onsite services at schools and colleges give young people the opportunity to talk to health professionals about a range of health issues, which includes sexual health, and to easily get advice and information.

TPIAG would also like to see sexual health services clearly signposted through SRE in schools, so that young people know where to go for advice and provision.

We remain very concerned about a shortage of school and college nurses to deliver the services. *Choosing Health* and the National Service Framework promised an increase in numbers of school nurses and this has not happened.

Linking contraceptive services with chlamydia screening is also essential. We are receiving reports that many more boys go for chlamydia tests than to contraceptive clinics and an obvious opportunity is being missed here. Joining-up sexually transmitted infections related services along with contraception and abortion services makes sense to young people, is cost effective and an effective way of local areas meeting their teenage pregnancy and chlamydia screening targets.

“ Long-acting methods such as implants or injections are a really positive, practical option for many young women. ”

“ We remain very concerned about a shortage of school and college nurses to deliver the services.”

TPIAG is anxious to see a strengthening in the provision of contraceptive services (as well as SRE) to young people in care, and those in secure settings. Although the actual numbers of teenage pregnancies to these young people is relatively low, the rates of pregnancies amongst this vulnerable population are disproportionately high.

It seems extraordinary that commissioning services (PCTs and GPs) still allocate funding separately for abortion and contraception and TPIAG would like to see these brought into the same pot, so the benefits of holistic care as well as the cost-benefits of contraception are seen against the greater costs of terminating a pregnancy or providing maternity services.

TPIAG would also like the new money to SHAs being used to reduce repeat termination of pregnancy, with innovation, such as abortion providers being funded to supply contraception to the under-18s.

We are also very concerned to find out that so many community contraception services do not have access to computers, which makes data collection, communication and general administration of making appointments extremely difficult. Government should address this urgently, in conjunction with the SHAs.

Sex and relationship education

Recommendation 5

Government should make Personal, Social and Health Education (PSHE) a statutory subject at all key stages, and ensure it is also delivered in non-school settings so that all children and young people get good quality Sex and Relationships Education (SRE).

The Government's current review of SRE should:

- Embed SRE into the statutory entitlement of the promotion of well-being and subsequent indicators
- Provide new revised SRE guidance which is explicit in saying what should be taught and learnt at each key stage from primary through to secondary and further education
- Place SRE within the context of PSHE and the development of knowledge and emotional and social skills needed for life now and in preparation for adulthood - this would involve a realistic focus on children and young people's lives which includes alcohol, drugs, mental health and risk taking
- State clearly that all schools including faith schools must teach all aspects of SRE within the context of relationships in an anti-discriminatory way; contraception, abortion and homosexuality are all legal in this country and therefore all children and young people should be able to learn the correct facts
- State clearly the role and responsibilities of PCTs as well as other children's services in visiting schools and supporting and contributing to SRE
- Secure children and young people's participation and leadership in the policy and practice development of SRE through effective participation, for instance by using the SRE pupil audit tool developed by Sex Education Forum and DCSF to see if SRE meets pupils' needs
- Make explicit links to young people's advisory services and provision of contraception and sexual health services and demonstrate this by teaching young people how to access services

- Secure the competence and confidence of teachers and colleagues to plan and deliver SRE by reviewing and revising existing training provision and consider developing other training options and making PSHE a specialism at initial teacher training level
- Ensure that Healthy Schools use the SRE pupil audit tool to audit and develop excellent SRE
- Ensure that a healthy school provides good SRE as part of PSHE

TPIAG recommends that SRE should be included in the Government's Well-Being Indicators and as a question in the Tellus survey to provide a national measure of SRE improvement.

There should be a specialist PSHE teacher in every school to deliver the Well-Being duty – supported by Initial Teacher Training.

The SRE pupil audit tool should be part of the Healthy Schools Programme to help schools improve their SRE and inform the Healthy Schools quality assurance process.

The forthcoming Rose Review of the primary curriculum should emphasise the importance of personal development and ensure that PSHE is central to that.

This is the fifth time that TPIAG has called for PSHE to be a statutory subject and TPIAG will keep making that recommendation until this objective is achieved.

Government stated in its recent response to our last annual report that it 'has decided not to make PSHE statutory at this stage ...' which is extremely disappointing. TPIAG wonders how Government can achieve the statutory requirement of schools to promote well-being if PSHE is not established.

Young people themselves know they are being short-changed and are now calling in huge numbers for compulsory SRE as part of PSHE. In 2007, the UK Youth Parliament (UKYP) carried out a survey of over 21,000 young people with more than half of them reporting that their SRE had been unsatisfactory.

TPIAG believes their campaign contributed to the Government's establishment of the current SRE Review, chaired by Schools' Minister, Jim Knight, and co-chaired by a member of UKYP. We welcome the SRE review and are pleased to be actively involved in it.

We hope outcomes from the review will include calls for new revised SRE guidance which is explicit about what should be taught at each key stage, all schools including faith schools to teach all aspects of SRE within the context of relationships in an anti-discriminatory way and young people to be taught how to access services.

Good SRE delays the age of first sex and increases the use of contraception when sex does occur. There is also no need for faith or race to be barriers to the provision of SRE. TPIAG has come across many examples of excellent SRE which are positively endorsed by parents, carers and local faith communities.

The Education and Inspection Act 2006 places a statutory responsibility on governing bodies of maintained schools to promote the well-being of children and young people as well as their achievement.

The new secondary curriculum aims for children and young people to become successful learners, confident individuals and responsible citizens. However we do not understand how these aims will be achieved if PSHE is not taught and learnt well and consistently.

The National Institute for Clinical Excellence (NICE) forthcoming guidance on PSHE is focusing mainly on SRE and drug education, it will need to co-ordinate its work within the context of PSHE.

The Healthy Schools programme and the forthcoming Healthy Schools Plus is the main delivery vehicle for establishing SRE and young people's health advisory services in schools and disseminating PSHE and SRE government policy and guidance. We want to see that the SRE pupil audit tool developed by Sex Education Forum and DCSF is central to Healthy School development and effective delivery of SRE which meets the needs of pupils.

TPIAG is concerned at reports from the field that some schools draw up an SRE policy, get their Healthy Schools status, then fail to deliver the teaching. This is a disappointing situation and we would like to see this loophole closed. We urge a more robust procedure around Healthy Schools accreditation, and would also like to see Ofsted inspect Healthy Schools as part of the well-being indicators.

TPIAG's members continue to collect evidence of both trainee and established teachers being expected to deliver SRE as part of PSHE, with little or no training or experience.

SRE must be taught by confident, competent individuals.

Currently PSHE, including SRE, is squeezed and often not prioritised in the school curriculum. Quality of delivery models and teaching is variable and the tracking of pupils' progress is weak or non-existent in many schools, especially secondary.

'Experts' from outside agencies coming into schools or youth settings make a major, and welcome, contribution to SRE. We hear many reports of exciting and innovative 'one off' sessions or 'drop down days' but they are no replacement for a teacher-led sustained PSHE programme.

The *Children's Plan* intends to help schools by developing guidance for the new PSHE curriculum and to review best practice in effective sex and relationships education and how it is delivered in schools.

TPIAG would welcome definitive PSHE guidance that spells out what needs to be taught regarding life skills and knowledge.

In addition if PSHE were statutory it would secure a place in the curriculum, the training of specialist teachers and continued professional development, effective Ofsted inspection and consistent monitoring and evaluation.

Parents, carers and employers will then be satisfied that their children and young people are being supported in their emotional and social development and prepared for life, evidenced by their range of emotional and social skills, their capabilities and knowledge.

SRE is needed beyond schools and we are pleased that the *Time to Change* implementation plan aims to produce sexual health guidance for looked after children and young people. We hope ongoing training and support will be part of this.

We urge the Government to think about children and young people who are not in school and believe that SRE as part of PSHE should be further developed in pupil referral units, secure homes, youth offender institutions and secure training centres. The incidence of poor health, emotional and behavioural problems, as well as teenage pregnancy, is relatively high in these settings. It would be helpful if these young people were supported in their life skills and emotional and social development.

FE settings, including independent providers, also need support to deliver PSHE including SRE.

“ Good SRE delays the age of first sex and increases the use of contraception. ”

Professionals working with young people

Recommendation 6

TPIAG recommends that the Children's Workforce Development Council (CWDC) works in partnership with other skills' sector agencies to:

- Extend the 'common core' to include the ability of staff and volunteers working with young people to identify those who might be at risk, and to be able to support them or refer on, if necessary.
- To identify training and development needs of staff and to set standards for multi-agency training with regard to young people, sex and relationships.
- To develop a new qualification for volunteers around young people, sex and relationships.

We also recommend that the Children's Workforce Network develops a multi-agency work-based learning package on sex and relationships.

TPIAG has made previous recommendations that all those working with children and young people have the basic skills to establish relationships with young people, the ability to identify issues and risk and to respond appropriately to their emotional and sexual health and well-being.

TPIAG appreciates the work that has been done by CWDC in establishing the 'common core of skills and knowledge'. But it could be extended to include competency and confidence when working with young people to identify issues and risk, make a helpful response, offer support and refer on if necessary.

We believe CWDC could work with other skills sector agencies to explore how training and development needs could be addressed more effectively across the board and consider whether a work-based resource could be usefully developed around sex and relationships.

There are good existing training schemes for teachers, school nurses, youth workers and doctors, but they are generally voluntary and often accessed by those who are already keen and committed. The workers who could get greatest benefit from training may not apply, leading to the continuation of patchy provision. We also need to think about the army of volunteers who support young people across the youth services and other informal provision. We also know that multi-agency training is often much more effective because people learn from each other.

TPIAG welcomes all initiatives to improve general practice. Doctors, for example, can now benefit from DH's You're Welcome package, the Royal College of GPs' *Confidentiality Toolkit* and the General Medical Council's *0 – 18 years: guidance for all doctors*.

TPIAG believes that although we have a willing and committed children and young people's workforce, it is being expected to take forward the *Every Child Matters* agenda with inadequate training and support. This is unacceptable.

Many children and young people feel they cannot ask adults for help and support. They believe that they do not know enough, could be embarrassed and they fear that confidentiality will be breached. In rare cases, confidentiality may need to be broken for child protection issues, but most of the time, young people should be entitled to confidentiality and adults who can competently address emotional and sexual health issues.

Work with parents and carers

Recommendation 7

TPIAG calls for the rolling out of a national programme of support and guidance for parents and carers to ensure they can talk to young people about sex and relationships, through initiatives such as the fpa Speakeasy programme.

TPIAG recommends that SRE is included in local parenting strategies.

TPIAG recommends that parents are sent advice packs on sex and relationships which mirror what is being taught at the time in school, so they feel involved in the process and feel better equipped to start conversations at home.

The Teenage Pregnancy Strategy seeks to involve parents and carers and there are a number of excellent voluntary sector and community based organisations running projects to meet this need. But TPIAG feels much more needs to be done nationally to ensure parents and carers are involved and well-informed. TPIAG is particularly concerned that fathers, including those who do not live with their children, should be involved, and that foster carers are also fully supported.

Parents and carers do have a key role and some have successfully persuaded their school and governors for good quality SRE to be provided, which is important as the Government has still not made PSHE a statutory subject, despite recommendations from a wide range of stakeholders.

However in general there is a little awareness among the general public about the extent or the detail of the strategy, or even the reasons for it, and much more could be done to publicise these areas. In particular we recommend that an information campaign is developed to reach the parents and carers of children and young people.

TPIAG agrees with the Secretary of State for Children, Schools and Families, that it is parents who bring up children and not the Government. But we still believe if the Government had a direct route to parents and carers, this would help them understand the Teenage Pregnancy Strategy, including what is being done, why it is being done, and what parents and carers should be doing to help.

Secondly, parents and carers need to know what to tell young people. Many parents and carers lack awareness about sex and relationships issues and the specifics of contraception and sexual health, which makes it difficult to pass on good information and to have sensible and mature discussions within the family.

Chris Bryant MP recommended an approach used in Scandinavia where sexual health advice packs are sent to the parents and carers of young people. TPIAG agrees and thinks this would be most effective and appropriate if it were done in tandem with the SRE being carried out in school at the time and other learning environments.

If parents and carers received information to support the subject being covered at school this would reassure them about the content of SRE lessons and form a positive basis for discussion at home.

Thirdly, we would like to see adults do more to engage with schools and support their efforts to provide good quality SRE as part of PSHE. Parents and carers may have unfounded concerns about drop-in clinics in schools or SRE, particularly when they are presented inaccurately in the media. TPIAG believes most parents and carers will feel reassured and will offer their full support when given accurate information of what is really intended.

Support for teenage parents

Recommendation 8

TPIAG urges the Government to make sure teenage parents have excellent support, in terms of antenatal and postnatal care, parenting skills, benefits advice, housing and help in getting back into education, work and training through:

- Ensuring that midwives refer young women antenatally or as soon as possible to a lead professional in Connexions or Targeted Youth Support to ensure that they receive the support they need in relation to accessing learning, benefits and housing
- Simplifying the benefits system and providing more effective financial advice and support for those working with young parents
- Developing a new resource for young parents that builds their financial awareness and capability enabling them to budget and save more effectively
- Increasing funding for the Care2Learn scheme of support for childcare costs to ensure parents under 20 can go into learning
- Evaluating the effectiveness of different types of housing and support and providing guidance on housing and support for young parents
- Ensuring that all young mothers in need of accommodation are placed in the first instance in accommodation with a quality support package to meet their needs whether in a residential unit or foyer or through floating support in their own accommodation
- Ensuring that such young mothers once ready to move on are placed in suitable and affordable long-term accommodation
- Data on homelessness and housing of young mothers and their families is collected, analysed and used in planning and support.

TPIAG welcomed the Government's 2007 guidance *Teenage Parents Next steps*, which highlighted examples of best practice in supporting young parents.

TPIAG would like to see all young parents having access to specialist midwives who understand the broader context of dealing with teenage parents. They need to know how to engage with both young mothers and fathers, and how to help young parents in caring for and bonding with their baby. They also need to be able to help with issues such as breastfeeding, emotional health, eating a healthy diet, smoking, drinking and drugs. The specialist midwives also need to know how to link both young parents into other services so they can get help with benefits, education, training and housing.

We are concerned to hear that many young parents are still getting lost in the system so there needs to be improved referral and contact between agencies.

The young parents themselves need straightforward advice and guidance on negotiating the benefits maze. TPIAG recognises that these are issues that many adults, including those working with young parents, find hard to navigate. Government is launching financial and capability education in schools and surely a small related project could be developed to help young parents help to be more aware of money, how to save, how to budget and how to best invest in a child trust fund for their baby.

After the birth young parents need to leave hospital with advice on contraception, to reduce the significant number of repeat conceptions (second pregnancies are estimated to account for about 20% of conceptions conceived to under 18s) amongst this age group. They may also need intensive as well as ongoing support to maintain contraception and to look after their baby, especially if contact with their own parents or carers has broken down.

TPIAG welcomes two initiatives from the Government in this area, the piloting of the Family Nurse Partnership Programme and guidance on *Multi Agency Working to Support Teenage Parents*, published in 2007, which encourages midwives to work in a multi-agency way.

We welcome the Family Nurse Partnership Programme, which provides first time young mothers with a dedicated family nurse from early pregnancy until the child is two years old. It started in 2007 in 10 pilot areas and is being extended to a further 20 areas.

This is a very exciting programme, offering an intensive intervention to vulnerable first time young mothers, mostly under 20. Fifty-seven nurses have been trained to work with 1,000 young women.

We welcome findings from the recent evaluation of the programme by Birkbeck College, University of London, which shows it is proving to be popular with young parents and effective.

It is important that the family nurses do not work in isolation and link closely to multi-agency teams in Targeted Youth Support and Children's Centres to draw in specialist advice to access learning, benefits and housing. Close partnership working is also important to ensure young parents make a smooth transition to mainstream services.

TPIAG remains very concerned about housing for young parents. We still hear many stories of young homeless parents having to sleep on friends' sofas or being housed in damp, unheated accommodation, miles away from family and friends.

As stated earlier in the document, more data is needed to identify and address the specific problems. For example, the measuring of progress on the target set in 1999 of ensuring that all homeless young parents are provided

with accommodation and support, is welcome and needs to continue, but there are still problems with accuracy of the data. Also, the data provided through the Housing Strategy Statistical Appendix (HSSA) does not pick up young mothers who sofa surf and may not technically be classed as homeless as not registered with the local housing authority. Anecdotal evidence suggests that some local authorities, particularly those in rural areas, are failing to meet this target.

Government has said in its response to our last annual report that its objective is still to provide appropriate housing and support to all 16 and 17 year old teenage parents who cannot live with their parents or partners.

We welcome this statement and would like to see it happening in action. At the moment, the reality can be harsh and grim for both parents and babies. Even where excellent supported housing is available, it rarely caters for the young fathers, who remain excluded from the new family and are at risk of disengaging, beginning a new relationship and possibly losing contact with their own children.

It is worrying that we still do not know the effectiveness of housing support to young parents. There is still debate about what is best – onsite supported accommodation, or floating support services. The latter has not been assessed since the Supporting People initiative was introduced in 2003.

On the whole, local authorities have tended to favour floating support services, most probably on the grounds of cost. Data from the HSSA shows the proportion of young mothers in floating support is increasing. Young parents sometimes also prefer independent accommodation, but this can lead to isolation and this can be exacerbated if there is limited or intermittent access to the floating support services and staff.

There are also concerns about the quality of floating support. There is no current authoritative guidance for local authorities on what constitutes good practice to ensure floating support meets the needs of vulnerable young parents and this is needed.

In general, TPIAG is in favour of supported housing in residential accommodation, but decisions should be made locally on what meets the needs of young parents and what is best for them.

Problems continue when councils move young mothers out of temporary housing because there is frequently a lack of permanent affordable accommodation. In areas with a shortage of affordable housing, in particular London, some local authorities are moving young mothers into expensive private sector rented accommodation. These high rents are covered by housing benefit as long as the young people are not in employment. But if they get a job, the housing benefit is discontinued and the young parent's wages may not cover the rent. This discourages young parents from going to work, thus locking them in the poverty trap as they cannot risk losing their housing.

TPIAG is greatly encouraged to hear how many young parents are taking advantage of the Government's Care2Learn scheme, which helps fund childcare so that they are able return to education, training or work.

Over 7,000 young parents now receive this funding to enable them to take up learning but the success of this scheme in reducing NEETs is placing and will increasingly place heavy demands on the existing budget. We understand that the Government is not planning to increase the budget over the next few years, and is not uprating the weekly level of support in the 2008-2009 academic year. (It will stay at the current level of £160 a week outside London and £175 in London). This risks limiting the number of young parents who can take advantage of the scheme. We recommend that Government should increase budgets as a matter of urgency to allow the scheme to expand to support the original target of 10,000 young parents into learning and to raise the weekly allowance for especially in London and the southeast where average childcare costs are already significantly higher than the current Care2Learn levels of weekly support and more.

At the very least, there should be an increase to take account of inflation in childcare costs; otherwise more young parents around the country will find they have a shortfall.

The fact that the Government plans to raise the school-leaving age to 18, makes it even more important to provide adequate support through Care2Learn to ensure teenage parents stay in, or return to education.

TPIAG welcomes the Government's continued focus on integrated services and training for staff who provide support services to young parents. We also hope the new Children's Centres will do a lot in pulling services together. However, it is important that housing support providers are included at all stages and staff should receive training on how to support young parents and their children.

Finally, TPIAG challenges the Government to address how work around young parents is monitored and assessed. Without data it is impossible to know the extent of the problem and the progress being made.

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