

Independent Advisory Group
on
Teenage Pregnancy

First Annual Report

The Independent Advisory Group on Teenage Pregnancy

The Independent Advisory Group (IAG) on Teenage Pregnancy is a non-statutory body established in 2000 as part of the Action Plan set out in the Social Exclusion Unit's Report on Teenage Pregnancy¹. It has the following terms of reference:

To provide advice to Government and monitor the success of its strategy towards achieving the goals of:

- *Reducing the rate of teenage conceptions, with the specific aim of halving the rate of conceptions among under 18s by 2010, and;*
- *Getting more teenage parents into education, training or employment, to reduce the risk of their long-term social exclusion.*

Appointments to the IAG are made by Health Ministers and are designed to ensure that there is a wide range of relevant skills and expertise available. Membership includes teachers, nurses, GPs, youth workers and health promotion specialists. Each of the 28 Members was appointed after an open competition, in accordance with the Nolan rules for Non Departmental Public Bodies. All appointments are for 3 years. The Advisory Group held 7 meetings during the period covered by this report, chaired by Lady Winifred Tumim.

Full membership details are given at Annex II. A Register of Members' Interests is at Annex III. A Glossary is at Annex VI.

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Foreword

The Social Exclusion Unit's (SEU) Report on Teenage Pregnancy provided the analysis and vision for tackling teenage pregnancy in this country. Teenage pregnancy is a complex phenomenon with far-reaching social, educational, health and economic implications that impact on many different services, statutory and voluntary. It cuts across all barriers including race, socio-economic class and religion and we know that low expectations, ignorance and mixed messages are factors that have influenced our high rates of teenage pregnancy. We also know that those *most at risk* are young people who are experiencing poverty and live in areas where there are few employment opportunities. As a result their self-esteem is often low, damaging their confidence in developing their potential in school. And it is the children of teenage parents who are most likely to become teenage parents in their turn.

Since publication of the SEU Report in 1999 there has been swift action to begin implementation across Government both nationally and locally managed by the Teenage Pregnancy Unit (TPU), based within the Department of Health. A network of regional and local teenage pregnancy co-ordinators is now in place in every social services area to co-ordinate local implementation arrangements. Nationally, a media campaign to target young people has started and steps have been taken to: improve sex and relationship education; provide client-centred contraception and advice services for young people, including targeted work with high risk groups; support teenage parents and pregnant teenagers and their partners and help to get them back into education, training and employment; ensure that suitable housing, with support, is provided for all teenage parents that need it.

During the Advisory Group's first year I have had the opportunity of travelling across the country and meeting those involved in co-ordinating and delivering services as well as the young people themselves. And during the year the Advisory Group has considered a number of important issues including proposals to reform the law on sexual offences, guidance on Sex and Relationship Education and the Reintegration of School Age Parents, as well as providing advice directly to the TPU on components of its work. Our thoughts on the issues and the work required to continue the progress made thus far are reflected in the recommendations set out in this Report.

Both the SEU Report and NHS Plan² set ambitious targets for reducing teenage pregnancy rates and reducing the social exclusion of pregnant teenagers and young teenage parents. Achieving these targets will not be easy and has two aspects: encouraging individual young people to make informed decisions about matters affecting their personal and sexual lives; and bringing about a change in our society which has inadvertently encouraged low expectations and ignorance. There are still too many young people who have not been able to make a truly informed decision about becoming sexually active or becoming a parent. This might be due to a lack of education and understanding about contraception, pregnancy and the right to confidential sexual health advice and treatment or because having a baby has seemed the best option in life because of a lack of other opportunities.

It is therefore important that we change the culture within our society to one that enables **all** young people to aspire and make positive and informed choices in their lives. Making such a change will not be easy. It will be challenging and will require not only commitment but also a high level of partnership work across service boundaries and between voluntary and statutory services. It has become clear from our work to date that the individuals and organisations involved have not been idle in paving the way for change and have an impressive level of commitment to implementing the strategy. However there is still much work to be done and it is crucial to recognise that if we are to succeed then there are no quick or easy solutions.

During the next year we shall be focusing on parents, who have a critical role to play in the prevention of teenage pregnancy.

I have pleasure in presenting this, the first Annual Report of the Independent Advisory Group on Teenage Pregnancy.



Lady Winifred Tumim

Summary and Key Recommendations

1. The Government's strategy on teenage pregnancy presents an opportunity to challenge a society that has failed to successfully equip its young men and women*, and in turn their children, with the necessary information and skills to make sound decisions about their personal and sexual lives. It also provides the necessary catalyst to reverse the low expectations and ignorance that many young men and women and those involved in their daily lives, feel are acceptable.
2. The work and commitment shown by the many individuals and organisations involved in progressing implementation of the strategy is deeply impressive to the Advisory Group. Given its remit and terms of reference, the Advisory Group has considered a wide range of areas and factors that may influence or impede the progress already made, and ultimately, achievement of the strategy's targets. It has made a total of 49 recommendations within this report which, are listed in Annex I. There are a number of recommendations that the Advisory Group consider key – not only towards meeting the Government's targets, but to ensuring that the will, momentum, drive and inspiration to make a difference to the lives, hopes, aspirations and future of our young people is sustained and a real change achieved.
3. Its key recommendations to Government are set out below under three broad themes: Joined up Action, Prevention, and Support for Pregnant Young Women, Young Mothers and Young Fathers† and the rationale for, and background against which each is made, is explored throughout this document.

Key Recommendations

Joined up Action

- 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
- 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

* Throughout this Report the term “young men and women” is used and it includes boys and girls, where appropriate

† Throughout this Report the term “young fathers” is used and it covers young fathers under 19 years of age and those who may be older where their partner, and/or mother of their child is a teenager

Key Recommendations

Prevention

- 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
- 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
- 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
- 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
- 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 of local teenage pregnancy services is undertaken in order to identify initiatives of relevance to young people with specific needs
- 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

Key Recommendations

Support for Pregnant Young Women, Young Mothers and Young Fathers

- 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
- 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
- that the Government produces a nation-wide 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
- 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
- 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

Introduction

1. The United Kingdom has the highest rates of teenage conceptions compared with our neighbours in Western Europe. The latest data³ published on 22 March 2001 shows that, in England in 1999, there were just over 39,000 conceptions to young women under 18 years of age, a rate of 44.7 per 1,000 women aged 15–17. Of these, some 7,400 were to young women under the age of 16, a rate of 8.2 per 1,000 women aged 13–15.
2. There is no simple or single way to explain why these rates are so high. In order to provide a clear analysis of the problem the Government charged its Social Exclusion Unit (SEU) to study the complex reasons behind teenage pregnancy in this country and to set out a clear strategy for reducing our high rates. In June 1999, the SEU published its report containing a 30-point plan of action to tackle teenage pregnancy.
3. The report highlighted three factors as being significant in the failure of previous attempts to try and deal with teenage pregnancy:
 - *Low expectations*: young people who have been disadvantaged in childhood and have poor expectations of education or the job market are more likely to become pregnant, or a young mother or father;
 - *Ignorance*: young people lack accurate knowledge about contraception, sexually transmitted infections, relationships and what it means to be a parent. They do not know how easy it is to get pregnant or how hard it is to be a young mother or father;
 - *Mixed messages*: one part of the adult world bombards teenagers with sexually explicit messages and an implicit message that sexual activity is the norm. The other part restricts access to appropriate confidential contraceptive services. The net result is not less sex but less protected sex.
4. The 30-point plan sets out a range of action points at national and local levels, whose progress we will cover in detail in this Report, with two main goals:
 - to halve the rate of conceptions among under 18s in England by 2010;
 - to achieve a reduction in the risk of long-term social exclusion for teenage parents and their children, by getting more teenage parents into education, employment or training.
5. For too long now young people in this country have grown up in a culture where low expectations and aspirations, poor self-esteem and ignorance about sex have continued to be accepted as normal facets of our society. The support mechanisms needed to encourage them to make positive decisions about their life and future have not always been available. The Government's strategy on teenage pregnancy is therefore an opportunity to challenge the mindset and practices of a culture which has failed to enable its young people, and their children, to follow pathways towards realising their full potential. Implementing the programme of change is an ambitious and long-term task that, to succeed, must keep these factors within sight.

6. Recent research into the factors affecting changes in the rates of teenage conceptions between 1991 and 1997⁴ reaffirms the general direction of the SEU action plan. It indicates that increased attention to the issue of teenage pregnancy through specialist services, better trained staff in schools, greater co-operative working between agencies, consultation with young people, active health promotion and the involvement of youth services can and do make a difference.
7. The Advisory Group meets on a quarterly basis and conducts its work through a variety of means, as a body and through its individual Members. This includes responding to requests by officials for advice or input to the development of guidance or policies, through representation at conferences and events and the promotion of the issue of teenage pregnancy through Members' individual networks.
8. Since establishment, the Group and its Members have contributed and provided input to the development of the national evaluation of the teenage pregnancy strategy, input to the national media campaign, advice in response to consultations by Government on legislation to reform the law on sex offences, guidance on Sex and Relationship Education, the Reintegration of School Age Parents; input to guidance on Contraceptive Services for Young People, Contraceptive Services for Boys and Young Men, Contraceptive Services for Young People from Black and Minority Ethnic Communities; input to a survey of the extent of SRE in initial teacher training; input to a project group to establish links with the faith communities in England. In addition various Members have visited teenage pregnancy co-ordinators and national initiatives across England, spoken to the media, attended conferences and events where they have positively promoted the teenage pregnancy strategy and the work of the Group.
9. This Report outlines the action taken to date in implementing the Government's strategy on teenage pregnancy; the contribution the IAG has made to that work; our views on the impact and success of action taken to date and recommendations for Government.

Chapter 1: Joined up action

Nationally

- 1.1 Formal arrangements for cross-Government liaison take place through an Inter-Departmental Group (IDG) on Teenage Pregnancy comprising officials from across Whitehall. The IDG has met on four occasions and further meetings will be scheduled for 2002. At Ministerial level, teenage pregnancy forms part of the remit of the Cabinet Committee on Children and Young People's Services. The Advisory Group is pleased to note that the Government's manifesto renews its commitment to full implementation of the strategy. Given that implementation is progressing well, it believes that momentum and progression can only be maintained through renewed Ministerial commitment, further joined-up action by their officials and also a clear commitment for long-term funding from across Whitehall.
- 1.2 The Teenage Pregnancy Unit (TPU) has been established in the Department of Health, and is jointly funded by a number of Government Departments. It includes a mix of career civil servants together with those co-opted from outside the civil service, including the voluntary sector. These include staff with a wide spectrum of experience relevant to teenagers and young parents. Initiatives with links to teenage pregnancy including Neighbourhood Renewal, Quality Protects, Sure Start, Connexions, the Children Fund, the National Service Framework for Children and the Children's Task Force are also available. The Advisory Group believes that it is vital that these continue to work with the TPU to ensure that teenage pregnancy is taken into account by these initiatives.
- 1.3 The Advisory Group strongly value the TPU for the immense amount of work that has already been started and completed in particular, the way it links across departmental boundaries to develop shared objectives. For example, work in Young Offender Institutions has been taken forward collaboratively between the TPU, Home Office and voluntary sector. Work is also being undertaken by Advisory Group Members and the TPU to establish links with the faith communities in England. TPU staff are to be warmly congratulated and applauded for their achievements, which could not have been fully realised without the commitment and considerable efforts of teenage pregnancy co-ordinators and their partners.
- 1.4 While the Advisory Group recognises that restructure of the NHS and creation of strategic health authorities are a necessary part of the process towards reaching the targets set by the NHS Plan, such changes will undoubtedly present serious challenges to local co-ordination. To enable the successful delivery of the strategy, the Advisory Group therefore recommends 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.*
- 1.5 During the course of its work, the Advisory Group considered Government proposals to review and reform the law on sex offences contained in the Home Office consultation document "Setting the Boundaries"⁵ to which the Group responded in detail. The document set out a principle recognising that those giving help, advice, treatment and support to children and young men and women on sexual health should not be viewed to be aiding and abetting a criminal offence. The Advisory Group firmly remain of the opinion that this principle should be set out clearly in any new statute, rather than simply making the intention clear in policy terms.

1.6 “Setting the Boundaries” also proposed a new offence – “adult sexual abuse of a child” which the Group considered had overlooked the fact that in many cases, sexual activity between, for example, a 15 and a half year old and an 18 year old will be mutually agreed and not abusive in character. It also appeared to contradict the advice of child protection charities that a 5 year age differential is a reliable indicator of a potentially abusive relationship. In addition, the review had neglected to consider the more in depth implications that the new offence would have on the provision of contraceptive services to under 16s, both for health professionals and the young people themselves. The Advisory Group recommends 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.*

Key Recommendations

- 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
- 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

Locally

1.7 A network of local teenage pregnancy co-ordinators has been jointly appointed by health and local authorities to co-ordinate and manage arrangements for local implementation, bringing together local government, health and the voluntary sector. They are supported by a regional co-ordinator appointed by the NHS Regional Office who make strategic links with social services, education, Connexions, Sure Start, Sure Start Plus and housing authorities. While welcoming the appointment of local co-ordinators as a sign of partnership working, the Advisory Group has expressed reservations about the level of seniority at which some of the appointments have been made. It believes it is important that those in post have sufficient status to influence partners in working towards the delivery of their local strategies and targets and therefore, their skills base and leadership skills should also be kept under close review. That said, the Advisory Group greatly appreciates the quality and hard work of the local teenage pregnancy co-ordinators.

1.8 Local implementation is supported by funding based on the production of a report by local co-ordinators outlining the profile of teenage pregnancy and service provision in their area, together with strategies for action to achieve a reduction in conception rates over 3 and ten years respectively. Local government and elected authorities have key pivotal roles not only in eliciting the support and views of all organisations and individuals in order to achieve local and national targets, but in ensuring that the commitment and progress made is sustained and built upon. The Advisory Group therefore recommends 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.* It also recommends that *Government considers how best to secure the ongoing commitment of elected authorities to nationally set targets, including the use of financial incentives.*

- 1.9 Local Implementation Funds, totalling £11.5m, have been allocated for 2001/02 and targeted towards areas with the highest conception rates in order to accelerate local developments, add value to existing services or pump prime promising approaches. An additional £4.5 million has been allocated in 2001/02 to support and strengthen local co-ordination arrangements. The Advisory Group has expressed deep concern about the possible fragmentation of funding sources at local levels. This could weaken financial commitment both centrally and locally, with the danger of funding which is currently identified specifically for teenage pregnancy work being diverted into other services as a result of variable local priorities. In order to ensure the long-term success of the strategy and implementation of local development plans the Advisory Group considers it vital that all funds allocated, including those from non-statutory sources, must be clearly accounted for and reported to Government in terms of specific input and outcomes.

Chapter 2: National Campaign

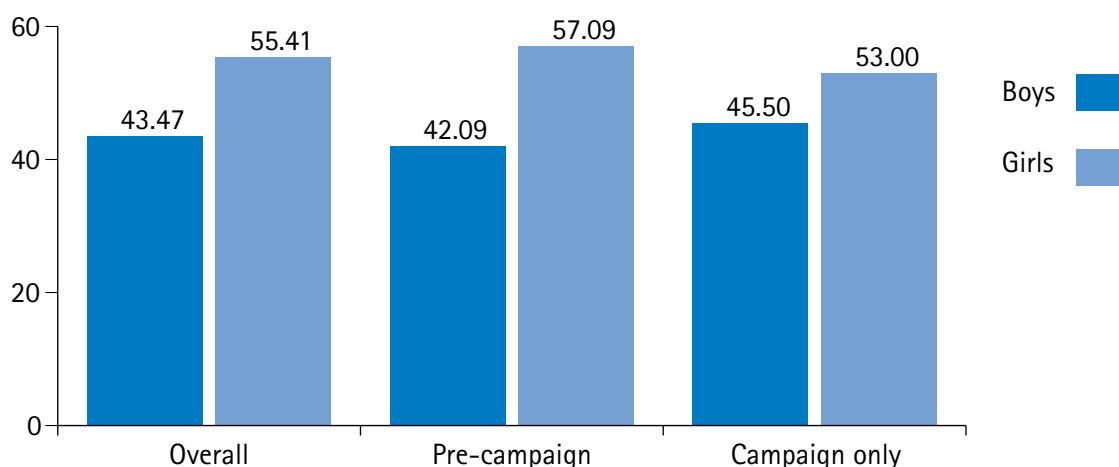
2.1 A national media campaign aimed at young people, focusing on the themes of taking control of your life, choices and personal responsibility, was launched in October 2000 with adverts appearing in young people's magazines and on local radio. Prior to publication, the Advisory Group gave its advice on the campaign materials. The campaign publicises the national Sexwise telephone advice line (0800 28 29 30), which received additional investment of £1 million in 2000. A website, www.ruthinking.co.uk, providing advice and information to young people on local services, also supports the campaign.

2.2 The design of the campaign was informed by a major piece of research⁶ commissioned by the TPU to investigate which media messages and advertising campaigns had worked best with young people. It clearly showed that abstinence or 'just say no' messages are ineffective, but a campaign that doesn't lecture, but enables young people to take control, be prepared, be responsible and not to feel pressurised into having sex before they are ready, could succeed. The research also revealed that parents were the individuals from whom young men and women most wished to obtain information about sex and relationships. Two campaigns, one for young people and the other for parents, were developed to run in tandem; however, it was felt that the messages might be construed as interfering or "nannying" resulting in the parents campaign being postponed.

2.3 So far, there have been 11 adverts placed in teenage magazines and 12 radio adverts, which have been broadcast on commercial local radio stations with high teenage audiences. Early evaluation indicates that the campaign has been very successful, with a recall equivalent of a TV-led campaign amongst young people – over 70% of 13 to 17 year olds recognised campaign materials.

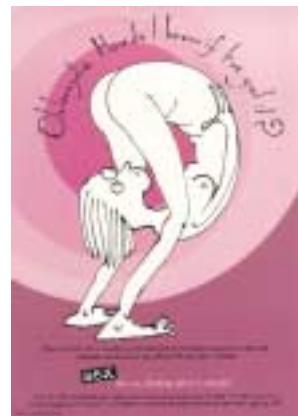
2.4 During 2000/01, interactive calls to Sexwise have increased by 58.4%; however, the capacity of the helpline is still unable to meet the demand placed on it by young callers. The Advisory Group is heartened by the profile of those calling the helpline (Figure 1) and supports further investment to increase capacity of this resource. A helpline for parents is being established in association with Parentline.

Figure 1: Calls to Sexwise by gender: overall, pre-campaign, and during campaign



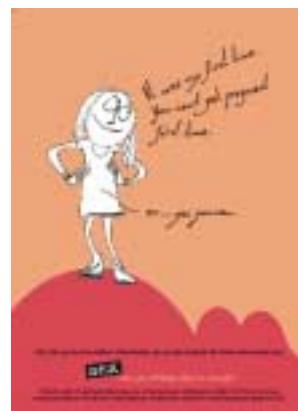
2.5. Whilst the Advisory Group supports the work undertaken to date, it believes that future development of the campaign, and its materials, should seek to include an element that addresses low expectations by encouraging positive self-esteem, pays greater attention to the needs of minority groups and seeks to publicise the availability of confidential services and contraception to those under 16. It therefore recommends 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.*

2.6 Research⁷ on the lifestyles and media consumption by disadvantaged young people has suggested that while magazines were well liked, they were not bought often because they were not regularly affordable, especially for those young men and women under 16. In addition few young people showed an interest in the internet. Vulnerable groups and those with specific needs may not always engage with or be receptive to the campaign. Mindful of the need to ensure that the campaign reaches **all** groups of young men and women, the Advisory Group believes it important that the campaign does not overlook this and recommends 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.*



2.7 The ten-year local teenage pregnancy strategies and 3-year action plans submitted to the TPU include detailed plans for the execution of national campaign materials, and the production of materials targeted towards high rate areas and communities. Local campaigns are being developed by local co-ordinators, working with print and broadcast media and with youth, faith and other organisations, to reinforce the national message. The level of local campaign work is subject to funding and priorities within local areas and the timing of local work decided by the co-ordinators. It is anticipated that local campaigns will roll out later this year however, in three Regions – North West, Northern and Yorkshire and London, work is already underway.

2.8 The efforts of local co-ordinators in producing materials for young people, using national material if required, listing all local services and the placement of ambient materials associated with the national campaign are very much appreciated by the Advisory Group. The Advisory Group has noted the work carried out by Ingham *et al*⁴ which reviewed teenage pregnancy rates during the 1990's and would like to draw this to the attention of local teenage pregnancy co-ordinators and their managers. The results indicated that areas with decreasing conception rates had managed to achieve decreases through consistent action and publicity aimed at young people. We hope that this review will serve as a reminder that to ensure delivery of the Government's targets then there must be sustained commitment to this work within every locality.



Chapter 3: Sex and Relationship Education

3.1 By definition, SRE is lifelong learning about sex, sexuality, emotions, relationships and sexual health. It involves acquiring information, developing skills and forming positive beliefs, values and attitudes⁸. New guidance on Sex and Relationship Education⁹ (SRE) was issued on 7th July 2000 with the TPU working closely with DfES and the Sex Education Forum to support its implementation, and to promote integration of SRE within the Personal Social and Health Education (PSHE) and Citizenship framework. To coincide with publication of the guidance, the Teacher Training Agency wrote to all initial teacher training (ITT) providers and reminded them of their responsibilities in relation to SRE. This will be further addressed in the review of ITT in the next year. In addition, a new accreditation scheme for SRE for existing teachers will be piloted this autumn, ahead of national introduction from September 2002. The National Healthy School Standard (NHSS) is a key vehicle for improving SRE in schools. One Advisory Group Member has written guidance¹⁰ on developing SRE for local programmes, on behalf of the NHSS. The TPU is in discussions with the NHSS team to identify indicators and targets to monitor the support available to schools developing SRE, and SRE policy and practice in schools.

3.2 The Advisory Group welcomes the progress made to date but recognises that, as it does not form part of the statutory curriculum, PSHE is often regarded as a low priority in many schools, with SRE remaining on the margins of curricular activity. While there is some excellent SRE being delivered in schools, in YOIs and in care settings its effective implementation is patchy.

3.3 The first results of the benchmark wave of the evaluation of the Strategy¹¹ revealed that whilst over 90% of the young men and women surveyed reported receiving SRE at school, fewer than a third had more than 10 SRE lessons. While the young people indicated general satisfaction with the quality of education about the physiological aspects of sex and risk reduction, including contraception and STIs, they were less satisfied with the advice or coverage of sexual feelings, emotions and relationships. Research¹² conducted amongst parents of secondary school pupils indicated that the vast majority of parents wanted earlier and fuller coverage of all SRE topics. The Advisory Group therefore recommends 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.*

3.4 In order to meet public health objectives and to ensure the interest and involvement of young men and women, research has indicated that SRE should be taught using active and experiential learning methods¹³. These methods enable young people to practise skills, use the knowledge and understanding attained, and exchange and explore views. Teachers and their trainers may well require training and support in order to develop confidence in delivering SRE through active learning methods. Additionally, research⁴ into the factors affecting changes in the rates of teenage conceptions indicated that those areas with a reduction of conception rates were more likely to have provided additional training for teachers and the appointment of specialist sexual health advisors.

Key Recommendations

- 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

3.5 School nurses, youth workers and others from the wider community make valuable contributions to SRE in school, care, youth services and YOIs. There is consensus within the Advisory Group that there should be some multi-disciplinary training for both teachers and health professionals. Both groups frequently plan, deliver and evaluate SRE programmes together in partnership. The training should be a recognised and accredited programme ensuring that both groups of professionals acquire the appropriate skills and competencies to feel confident in the delivery of SRE in classrooms. School nurses should be routinely offered accredited training for the delivery of PSHE and SRE, as they are frequently the first health professional that teachers turn to in supporting these programmes.

CASE STUDY

Wolverhampton Teenage Pregnancy Training Project

This fpa project aimed to reduce the rate of teenage pregnancy in Wolverhampton and trained staff across service boundaries from both voluntary and statutory agencies. In the first stage 150 youth, housing and social workers, teachers and health workers were trained to deliver effective and high quality sex and relationship education in school and community settings. The second stage involved development of both basic and advanced counselling skills on contraception and pregnancy. The project was exceptionally well evaluated by participants and training commissioners.

3.6 Peer education can be a valuable tool in providing information and messages on prevention and accessing services. DfES guidance on SRE recognises the contribution it can make and many agencies have developed programmes to complement their SRE programme for schools in other settings; youth service and care. Despite this, the first results of the benchmark wave of the evaluation of the Strategy indicated that fewer than one in ten of the young men and women reported having been taught by peer education techniques. TPU has established an expert working group on peer education, which includes representation from the Advisory Group, to advise on good practice and oversee the production of a resource to inform practitioners. TPU also intends to organise a conference early next year to share examples of good practice.

CASE STUDY

APAUSE Peer Mentoring, Torbay

Half of the schools in Torbay LEA are introducing APAUSE, a peer mentoring approach to teaching Sex and Relationship Education. Specially trained teachers, health visitors and sixth form students acting as peer mentors deliver the scheme to classes of young people. It is proving very popular with both pupils and mentors alike.

3.7 One Member of the Advisory Group has been involved with a snapshot survey of the extent of SRE in initial teacher training (ITT) commissioned by the TPU. Key findings include: Primary ITT tutors were unaware of the DfES guidance on SRE, the teenage pregnancy strategy and the SRE accreditation scheme for existing teachers; SRE was not regarded as a priority; ITT

students were not given reliable advice on content and delivery of SRE; ITT students would welcome greater coverage of SRE in their courses. The survey reinforces the Group's belief that newly qualified teachers are often ill-prepared to take on teaching SRE in the classroom at either primary or secondary level and recommends that, *as part of its current review, the Teacher Training Authority ensures support for colleges offering initial teacher training in the development of PSHE and SRE programmes.*

3.8 The evidence base for SRE must continue to be developed with a greater emphasis on monitoring and evaluating impact. An international review document highlighting the characteristics of interventions aiming to reduce teenage pregnancy has been produced and disseminated. Local and national research and evaluation will continue to inform practice as it becomes available. The Advisory Group recommends that *the Government undertakes an evaluation of SRE which identifies and measures the aims, objectives, key indicators and outcomes for SRE.*

3.9 Later this year general inspections by the Office for Standards in Education (OFSTED) will include SRE and in preparation, it has completed a survey of existing practice in SRE to inform production of a good practice guide. The Advisory Group is pleased to note this development recommends that *OFSTED produce an annual report on the provision of SRE and Citizenship for all students.*

CASE STUDY

Chiltern and South Bucks Primary Care Group (PCG)

A recent inspection indicated that a local school was not giving sufficient attention to the students' pastoral, health and information needs. The Chiltern and South Bucks PCG offered the Management Team of the school support and expertise. The Health Improvement Team co-ordinated and devised a weeklong programme together with the District Council, police, social services and local voluntary organisations. The programme covered bullying, homelessness, domestic abuse, eating disorders, dentistry and tongue piercing as well as smoking, sex education and physical fitness. It was delivered through art, history, maths and food classes together with sessions during lunch and breaks. The success of the event has led the PCG to expand the number of schools receiving a similar programme during the coming year.

3.10 The delivery of SRE has implications beyond school settings and needs to be made available and provided in a variety of settings used by children and young people. This is particularly pertinent to those who are not attending school who may regularly miss out on SRE and more needs to be done to ensure targeting of these marginalised children and young people, including the provision of informal sex education. Work is being taken forward through a project to increase the confidence of staff in Pupil Referral Units (PRUs) to provide SRE; to develop policy, plan programmes and lessons, choose appropriate resources and to work in partnership with health professionals and the wider community including parents. The education of some looked after young people can be disrupted and incomplete and they too may miss out on SRE, despite the duty placed on local authorities under the Children Act, 1989 to safeguard and promote the health and welfare of children and young people in their care, which includes the provision of SRE. One Member of the Group has recently completed a factsheet¹⁴ which provides support to foster carers in talking to children and young people in their care about sex and relationships.

3.11 The Advisory Group welcomes new initiatives which target young people such as Connexions and Sure Start Plus. It believes that it is important that advisors and mentors who are working

individually with young people feel confident when talking about sex and relationships and able to direct young people to appropriate sexual health and advisory services.

3.12 An accredited Social and Lifeskills module on SRE for Young Offenders has been developed with supporting materials by the Sex Education Forum, working in partnership with the Prison Service the Prison Health Policy Unit and the TPU. It will be offered initially to Juveniles (aged under 18) under a new Prison Service Order, which came into force in April 2001.

3.13 Schools have a key role to play in not only providing information for young men and women to prepare them for their transition into adulthood, but also to provide information to enable them to access confidential help and support through local health, and sexual health, services. Many schools are beginning to provide this information on notice boards and an example of one such resource is shown here. However, there is no national requirement for them to do so. The Advisory Group therefore recommends 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*. The Advisory Group believes that this will help implementation of paragraph 1.18 of the DfES guidance on SRE on the provision of information to secondary school pupils about “different types of contraception, safer sex, and how they can access local sources of further advice and treatment.”

3.14 School nurses also offer confidential advice, support and onward referral to young people in school. They are often the first health professionals young people can directly refer themselves to. This important privileged role should be capitalised on and reflected within school policies and the promotional literature for parents to read when they are considering the secondary school choices for their children. This would help demonstrate that a school is taking the health and welfare of its young people seriously by enabling them to seek support and guidance from appropriately trained health professionals who can help young people make empowered choices about their own health as they begin to take responsibility for themselves.



Chapter 4: Involving Parents in Prevention

- 4.1. Parents are the people that young men and women would most like to tell them about sex and relationships and research⁶ has indicated that where parents have been able to do so, young people are more likely to delay sex until they are older and use contraception. Despite this, only about a quarter of young men and women in the UK are able to talk to their mother about sex and only one in ten to their father whereas in the Netherlands, half the young people are able to talk to their mother and a third to their father¹⁵. Clearly parents can and do have an important role to play in prevention but often feel uncomfortable or embarrassed about what to say and when, or consider that their children already appear to know enough about sex and relationships.
- 4.2 As discussed in Chapter 2, initial plans for a national media campaign to help parents talk to their children about sex and relationships were postponed. The TPU is developing an initiative for a range of actions in this area including PR activities, work with schools and through the NHS. It also plans to issue good practice guidance for local co-ordinators on involving parents in local strategies, and is exploring ways of involving parents in the overall strategy at a national level. The Advisory Group is supportive of the initiative and Members have already begun to contribute their expertise to elements of this work.
- 4.3 DfES guidance on SRE highlights the need for schools to consult with parents on schools' SRE policy and programme content. Guidance for parents on the National Curriculum and PSHE framework also includes a section about the arrangements for SRE in schools. DfES have produced a leaflet for those parents – fewer than 1% – who, in discussion with the school, wish to withdraw their children from the non-statutory element, setting out the importance of sex and relationship education, what is covered in the curriculum and details of organisations who can provide helpful information.
- 4.4 While there are local initiatives, coverage at a national level is limited. However, the Advisory Group acknowledges that work may be taking place but goes unrecognised because it may be conceptualised in a different way. There are examples of work with parents in other fields for example; Drug Action Teams have sought to forge partnerships with parenting organisations in order to deliver prevention messages. The Advisory Group believes that such approaches may be of benefit to work to encourage parents to talk to their children about sex and relationships and that school settings can offer a supportive environment, as can GP surgeries. The Advisory Group therefore recommends 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.*

CASE STUDY

Parents Together Project, Sheffield

The project aims to increase parents' skills and confidence in sex education by using volunteer parent peer educators in community settings. Sessions have taken place in primary, secondary and special education schools, GP practices and Family Centres with parents, voluntary and community groups. The peer educators use a range of activities that seek to encourage parents to share their experiences and learn from each other about how to communicate with their children about sex and what works effectively.

4.5 Currently the role of involving parents in prevention is underdeveloped and one which the Advisory Group intend to focus upon during the course of its work next year. Despite repeated attempts, there has been a gap in representation on the Group to cover this area and it is expected that an appointment will be made in due course to provide important expertise and direction to its work.

Chapter 5: Advice and Contraception for Young People

- 5.1 Whilst conception rates amongst both the under 18s and 16s fell during 1999, recent data on levels of Sexually Transmitted Infections¹⁶ (STIs) amongst young people show worrying increases. A wealth of research exists on the barriers and difficulties that young men and women face in accessing contraceptive advice and services which include embarrassment, confidentiality, location and opening hours, the atmosphere of many places, and confusion about the legality of seeking contraception if under 16. Given these obstacles, the provision of accessible services is a key strand of the strategy.
- 5.2 Research⁴ has shown that living in close proximity to specialist young people's services can impact on teenage conception rates and there are examples of successful schemes already running in a variety of settings across the country, including schools, youth centres, sports centres, one stop shops and young people's drop in sessions.

CASE STUDY TIC TAC Centre, Paignton Community College

The TIC TAC Health Centre is based on school premises, is open every lunch time and is staffed by a multidisciplinary team of GPs, Practice, School and SAFF Nurses, Health Visitors, and Youth Workers. It is an NHS Beacon Site which aims to provide a counselling, listening and health information service, which is easily accessible, confidential and non-judgemental. The main demand on the service is around sexual health and contraceptive advice; however, support on other health issues also features including concerns about the health of family members, drug use, and bullying. A Connexions Personnel Adviser is also based in the building and the work is co-ordinated by a Youth Worker. It is a 'teacher free zone' – teachers visit the Centre by invitation only.

- 5.3 The accessibility to all methods of contraception can therefore be improved by increasing the number and choice of venues where it is available. Long-term investment is a crucial component in the development of designated contraception services for young people and it is important that the Government monitors mainstream NHS funding and investment in this area, including the availability and funding of free condoms, emergency contraception and the long-acting methods.

CASE STUDY

"The Quay to Health" Health Centre, Southampton

Located within a leisure complex, the health centre is a joint initiative between the local council and community health trust providing a wide range of services, including sexual health for young people. Open between 1–6 p.m. one day per week, it involves a sexual health nurse, a specialist nurse for looked after young people and the community paediatric service. In addition to offering advice on contraception and sexual health the service conducts paediatric assessments for looked after children, has a pregnancy assessment unit offering counselling services and a scanning facility. All under 18s using the centre's services qualify for a leisure card allowing free access to all leisure facilities.

5.4 The national Sexwise helpline, promoted by the national campaign and discussed in Chapter 2, offers free confidential advice and information on local services from a database updated in liaison with local co-ordinators. In addition, sexual health services, youth agencies and workers, social workers, voluntary organisations, teachers, pharmacists, GPs, nurses and other health professionals all have key roles in providing young people with advice about, and access to, contraceptive services.

CASE STUDY

Parkside Teenage Pregnancy Project, London

This fpa project worked with School Health Teams based in Parkside NHS Trust in London. It promoted joint working between schools, sexual health teams and reproductive health services, and increased understanding of the causes of unwanted teenage conceptions. Each school nurse in Parkside took part in a six two-day modular training programme which developed communication and group work skills, increased knowledge of sexual health issues of concern to young people and raised awareness and confidence in school nurses working in both primary and secondary schools.

5.5 New initiatives to target young men and women including Sure Start Plus and Connexions also have an important role in ensuring that their clients are directed to suitable and appropriate contraceptive and sexual health services. It is vital therefore that their Personal Advisors feel confident when discussing issues relating to sex and sexual health. The Advisory Group therefore recommends 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.*

5.6 TPU has issued a series of guidance notes to teenage pregnancy co-ordinators to work with commissioners and providers to improve the quality of access to services for young people. TPU also held regional seminars on service improvement. In December 2000, it issued Best Practice Guidance on the Provision of Effective Contraception and Advice Services for Young People. Supplementary guidance on improving services to increase the uptake of contraceptive and sexual health advice by boys and young men and young people from black and minority ethnic groups was issued in April 2001. Local audits of services against the Best Practice Guidance are set for completion by September 2001 and to assist with this task, TPU issued a questionnaire to co-ordinators. GP services are also to be audited by co-ordinators by December 2001 using an audit tool developed by the TPU and piloted in GP practices. The Advisory Group welcomes provision of the guidance and notes that guidance is being developed for youth and social workers, residential social workers and foster carers, which makes clear that they can and

should encourage young people to seek sexual health and contraceptive advice if it appears that the young people are, or are considering becoming, sexually active.

5.7 Improving the trust of young women and men in the confidentiality of their GP practice is a step towards removal of one of the main barriers that deter some young people from seeking early sexual advice. TPU supported publication of a training resource on confidentiality in general practice “The Confidentiality Toolkit”¹⁷, 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. Copies have been issued to all teenage pregnancy co-ordinators and clinical governance leads of all PCGs, with TPU supporting a series of regional seminars to disseminate the training resource through PCG/Ts to individual general practices, the first of which was in April 2001. The toolkit emphasises the training of all GP practice staff, the production of clear confidentiality statements and leaflets promoting the services available for young people.

5.8 The Advisory Group welcomes the production of this resource and believes that it is vital that **all** professionals working with young men and women receive guidance on confidentiality, and are supported by appropriate training. TPU is reviewing the need for new guidance for health professionals, informed by research being commissioned with health professionals to help identify the nature and extent of any confusion around the provision of contraception to under 16s. While this additional action is noted, the Advisory Group recommends 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.*

Key Recommendations

- 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
- 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
- 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

5.9 Condoms and the combined oral contraceptive are the two methods of contraception traditionally used by young people. One is more effective at reducing the risk of STI and the other is more effective in reducing pregnancy. Research¹⁸ has shown that the more chaotic a young person’s life, the more difficult it is for them to both use contraception and practice safer sex. The Advisory Group therefore believes that the new guidance being developed for youth workers, social workers, residential social workers and foster carers will be essential to ensure that all professionals understand that they can, in confidence, provide advice and refer for treatment those aged under 16 when the sex offences legislation, discussed in Chapter 1, progresses to statute.

5.10 The advent of long-acting, safe, highly effective and reversible methods of contraception including injectables, subdermal implants and new intrauterine contraceptives widens young people’s contraceptive options. The Advisory Group believes that in order to ensure equity of

access to accurate information and consultation, it is important to raise awareness amongst both health professionals and young people and correct any misunderstandings about the suitability of these methods for teenagers. They must be offered non-coercively, with careful client-centred counselling.

5.11 Ignorance is one reason why certain methods of contraception are often denied to young people as is funding for long-acting methods. For example, the subdermal contraceptive implant is not on the “GP Tariff” and the Advisory Group consider that many GPs do not routinely offer this method of contraception as a consequence. The Advisory Group therefore recommends 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.*

5.12 The Advisory Group welcomes the wider accessibility of emergency contraception through the prescription only medicine to pharmacy licence of January 2001. However it considers that for many young people aged 16 and over, over the counter provision is cost-prohibitive. The value of holistic health care advice and provision encompassing emotional welfare, the prevention of STIs and the opportunity for follow-up cannot be underestimated. Pharmacists offering a huge number of sites with extensive opening hours and schemes, providing free emergency contraception under patient group direction, are to be encouraged.

5.13 For those young women who decide not to continue with pregnancy, access to abortion services varies, as do methods of termination. In 1999, the percentage of NHS funded abortions ranged between 46–96% in different health authorities and one survey¹⁹ found that women can wait for up to four or five weeks in some parts of the country. Clearly this has serious implications for pregnant girls and young women who tend to seek professional advice much later than older women do.

Key Recommendations

- 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

Chapter 6: Boys and Young Men

6.1 There are few ways in modern society where boys and young men can demonstrate maturity and achieve social status amongst their peers. Sex has therefore become an important right of passage to them. Past responses to tackle teenage pregnancy have largely overlooked boys and young men, as has the important role they have as fathers and role models. Clearly half of the solution to our high teenage pregnancy rates is very much dependent on increasing the involvement of boys and young men in decisions about relationships, contraception, sexual health and pregnancy.

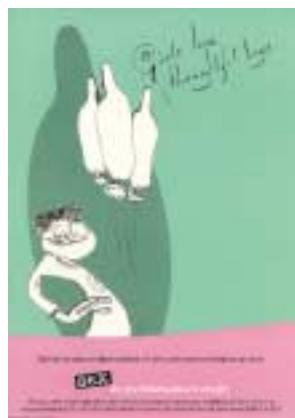
6.2 A key strand of the overall strategy is therefore to improve boys' and young men's uptake of contraceptive and sexual health services. TPU guidance on commissioning and the development of contraceptive services for young people was supplemented in April 2001 by guidance specifically on the development of contraception and advice services to reach boys and young men. The guidance on boys and young men was produced with valuable input from local teenage pregnancy co-ordinators and Advisory Group Members.

6.3 The national media campaign gives equal weighting to targeting boys and young men as it does to girls, with campaign adverts appearing in a number of magazines that are produced for, or predominantly read by, boys and young men. They include Computer & Video Games, Kerrang, Shoot, Match, MaxPower, BBC Match of the Day, Front, Sky, and N64.

6.4 Raising awareness and developing professionals' skills in order to meet the specific needs of boys and young men is crucial and a number of conferences, training programmes and resources have been developed both nationally and locally. For example, TPU provided funding towards the production of the fpa resource "*Moving goalposts*" which provides practical guidance for planning and delivering training to professionals who undertake sex and relationships work with boys and young men. The Sheffield Centre for HIV and Sexual Health has developed a course primarily for teachers, school nurses, trainers, youth workers and workers with boys and young men in situations where there is an educational or personal development role.

6.5 The Advisory Group is concerned that despite the development of resources to improve professionals' skills, teachers with little special training can often be expected to teach sex and relationship education in large and mixed-gender groups, causing embarrassment on both sides. Boys can disrupt these classes to disguise the embarrassment caused by their reticence in talking about intimate matters, which can ultimately lead to detachment from what is being taught. It believes that formal training to equip teachers with effective methods and strategies for engaging with boys and young men should be in place and recommends that *the Teacher Training Authority ensure that all teacher training provides a focus on strategies in SRE which are effective with boys and young men*.

6.6 The Chair of the Group has undertaken a substantial number of visits across the country in order to see at first hand local initiatives and responses to teenage pregnancy. These have



included a number of innovative projects specifically focussed on boys and young men, and young fathers. These have included thoughtful approaches in providing alternative access to contraception and sexual health information, work to increase self-esteem and also parenting skills. The Advisory Group is pleased to note that there is a move towards the development of initiatives which take a positive approach to recognising the needs of boys and young men and hopes that such approaches are developed in all localities.

CASE STUDY

Barbers' Shop Condom Distribution Scheme, Coventry

The scheme is aimed at young men (6th form students) in a single sex school and operates with the co-operation of an all-male barbers' shop in close proximity. Access to the scheme is via completion of an in-school, peer-led, workshop on sex and sexual health which aims to raise awareness of: the realities of teenage parenthood; various contraceptive methods, refusal and negotiation skills; local sexual health services and links, including a one stop shop clinic. The scheme employs a voucher system enabling young men to exchange it at the barbers' shop for a plain bag containing condoms, safer sex and additional sexual health information.

6.7 A recent review of research²⁰ indicates that young men who become young fathers are more likely to be socially or economically disadvantaged, have an increased likelihood of being unemployed, and to have been in trouble with the police when compared with their peers from similar backgrounds who are not fathers. These factors are similar to those that distinguish teenage mothers from their peers. In addition to the Sure Start Plus initiative, there are a number of voluntary organisations and projects at both national and local levels involved in taking forward work specifically for young fathers which include the provision of support, advice, training for professionals and innovative approaches to engaging them. That said, it must be recognised that young fathers do not always use mainstream services and that there is still a lack of services specifically targeted at them.

CASE STUDY

Supporting Young Dads (SYD) Project, Community Education Development Centre

Funded by the Department of Health, SYD is a three-year project which aims to: pilot innovative and effective ways of reaching and supporting young fathers, (including those from BME communities) in both rural and urban settings; evaluate practical initiatives that provide young fathers with the support they want or need; disseminate learning through national seminars and reports and materials. SYD began in November 2000 with pilot sites established in Wolverhampton and the Dearne Valley.

6.8 A vital aspect of the Chair's visits mentioned earlier in this Chapter, has been the opportunity to talk with the young men and women to ascertain their views. Worryingly, a recurring theme raised by some of the young parents who co-habit and are in stable relationships relates to the benefits system, which appears to favour lone mothers. As a result young mothers, in particular, have been advised that by ending co-habitation arrangements they are eligible for a wider range of benefits. The Advisory Group is concerned about the detrimental effects that this has on the relationship between the child, its mother and father, and the negative impact on work to increase participation of young fathers in their children's lives. We cover this subject again in Chapter 9.

Chapter 7: Groups with Specific Needs

7.1 There is a continued emphasis at national and local levels on the need for joined up work in order to provide both support and services for young men and women with specific needs. In addition to the strategy, a number of key policy initiatives have the potential to impact and influence services and support. They include: Quality Protects; Youth Offending Teams; Healthy Living Centres; The Children (Leaving Care) Act 2000; the Framework for Assessment of Children in Need and their Families; and Crime and Disorder Reduction Strategies.

7.2 The National Care Standards Commission will be established from 1 April 2002 as a non-departmental public body to regulate Social Care and private and voluntary health care in England. It is vital that the Commission includes the issue of teenage pregnancy within its remit and the Advisory Group recommends 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.*

Disabled Young People

7.3 Disabled children and young people often learn about sex and sexuality much later in life than their peers without disabilities. Some people hold mistaken beliefs about their bodies, and ignorance can lead to misinformation and opportunities for sexual abuse. Sex and Relationship Education (SRE) is vital for this group, and given the danger of conceptualising these children and young people homogeneously, different approaches are needed for those with physical disabilities and those with learning disabilities. The Advisory Group is keen to ensure that their needs are not overlooked. Greater work is therefore required to ensure that the needs of disabled children and young people are identified and that information is available on sexual health, on SRE and on rates of unplanned pregnancies.

7.4 Parents and carers of disabled children and young people require support and encouragement to ensure that their children have adequate and appropriate SRE. This is an area that the TPU may wish to consider when undertaking their Involving Parents in Prevention initiative, as discussed in Chapter 4.

CASE STUDY Connect Project – Barnardo's, Bradford

The current focus of Connect is to provide training and develop resources for agencies, parents and carers to undertake lifelong sexual health work with children and adults with learning difficulties. Connect offers training for social workers, residential staff and short break carers working with young people with learning difficulties. The training focuses on raising awareness about sexual health and considers the complex links between sexuality and vulnerability. In response to demand the project is now offering a consultancy service to disseminate its work.

Looked After Young People and Care Leavers

7.5 Looked after young people are at disproportionate risk of teenage parenthood. Research²¹ has shown that 25 per cent of care leavers had a child by the age of 16 and nearly 50 per cent were mothers by the time they have moved to independence²². Recent Government reports have highlighted that many looked after young people have unmet health, education and therapeutic needs and the Government's Quality Protects Initiative seeks to address these. Guidance is being developed on achieving health and wellbeing for looked after young people, which is to include the guidance to youth workers, social workers, residential social workers and foster carers discussed in Chapter 5, and is expected to be published shortly. TPU is in the process of commissioning an initiative to provide guidance based on good practice from Quality Protects and a strategy to help local co-ordinators plan and develop suitable services and support for looked after young people and care leavers which the Advisory Group welcomes. In addition Regional co-ordinators are developing specialisms to inform practice and disseminate nationally, including work on looked after young people and care leavers.

7.6 The National Healthy Care Standard (NHCS) programme aims to develop a national standard for promoting the health and well-being of looked after children and young people. Sexual health will be a component of the NHCS programme and criteria will be set which ensures SRE, access to sexual or confidential health services and subsequent treatment and care, as well as support for young parents. It is being developed as a parallel process to the National Healthy School Standard by the National Children's Bureau and funded by the Department of Health. It aims to support multi-agency partnerships meet their Quality Protects, Health Improvement Programme and Education Development Plan objectives. The programme will build upon good practice being developed within partnerships across the country.

7.7 While many local areas have developed good services or initiatives these vary significantly, with some authorities still at the initial stages of strategic planning. Progress has however been made on policy development and implementation of training for staff and foster carers. The National Foster Care Association and the Sex Education Forum (SEF) have published a fact-sheet to help foster carers talk to their children about sex and relationships which was produced by one Advisory Group Member and funded through Department of Health monies. In addition the Sexual Health In Care (SHIC) Project recently run by the SEF has enabled authorities to examine their progress in this area of work and to consider appropriate ways of developing it further.

CASE STUDY

Aylesbury

The SHIC project provided a one-day workshop for foster carers on sex and relationship education for looked after young people. Fifteen foster carers and five members of staff participated. The event evaluated extremely well and active participation by foster carers was reported. As a consequence of the event, the SHIC consultant has been commissioned by Aylesbury County Council to facilitate their development of policy on sexual health for looked after children and young people.

7.8 The Advisory Group is concerned that statistical data still appear patchy and believes there is a need to improve the evidence base for work in this area. In addition ongoing training and support on sexual health and SRE offered for staff and carers needs to continue.

7.9 A particular problem for children and young people living away from the family home is that they can be highly reliant on one another making them particularly vulnerable to pressure to become sexually active at an early age. Many of these children and young people will have been taken into care because of experiences of abuse and the information they have of sexual relationships is not necessarily accurate. A significant majority may also have missed out on SRE at school because of multiple placements.

7.10 For these young people basic sex and relationship education alone is insufficient, and they require additional help and support to understand what constitutes a safe and mutual relationship. Their carers, whether social workers, residential workers or foster carers also need to be trained to address these issues sensitively alongside training on personal development and building young people's self-esteem. As corporate parents local authorities need to be more active in their efforts to prevent teenage pregnancy and a crucial first step is ensuring that young people have access to information and SRE guidance and access to confidential services, as well as the provision of support for young mothers and fathers. All local authorities should have a sexual health policy for looked after young people as part of their statutory duty under the Children Act 1989 to safeguard and promote the well being of children and young people in their care.

7.11 Support for teenage parents leaving care is another area that requires improvement. Research²³ conducted with young mothers who had left care indicated that they felt more should have been done to address their problems when they were in care and at the point of leaving it. Many experienced homelessness, exploitation, risk of drug and alcohol misuse, poor education and employment opportunities and having a baby appeared to offer a positive alternative to some of these difficulties. They did not, however, feel supported by their social workers and instead felt they and their children were being monitored and as a result felt that they could not approach social services for help because of fears that their child would be taken away. It is hoped that the new Children (Leaving Care) Act 2000 will ensure that social services undertake their responsibilities fully, ensuring that the needs of teenage parents leaving care are not neglected and that appropriate support is made available.

Key Recommendations

- 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
- 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

Black and Minority Ethnic (BME) Communities

7.12 Since dissemination of the TPU's guidance on supporting young people from BME communities to access contraception and advice, some areas are considering ways of involving and consulting with local BME communities around their Strategy. This work is being developed at varying rates across the country. Prioritisation is often dependent upon local demography and is an aspect of the strategy that appears to present challenges to some professionals. It is therefore imperative that ongoing support and good practice, as it develops, is shared

consistently. Statistical data collection, monitoring and evaluation of the services and support provided for pregnant girls and young people from BME communities require improvement.

7.13 Without such information it will be challenging for the strategy to provide clarity about what constitutes best practice work and to identify which interventions have proved to be the most effective in reducing teenage conception rates and improving sexual health within BME communities. The Advisory Group therefore recommends 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.*

7.14 TPU is commissioning research on learning from promising practice in the field of teenage pregnancy. One of the categories of activity that has been prioritised for coverage by the research is prevention work with children and young people from BME communities.

Young Offenders

7.15 As discussed in Chapter 3, an accredited Social and Lifeskills module on SRE for Young Offenders has been developed with supporting materials by the Sex Education Forum, working in partnership with the Prison Service the Department of Health's Prison Health Policy Unit and the TPU. During the development of the materials, both staff and inmates in Young Offender Institutes (YOIs) were consulted. Many YOIs such as Bullwood Hall, Deerbolt and Lancaster Farms are already delivering SRE and Parenting Education. The Advisory Group believe that from this base, with additional support and a requirement to include SRE, there is room for excellent models of practice to develop further.

Chapter 8: Education and Training for Teenage Parents

8.1 Local Education Authorities (LEAs) have no specific statutory duties or powers relating to the education of young mothers and fathers over and above those they have for children and young people of compulsory school age. Research²³ amongst teenage mothers suggests that many felt they were forced to end their education as a result of their pregnancy. Those who remained at school expressed disappointment with the level of educational support received, felt that they were subject to insensitive treatment by their teachers and were, at times, ridiculed and bullied by other pupils. For the majority, returning to school following pregnancy was not an option they pursued because of a lack of childcare and stigma.

8.2 Education and training are pivotal components of the strategy and will be significant factors in success or failure of the change in culture required to reduce conception rates and improve the outcomes for teenage mothers, fathers and their children. The Advisory Group firmly believes that all pregnant young women, teenage mothers and fathers have an entitlement to education and training and that every opportunity should be taken to ensure that they are supported in continuing education. It welcomes the news that the percentage of teenage parents in education, training or employment increased from 16% in 1997 to 31% in 2000.

8.3 The Department for Education and Skills (DfES) issued guidance on Pupil Inclusion in July 1999 making clear that teenage pregnancy is not a reason for school exclusion. Despite this, anecdotal evidence suggests that some LEAs have prevented a number of pregnant schoolgirls from remaining in school most commonly for health and safety reasons. Draft guidance for LEAs and schools on the reintegration of pregnant schoolgirls and young parents back into education was issued for consultation in January 2001 and the Advisory Group responded on a number of points. The Advisory Group hopes that the final guidance both addresses this issue and is distributed swiftly.

8.4 Since December 1999, some £10 million has been made available to 48 LEAs to help re-integrate school age mothers back into education under the Standards Fund Teenage Pregnancy grant. The funds have supported a specialist reintegration officer post at LEA level within the 48 LEAs and a Learning Support fund to enable school age mothers overcome barriers to learning. The grant has also been used to fund a series of action research projects aimed at reducing conception rates by raising pupils' self-esteem, exploring issues of choice and responsibility and peer pressure. The Advisory Group understands that a decision on future funding has been taken in the light of results of the evaluation of this intervention and it welcomes the news that the fund is to be continued and also broadened across a wider range of LEA areas. It is important that support is afforded not only to the pregnant young mothers, but to their schools and the Advisory Group recommends 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.*

8.5 In addition to reintegration officers, Connexions and Sure Start Plus Personal Advisors, have key roles in providing advice, support and access to education and training. As with all services it is vital that service levels are set and maintained and performance consistent with good practice shared. The Advisory Group recommends 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. There is also potential for overlap in the work of these initiatives and the Advisory Group recommends that to ensure effective use of the available resources 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.

8.6 While some teenage mothers may wish to return to education as soon as possible after the birth, others may want to wait until their child is older or at school. With this in mind it is important that a flexible approach towards the uptake of educational opportunities for young mothers is adopted. The Advisory Group recommends 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.*

8.7 The lack of childcare provision can be a significant barrier to participation in education and training. Although there is no national provision of childcare for teenage parents, access to funding is available through initiatives for a wider population including Working Families' Tax Credit, Childcare Tax Credit, New Deal for Lone Parents, Job Seekers Allowance and Learning Support Funds. A number of pilots are assessing ways of providing childcare and support needs through initiatives including Children Come First, Standards Funds, Sure Start Plus and Education Maintenance Allowance. Anecdotal evidence suggests that information about the range of initiatives offering support, and the criteria for it, are not readily accessible to both teenage parents and those providing advice to them. In order to provide a coherent system specifically tailored for teenage parents, the Advisory Group recommends that *the Government produces a nationwide strategy to ensure that all teenage mothers and fathers seeking to return to education or training have access to affordable childcare, drawing on the lessons learned from existing pilot projects.*

Key Recommendations

- 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
- that the Government produces a nation-wide 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

CASE STUDY

"Emma"

In areas without a Pupil Referral Unit or schoolgirl mothers unit, there can be problems accessing support and provision for teenage mothers to finish their education. "Emma" is 14, has a young baby but no longer has any contact with the baby's father. She has no mother, lives with her father (who works part-time) and a younger sibling and has no extended family in the area. She wishes to finish her education but the LEA only provides 5 hours home tuition and has stated that the cost prohibits her attendance at a schoolgirl mothers unit in a neighbouring area. The local social services department has stated that it will not provide any funds for childcare because "Emma" is not a child in need. Her health visitor and school nurse have spent months trying to get financial help to allow her to complete her education.

8.8 Specialist Pupil Referral Units (PRUs) for young mothers can offer the support and personal attention needed to motivate young women to return to education; however, there does not appear to be centrally collected information on the number and availability of PRU places. The Advisory Group therefore recommends 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*.

CASE STUDY

Wakefield Mothers Union Genesis Project

The Genesis group is a network of Pupil Referral Units for teenage mothers. The Mothers Union provide volunteers from their membership to support the units, helping to run a crèche to enable the girls to have their babies with them on the premises as they continue their education. A qualified nursery nurse ensures professional standards of care. MU members provide material support in the form of baby equipment and toys and a much-valued informal network of support for the young mothers and occasionally the fathers, often based on confidences and friendships formed in the crèche. The Local Education Authority plans to close down all the Genesis units but most of the girls say they would refuse to go back to school having previously rejected that option on the grounds of their experiences of disapproval and anger at their pregnancies and lack of support from their parents.

8.9 A high number of pregnant young women and teenage parents may have problematic educational histories and a significant number may have been persistent truants or excluded from school. Persuading them to return to education could be considered to be a lost cause by some. However, where Pupil Referral Units are closed and teenage mothers are encouraged to continue their education in schools, resources should be diverted to enable them to do so and to support them in this option. In addition to the provision of childcare for their babies, a range of educational options that begin from basic courses in interview skills, confidence building and self-esteem which then move on to encourage the uptake of certified education and training are therefore required to reengage these young people. A number of projects do offer alternatives both for young mothers under the age of 16 and for those aged 16 and over.

CASE STUDY

Rowan Centre, Rotherham

The project was set up by Barnardo's and Rotherham Education Authority in 1993 to combine educational opportunities with emotional support and on-site childcare facilities. The project is available to any teenage mother on the school roll in Rotherham, under 16 who chooses to attend the project. It offers preparation for parenthood and childcare facilities alongside curriculum teaching. Alongside their individual education plan, the young women receive support and preparation for birth and parenthood. A midwife and health visitor regularly attend to provide antenatal and postnatal care. All the young women have childcare lessons and some may choose to do a GCSE in this subject. After the birth of the child the young mothers can continue attending the centre until reaching school-leaving age.

CASE STUDY

Pathways for Parents Projects, Tile Hill College and Quality Careers Service, Coventry

Tile Hill College has been involved in delivering programmes designed to introduce and motivate young parents into education and training since 1999. It has a 3-stage model, which has been delivered to several groups of young mothers aged between 16-24. The first stage introduces young mothers to the idea of returning to education, training or employment through an outreach programme at community venues. Sessions are informal and comprise practical activities. The second stage offers young mothers the opportunity of attending a weeklong summer school giving them an induction to the college and its childcare facilities. Under the third stage the mothers can follow several programmes, supported by 'Learning Support Fund' monies, free childcare, either on or off site (up to £3,000) and a weekly drop-in lunch club. The College also runs a discreet two-day a week course for young mothers who would like to enter further education, but are either not ready for full-time education, do not wish to enter full-time education or are unsure of which area of study they would like to pursue.

8.10 Some anecdotal evidence and small scale research has recently drawn attention to the difficulties some pregnant teenagers face in attending ante-natal classes. Some of these difficulties arise from practical problems, for example transport, whilst others arise from feelings of stigmatisation from other potential parents and/or staff. The Advisory Group believes that this issue should be considered at local levels to ensure that this group is not disadvantaged in this regard.

8.11 We do not know enough about what does and does not work in schools and other educational settings. There has been very little evaluation of the different educational approaches to teenage parents, their quality and whether or not better outcomes have been achieved by encouraging school aged parents to remain in school or by attending specialist units or through other settings. The Advisory Group recommends that *the Government undertake a review of the quality of educational and training provision in PRUs and schools*. Next year all school pupils will be allocated a Unique Pupil Number (UPN) to facilitate tracking and standards and the Advisory Group believes that this could present an opportunity to help towards building up a national picture. It recommends 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*.

Chapter 9: Support for Teenage Parents

9.1 For many teenage mothers and fathers the support of their families is a crucial factor in enabling them to cope with the reality of parenthood. Families can provide a range of support including pre-natal care, being present at the birth, caring for the child, babysitting, and financial support. For many teenage parents, support from their families comes in the form of housing with approximately seven out of ten 15 and 16 year old mothers, and around half of 17 and 18 year olds, staying at home²⁴. Life for those without strong family links can be an isolating experience compounding the difficulties they face as parents. The provision of advice, support and information services for all teenage mothers and fathers is an important component of the strategy. Services emphasising increased self-esteem and confidence and also those providing opportunities for teenage mothers and fathers to build on their skills and gain access to education or employment opportunities are not only effective, but can reduce social isolation.

9.2 Sure Start Plus is now providing support through Personal Advisors, both to girls and young women who discover that they are pregnant, and to teenage parents through 20 pilots which have been set up across the country and a further one is expected to begin service shortly. A comprehensive support package for young parents, both for mothers and fathers, is available and tailored to meet their individual needs on areas including health care, parenting skills, education, childcare and housing. The Personal Advisors usually become the key worker for the young parents during the period of time that specialist support is required and have a vital role in providing in-depth one to one support, assessing need and brokering access to other services. The Advisory Group believes that if evaluation of the pilots reveals it to be a successful model of support for pregnant young women and teenage parents then the programme be introduced across the country. It therefore recommends 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.*

9.3 The Connexions Service is being introduced to provide integrated information, advice, guidance and personal development opportunities for all 13–19 year olds across the country. As with the Sure Start Plus initiative, Personal Advisors play a central role and their aim is to ensure that young people, including teenage mothers and fathers, are able to engage in education and training through a network of voluntary, statutory and community agencies and commercial bodies.

9.4 It is important that the quality and extent of advice offered to pregnant teenagers and young mothers and fathers by these services is consistent and details of the information provided monitored. Equally balanced and neutral advice should be provided covering the options of keeping the baby, adoption or abortion. The Advisory Group therefore recommends that *the Government monitors and reports on the extent and quality of advice provided, including information on all three choices offered.*

9.5 Childcare pilots have been set up in five areas, two of which are based in Early Excellence Centre areas while the remainder are in Educational Maintenance Allowance (EMA) areas and the Department for Education and Skills are contributing up to £100 a week towards childcare costs. As discussed in Chapter 8, the lack of suitable childcare can be a significant barrier

in the uptake of education and training by teenage mothers and fathers. The Advisory Group therefore recommends that *the Government provides free childcare to teenage mothers and fathers returning to education, training or work for a defined period.*

CASE STUDY

"Young Parents' Project", Sunderland

The Young Parents' Project is a multi-agency initiative provided by a team consisting of a health visitor, social work staff, a housing and support worker, a teacher and careers worker. The Project has an on-site nursery enabling young women to access statutory education if under 16 and a variety of vocational and educational courses, including a residential one. It also has a toy library for young parents. The Project is developing outreach work within the community, both on a one-to-one basis and through group work, and is establishing a mentoring and babysitting scheme.

9.6 The costs incurred in bringing up a child are significant and while some families of teenage parents can offer financial assistance, up to 90% of teenage mothers rely on benefit¹. Currently, the levels of benefits available to teenage mothers and fathers aged between 16–18 are set at different rates, for 16–17 year olds they are particularly poor, despite the fact that parenting costs will be the same regardless of the age of the parent.

Key Recommendations

- 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

9.7 As previously discussed in Chapter 6, the benefits system does not appear to favour co-habiting teenage parents and a wider range of benefits is available for lone mothers. Given the detrimental effect that this can have on relationships between the child, its mother and father, and the negative effect on initiatives aiming to increase young fathers' participation in the lives of their child, the Advisory Group recommends that *the Government reviews the impact of the benefits system on co-habiting fathers in stable relationships.*

9.8 Adult role models, mentors and befrienders can be positive interventions for working with young people including young mothers and fathers. In addition, peer support initiatives are particularly relevant and successful in engaging and supporting young people as well as exploring problems, opportunities and difficulties in their lives.

CASE STUDY

Broxtowe Family Centre, NCH

The Centre runs a number of programmes for young parents, including one which involves locally recruited volunteers to befriend young parents and integrate them into the community by offering access to formal and informal services. The volunteers, who are often young parents themselves, receive training and offer support to teenage parents. The scheme not only provides a mentoring and outreach function but also builds on the skills and confidence of the volunteers, improving their employment opportunities in addition to providing a positive role model for others.

9.9 Group work is also a positive way of working with teenage mothers and fathers. It offers the opportunity for learning parenting skills, gaining knowledge and reciprocal support from peers as well as receiving support from trained staff. Parents can share their experiences, reduce their isolation, learn from each other and increase their confidence and self-esteem.

CASE STUDY

"New Beginnings", Bolton

BYPASS, a NCH project in Bolton, runs the 10-week "New Beginnings" programme for teenage mothers and fathers and parents to be. Under the programme group work covers a number of key themes including: their experience of teenage parenthood; their experience of professionals; practical care; support mechanisms; relationships and sexual health; welfare rights; learning for babies; looking after yourself; and, education/training opportunities. In addition, the programme also offers one-to-one support from project workers. The programme has a crèche facility and transport both to and from the group is provided.

9.10 Compared with teenage mothers, teenage fathers receive very little attention, yet they have the potential to play a significant role in the parenting of their children. Research²⁵ has indicated that many young fathers feel a great sense of responsibility for their children and have expressed the desire to be more involved in child rearing. A number of initiatives are highlighted in Chapter 6, however there is a gap in the number of organisations and specific work targeted at this group. The Advisory Group therefore recommends that the *Government ensures that programmes are in place which encourage the participation of teenage fathers in the upbringing of their children.*

Chapter 10: Housing for Teenage Parents

10.1 The Social Exclusion Unit strategy on Teenage Pregnancy made the commitment of providing semi-independent housing with support for all under 18 lone parents, by 2003. The Advisory Group has considered this target and believes it needs clarification.

10.2 Research²⁴ has shown that around 30% of 15 and 16 year old mothers and about half of 17 and 18 year old mothers do not stay at home. They tend to live in care, social housing or temporary accommodation. Some young women move several times during pregnancy and the early months of motherhood, making it more difficult to access the care and support they need. Conception rates are also high among young women who are already homeless and it has been estimated that approximately a quarter of young homeless women become pregnant in any one year²⁶.

10.3 The Advisory Group believes that the individual needs of teenage parents and their children should be taken into account by housing and social services authorities in determining the best housing with support options. While housing-related support should be available to all it need not be compulsory as some, for example young women who continue to live with or near to a supportive parent, may not need it. It should also depend on other support provided for example, by health visitors or through the Education Service. Under 18s should not be expected to be in semi-independent housing. The options could include:

- A full independent, permanent social tenancy with or without “floating support”
- An appropriate supported housing scheme with a range of communal facilities plus on-site support for mothers and babies
- Shared, hostel type schemes with a large degree of peer support
- Intensive supported housing with 24 hour care for young people with high care needs
- Remaining in the family home supported by family. Housing authorities should be willing to transfer the extended family to more appropriate or larger premises
- Foster family placements with experienced parents
- Innovative community based schemes which can provide support for young parents living in independent accommodation, run by churches, community organisations or regeneration partnerships
- Supported lodgings (living with a supportive adult but more independent than in fostering)

10.4 The Advisory Group feels strongly that young parents should, with support, be able to choose from a range of provision. The punitive thinking that refuses, under any circumstances, to allocate social housing to a pregnant teenager, is inappropriate and ineffective. The Group does not believe that the vast majority of young women become pregnant in order to access social housing. It does recognise that a number of housing authorities have not felt able to allocate anything better than a one bed flat in the least popular parts of town, often because of a shortage of other options. For many young parents with babies these settings can be isolating, dangerous and unsuitable for children. For many young women and their babies support is necessary

and would be welcomed, though the Group would not want to make acceptance of specific support a condition of being awarded tenancy rights. We believe however, that once a teenage mother or father no longer requires housing with support they should be given an independent tenancy, even if they are under 18 years old. Anything less than this is merely punitive, and a waste of valuable accommodation and support.

- 10.5 Young mothers and fathers should have the autonomy of being able to opt in and out of the support available and also the right to ask for it when they need it. In addition to providing practical support in parenting, all of these schemes can encourage the pursuit of opportunities for education, training and employment. During many of the Chair's visits, discussions with young mothers have suggested that they would welcome the opportunity of living in a supportive environment where they could benefit from advice with childcare, parenting and other support, including preparation for independent living. The Group intends to fully explore these options during the coming year.
- 10.6 Currently, resettlement support is often attached to the tenancy and not to the young parent thereby revealing an anomaly where resettlement support is not always available to all the young parents who need it. It is critical that resettlement support is available when young fathers, mothers and their children move on from the supported housing units. When first moving into independent accommodation many young parents can face the problem of furnishing it and applications for community care grants are not always successful. In order to ensure their tenancy is sustained it is important that help is given to adequately furnish their accommodation, as well as ensuring it is in a decent state of repair. Other areas require thought and practical support for example; help with decorating, or putting up shelves. Often where no help is available this can lead to the young parent never feeling settled in their own place. This support is not only required during the transition from the unit to their own accommodation but on an ongoing basis. Additional resources and staffing may need to be provided at the initial move in to independent accommodation and the Advisory Group recommends 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.*
- 10.7 The standard of accommodation offered or made available to many teenage parents can vary as can waiting times and levels of support. If young mothers, fathers and their children are to be given a chance to engage in education, training and employment and their children are to thrive in a stable home the Advisory Group recommends 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.*
- 10.8 Six housing pilots for lone teenage parents in Lambeth, Oldham, Sandwell, Stoke on Trent and Nottingham were announced by the Department for Transport, Local Government and the Regions (DTLR) in July 2000. The pilots will be evaluated and the Government has commissioned research to find out what can be learnt from existing schemes and in particular, the experiences of the young mothers who have lived there. Good practice guidance for Registered Social Landlords and Housing Associations, based on the research, has recently been published by the TPU and DTLR.
- 10.9 Housing authorities have been asked to undertake an audit of current provision and demand from teenage parents. The Advisory Group believes that it is important that this information is used to provide a baseline on which to assess progress. It therefore recommends 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.*

10.10 Additional revenue was also identified, £11 million over 3 years, to support implementation. This funding will transfer to the *Supporting People* budgets from 2003, and *Supporting People* partnerships will be required to demonstrate in their plans how they will continue to provide supported housing for teenage parents. The Advisory Group considers it vital that adequate provision is made in order to realise implementation.

Key Recommendation

- 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

10.11 The Group also recommends 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.*

10.12 While many mothers and fathers who are under the age of 16 may continue to live with their families, there appears to be a gap in the availability of suitable supported housing for this highly vulnerable group. The Advisory Group therefore recommends 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.*

CASE STUDY

Gabriel Court, NCH Project, Rochdale

Gabriel Court is a supported housing project providing temporary accommodation and support for up to 12 women aged between 16–21 who are pregnant or have a young baby, are in housing need, and in need of support. It comprises 12 self contained flats, each with its own bedroom, lounge, kitchen and bathroom, together with an additional communal lounge, kitchen, laundry and staff offices. There is 24-hour staff cover. The project operates a key working system and each resident has a named support worker. While most of the support is provided on a one-to-one basis, occasionally group sessions are run at the unit and have previously covered child protection, domestic violence, bullying, and antenatal sessions with a midwife.

Annex I: Recommendations

A full list of the Advisory Group's recommendations is given below. Its key recommendations, which are highlighted, can also be found in the Summary of this Report (see pages 7–8).

Chapter 1: Joined Up Action

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
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
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
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
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

Chapter 2: National Campaign

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

Chapter 3: Sex and Relationship 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 Authority 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

Chapter 4: Involving Parents in Prevention

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

Chapter 5: Advice and Contraception for Young People

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
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

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
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
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
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

Chapter 6: Boys and Young Men

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

Chapter 7: Groups with Specific Needs

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
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
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
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

Chapter 8: Education and Training for Teenage 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
29. that the Government produces a nation-wide 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
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
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
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
34. that the Government produces a nationwide strategy to ensure that all teenage mothers and fathers seeking to return to education or training have access to affordable childcare, drawing on the lessons learned from existing pilot projects
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

Chapter 9: Support for Teenage Parents

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

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

Chapter 10: Housing for Teenage Parents

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
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
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

Annex II: List of Members with Summary Biographies

Chair: Winifred Tumim, OBE, has worked at a senior level in both voluntary and public sectors, with a particular focus on working with young people for many years. Previously a non-executive director of an NHS Community Health Trust, she is a governor of an inner city comprehensive school and is currently chair of the National Council of Voluntary Organisations.

Deputy chair: Gill Frances has been manager of the Children's Personal Development Unit at the National Children's Bureau since 1999. Prior to this she was director of the Sex Education Forum. She has written and contributed to a wide range of publications on effective sex and relationship education for young people and has also acted as a consultant to a range of organisations including youth services, social services and the media.

Members

Simon Blake is the Director of the Sex Education Forum. He has many years' experience of working with young people and previously ran a sex education project in South Wales targeting boys and young men.

Viv Crouch is a school nursing sister working for the Bath and West Community NHS Trust, working largely with school age children and their families. In 1995 she was awarded the Pamela Sheridan award for excellence in sex education.

Beverley Davis is a youth and community worker in Hackney Youth Service with over 17 years experience of programme development and working with disaffected young people. She co-ordinates a number of projects, including the Duke of Edinburgh's Awards Scheme, which aims to engage young women, young offenders, those excluded or at risk of exclusion, young fathers and young men from Black and Minority Ethnic community groups.

Kate Davies is the Chief Executive of Servite housing association, which provides housing for a range of people including young single women, young families and pregnant teenagers. While Director of Housing at Brighton & Hove City Council, she was instrumental in establishing a multi-sector initiative to address issues including poor educational attainment, teenage pregnancy and unemployment. Was manager of Brixton Brook Advisory Centre during the late 1980s.

Jane English is Principal at Paignton Community College, Devon a Secondary Comprehensive providing education in two of the most deprived wards in the country. She was instrumental in introducing the school's Teenage Information and Advice Centre, which offers students access to a variety of health professionals. The Centre deals with a range of health issues including contraception and contraceptive advice and is currently being researched by OFSTED as an example of good practice.

Jane Fraser is a Minister in Secular Employment working in the field of sex education. She has worked for Brook Centres for over 30 years with responsibility for writing sex education resources for professionals working with young people, and leaflets and booklets for young people themselves. She now works independently as a trainer and consultant.

Rachel Garbutt is the Director of Manchester Brook Advisory Centre. She has delivered sexual health workshops in a wide range of settings including probation hostels, youth clubs and schools.

John Guillebaud is a consultant gynaecologist who has worked in the field of reproductive health for over 30 years. He is currently Professor of Family Planning and Reproductive Health at University College, London and Medical Director of the Margaret Pyke Family Planning Clinic. His publications include “The Pill” and (with Dr Anne Szarewski) “Contraception – A user’s guide”, for a general readership.

Frances Hudson has over 20 years’ experience of working with schoolgirl mothers and their families. She is a former head of the Education Unit for Teenage Mothers in Bristol.

Jo Hunter is the Lead Professional for Contraception and Sexual Health Nursing in North Derbyshire and Nurse Lead for North Eastern Derbyshire Primary Care Team. She has worked with young people in a variety of sexual health settings and has planned and delivered sex education in schools. Previously she has worked as a midwife with a special interest in teenage pregnancy.

Roger Ingham is the Director of the Centre for Sexual Health Research based at Southampton University. He has written extensively on research issues and has worked actively in this area for many years.

Margaret Jones, OBE, formerly the Chief Executive of Brook, has over twenty five years’ experience of working in health promotion and contraceptive services. She is now a lay member of Chiltern and South Buckinghamshire Primary Care Group.

Jackie Kelly is the Chief Executive of Ekaya Housing Association, and has 15 years experience in the provision of social housing and housing advice. Ekaya specialises in supported housing for young women from black and minority ethnic community groups, including pregnant teenagers, and operates in seven of the south London boroughs.

Vivienne Kind is a Children and Families Social Worker, a Councillor for the City of York where she is Executive Member for Housing and Health and also the Chair of the Children’s Health Improvement Board, and a foster carer, primarily for teenagers. She has worked previously as a primary school teacher and has been a member of fostering organisations at local and national levels.

Jacqui McCluskey is a Public Policy Officer for NCH and has direct experience of working with vulnerable young people.

Dr Anne McPherson, OBE, is a GP working in a practice in Oxford city centre. Her background demonstrates a commitment to promoting the health of young people in primary care. Co-author of ‘Diary of a Teenage Health Freak’, she contributes regularly to teenage magazines on contraception and health issues.

Judy McRae heads school nursing in Newham. Previous experience includes working closely with schools in South London in planning and delivering sex and relationship education.

Dr Alison Oxby works for Northumbria NHS Trust as a Lead Clinician in Reproductive and Sexual Health. She has experience of delivering services to young people within Family Planning Clinics and young peoples’ “Drop In” sessions.

Marion Parsons is currently Head Teacher of Islington Green School. Her background is exclusively in secondary school education, most recently as Head of the Great Coat Hospital, Westminster. She is Governor of an independent school, SHA representative on the Drugs Education Forum and involved with Alcohol Concern. She has appeared in the media and written articles on the role of women in society.

Hansa Patel-Kanwal works as an Independent Sexual Health Consultant. Her previous work experience spans both the statutory and voluntary sector at senior management levels. She currently works extensively with a range of Black and Minority Ethnic Communities around sexual health issues. She is also actively involved in sex and relationship policy development, training and consultancy for looked after young people.

Martin Pendergast has a background in child and family social work. He has been an NHS Senior Commissioning Manager for HIV/AIDS, Sexual Health, and Drugs/Alcohol Services. He has extensive experience of working on these issues within Catholic education and youth work sectors, as well as in interfaith contexts. He acts as a freelance consultant on a range of health service matters.

Angela Phillips is a freelance journalist specialising in health and writes regularly for the national press and magazines on teenage pregnancy issues. She is a senior lecturer in journalism at the University of London.

Kate Quail has worked in the field of sexual health for 15 years. Her broad experience includes working as a practitioner in various community settings, training and educating a wide range of professional groups on sexual health issues, and delivering sexual health promotion. For the last five years she has been the lead commissioner for HIV and sexual health services at Sheffield Health Authority.

Jill Varndell is a Young People's Service Manager for the City of Sunderland with over 10 years experience in the field. She currently manages the leaving care service, a joint housing and social services team, a hospital team working with young mothers. She also manages and a multi-partnership project providing education, childcare, careers advice, tenancy support and training courses for young mothers and is a member on local steering groups for young mothers; sexual health strategy; teenage pregnancy.

Dilys Went has over 30 years experience of sex and relationship education, as a Lecturer and Associate Fellow of the University of Warwick. During this time she has pioneered and developed initial and post-graduate teacher training courses together with in-service courses for teachers and governors. She has written extensively on the subject and continues to work as an independent consultant and trainer for education and health professionals.

Anne Weyman, OBE, has been Chief Executive of the fpa (formerly the Family Planning Association) since 1996. Prior to joining fpa, she was Information and Public Affairs Director at the National Children's Bureau where in 1987, she founded the Sex Education Forum, of which she is now President. She also established the Drug Education Forum and the National Forum on AIDS and Children. She has been a campaigner for reproductive rights and health promotion for nearly thirty years.

Annex III: Register of Members' Interests

Member	Personal interests		Non-personal interests	
	Name of Company	Nature of Interest	Name of Company	Nature of Interest
Lady Winifred Tumim	None		None	
Gill Frances	None		National Children's Bureau	Manages various projects with funding from DH
Simon Blake	None		Sex Education Forum	Receives project funds to support implementation of the teenage pregnancy strategy
Viv Crouch	None		None	
Kate Davies	None		Servite Housing	Employee
Beverly Davis	None		None	
Jane English	None		None	
Jane Fraser	None		None	
Rachel Garbutt	None		Brook	Director of charity in receipt of funds to support implementation of the teenage pregnancy strategy
John Guillebaud	Pharmacia- Upjohn, Schering- Leiras Wyeth, Janssen-Cilag, Organon, Roussel, Casey Medical Products, Unipath Family Planning Sales SSL International (formerly LRC) Elliot-Smith Clinic (not for profit)	Consultancy and lecture fees, research grants. Research Director; Nominal shareholder and clinic surgeon for sterilisation and impotence therapy.	(Wife) Helen House Children's Hospice	Employed here p/t

Member	Personal interests		Non-personal interests	
	Name of Company	Nature of Interest	Name of Company	Nature of Interest
Frances Hudson	Health Promotion, Avon, Bristol Brook, Bristol NHS (UBHT)	Training of receptionists working in PCGs and Family Planning Clinics	None	
Joanne Hunter	East Midlands Housing Association	Mother-board member	North Eastern Derbyshire PCT	PEC member and board nurse
	Sportsmatch panel	Mother-member	North Derbyshire Community Healthcare Service	Senior nurse – contraception and sexual health service
	DHP 11 Ltd	Husband's business	North East Derbyshire RDA Group	Chair
	Matlock Cab Trustee	Mother-member		
Roger Ingham		Occasional lecturing, media work and consultancy work for HAs and others	None	
Margaret Jones	None		Former Chief Executive of Brook	
Jackie Kelly	None		Chief Executive Ekaya Housing Association	
Vivienne Kind	None		City of York Council North Yorkshire County Council Outcomes Research Group, University of York (Partner)	Elected member Employee Principal Investigator undertaking contract research for pharmaceutical companies
Jacqui McCluskey	None		None	

	Personal interests		Non-personal interests	
Member	Name of Company	Nature of Interest	Name of Company	Nature of Interest
Dr Anne McPherson	Royal College of General Practitioners working party on Adolescents	Vice-Chair		
	Welfare Committee Green College	Member		
	Welfare Committee St Johns College	Member		
	DH National Cervical Screening Committee	Member		
	Medical Advisory Committee of Family Planning Association	Member		
	Student Health Committee, Oxford University	Member		
	Management Committee of Oxford University Counselling Service	Member		
	Advisory Committee Centre for Suicide Research	Member		
	Intercollegiate Adolescent Working Party	Member		
	Teenage Health Websites Ltd	Director		
	Breast Cancer Care Charity	Trustee		
Judy McRae	Royal College of Nursing	Activist: Chair of RCN School Nurses Forum	None	
Dr Alison Oxby	Schering Healthcare Ltd	Sponsorship of training events	None	
	Organon Laboratories	Ditto		
	Other pharmaceutical companies	Ditto		

	Personal interests		Non-personal interests	
Member	Name of Company	Nature of Interest	Name of Company	Nature of Interest
Marion Parsons	None		None	
Hansa Patel-Kanwal	The National Centre for Volunteering ChildLine	Member of Board of Trustees Member of Professional Advisory Group (volunteer)	Kanwal Consulting Ltd Sex Education Forum Fpa NCB Age Concern England The Consortium on Opportunities for Volunteering	Provision of training and consultancy Associate Consultant Associate Consultant Associate Consultant Associate Consultant Associate Consultant
Martin Pendergast	None		None	
Angela Phillips	Parent Line Plus	Project work on a freelance basis	None	
Kate Quail	Sheena Amos Trust	Past Trustee	Sheffield HA/DH	Salary currently paid for by HA
Jill Varndell	None		None	
Dilys Went	Scholastic Ltd, publications	Author of book "Healthy Living"	Scholastic Ltd	Daughter author of "Ideas for PSHE" KS1 & 2
Anne Weyman	FP Sales Ltd Pharmacy HealthCare Scheme Steering Group of the Women's National Commission	Non-executive Chair Director Member	Fpa	Chief Executive

Annex IV: Meetings, Events and Visits

1. The Advisory Group has met in full on seven occasions on the dates set out below and is scheduled to meet again on 13 December 2001:

25 May 2000
24 July 2000
21 September 2000
7 December 2000
15 March 2001
20 June 2001
13 September 2001

It also held an *ad hoc* meeting on 25 May 2001 to progress thinking on this Annual Report.

2. The Chair, Vice-Chair and Members have spoken at, participated in and attended numerous events, seminars and meetings across the country throughout the period of this report. They have both represented the Advisory Group and have promoted the issue of teenage pregnancy and the role of the Advisory Group.
3. Separately, the Chair has conducted a series of visits across the country to meet those involved in local co-ordination and service delivery as well as young men and women themselves. A list of the visits undertaken by the Chair to Health Authority areas is given below. The Chair wishes to express her appreciation to the numerous individuals and organisations involved in her visits and for the candid views and assistance given to the Advisory Group.

Date	Health Authority Area
30 June 2000	Lambeth Southwark and Lewisham
4 July 2000	Avon
5 July 2000	Solihull & Redditch
26 August 2000	Newham – School of Nursing Service
22 January 2001	Wolverhampton
27 February 2001	Birmingham
3 April 2001	Morecambe Bay
10 May 2001	Coventry
13 June 2001	Tees
6 July 2001	Plymouth
10 July 2001	Portsmouth
28 August 2001	Swindon

Annex V: References

1. Social Exclusion Unit – *Report on Teenage Pregnancy*. The Stationery Office, 1999
2. The NHS Plan – *A Plan for Investment A Plan for Reform*. The Stationery Office, 2000
3. Office for National Statistics – *Population Trends 103*, The Stationery Office 2001
4. R. Ingham, S. Clements and R. Gillibrand – *Factors Affecting Changes in Rates of Teenage Conceptions 1991–1997*. Centre for Sexual Health Research, University of Southampton. Teenage Pregnancy Unit 2001
5. Home Office – “*Setting the Boundaries – Reforming the law on sex offences*”, July 2000
6. C. Eborall and K. Garmesomn – *Teenage Pregnancy In England: Desk Research to Inform the National Campaign*, July 2000
7. Mediavest – *Lifestyles and Media Consumption of Disadvantaged Teenagers*, March 2001
8. Sex Education Forum – *Framework for Sex and Relationships Education*, 1999
9. Department for Education and Employment – *Sex and Relationship Education Guidance*, July 2000
10. Department of Health and Department for Education and Employment – *National Healthy School Standard. Sex and Relationship Education (SRE)*, May 2001
11. London School of Hygiene and Tropical Medicine, University College London, BMRC International – *Evaluation of the Teenage Pregnancy Strategy Tracking Wave Report of the results of benchmark wave*, January 2001
12. R. Ingham, N. Stone, C. Carrera – *Exploration of the factors that affect the delivery of sex and sexuality education and support in schools*. Centre for Sexual Health Research, University of Southampton, July 1998
13. Mellanby *et al* – *School Sex Education: An experimental programme with educational and medical benefit*, BMJ, 311, 70022, 414–417, 1995.
14. Sex Education Forum – *Talking About Sex and Relationships – A factsheet for foster carers*, 2001
15. R. Ingham and G. van Zessen – *From cultural contexts to interactional competencies: A European Comparative Study*. Paper presented at AIDS in Europe, Social and Behavioural Dimensions, 1998
16. PHLS (England, Wales and Northern Ireland), DHSS & PS (Northern Ireland and the Scottish ISD (D)5 Collaborative Group (ISD, SCIEH, and MSSVD) – *Trends in sexually transmitted infections in the United Kingdom, 1990–1999. New episodes seen at genito-urinary medicine clinics*, December 2000
17. Royal College of General Practitioners and Brook – *Confidentiality and young people – improving teenagers' uptake of sexual and other health advice. A toolkit for General Practice, Primary Care Groups and Trusts*, 2000
18. J. Corlyon, C. McGuire – *Pregnancy and Parenthood. The views and experiences of Young People in Public Care*, National Children's Bureau, 1999
19. Abortion Law Reform Association – *Report on NHS Abortion Services*, December 1999
20. C. Dennison, J. Coleman – *Young people and gender: a review of research*. Women's Unit, Cabinet Office, The Stationery Office, 2000
21. N. Biehal *et al* – *Prepared for living? A survey of young people leaving the care of local authorities*, National Children's Bureau, 1992
22. N. Biehal *et al* – *Moving On*, National Children's Bureau, 1995
23. NCH – *Teenage Mothers Speak For Themselves*, 1999
24. Health Education Authority – *Analysis of Data on Living Arrangements From Surveys on Smoking and Pregnancy, 1994–1998*
25. The Prince's Trust – *It's like that: the views and hopes of disadvantaged young people*, 2001
26. S. Gorton – *Homeless Young Women and Pregnancy: Pregnancy in hostels for single homeless people*, Health Action for Homeless People, 2000

Annex VI: Glossary

BME	Black and Minority Ethnic
DfES	Department for Education and Skills
DTLR	Department of Transport, Local Government and the Regions
EMA	Educational Maintenance Allowance
GCSE	General Certificate of Secondary Education
IAG	Independent Advisory Group
IDG	Inter-Departmental Group
ITT	Initial Teacher Training
LEA	Local Education Authority
NCH	National Children's Home
NHCS	National Healthy Care Standard
NHS	National Health Service
NHSS	National Healthy School Standard
PCG/T	Primary Care Group/Primary Care Trust
PSHE	Personal Social and Health Education
PRU	Pupil Referral Unit
SEF	Sex Education Forum
SEU	Cabinet Office Social Exclusion Unit
SRE	Sex and Relationship Education
STI	Sexually Transmitted Infection
TPU	Teenage Pregnancy Unit
UPN	Unique Pupil Number
YOI	Young Offender Institution