Government Response to the 4th Annual Report of the Teenage Pregnancy Independent Advisory Group

department for
children, schools and families

Every Child Matters
Change For Children

Ministerial Foreword

I would like to thank the Teenage Pregnancy Independent Advisory Group (TPIAG) for its fourth report. The report recognises the steady progress that has been made to date, but rightly points out that: England's teenage pregnancy rate remains high in comparison to other Western European countries; and that the excellent progress made in some local areas needs to be replicated across every area in the country if we are to achieve the target to halve the under-18 conception rate by 2010, compared to the 1998 baseline rate.

In light of the significant challenge that remains, the report makes a number of recommendations designed to accelerate progress on both: reducing the teenage pregnancy rate; and improving outcomes for teenage parents and their children.

This response to TPIAG's recommendations takes account of a major refresh of both the 'prevention' and 'support' aspects of our strategy, as well as new data (for 2006) which became available in February 2008 and the new Public Service Agreements that were announced as part of the Comprehensive Spending Review.

The 2006 data shows a continuation of the steady decline in the under-18 conception rate, which has fallen by 13.3% since the Strategy began – to its lowest level for over 20 years. The under-16 rate has fallen by 13.0% over the same period. Overall, 89% of local areas have reduced their under-18 conception rates. However, the decline in the England rate masks significant variation at a local level – in some areas rates have fallen by almost 40%, whereas in other areas, rates are increasing.

In order to understand better this variation in performance, I asked the Teenage Pregnancy Unit (TPU) to carry out in-depth reviews in six areas – 3 with large reductions in their under-18 conception rate and 3 statistically similar areas where rates were increasing. Through comparing and contrasting what these different areas were doing to implement their local strategies, TPU was able to establish the key ingredients evident in successful local strategies.

This review made it absolutely clear that where areas apply our strategy effectively, rates decline. It also highlighted the critical importance of a local champion committed to change and the necessity of having a senior local coordinator to drive action with all key partners.

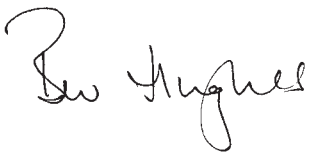
These findings were set out in *Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies*, published in July 2006. The guidance sets out clearly what each local area needs to have in place and the support that will be provided nationally to help areas accelerate progress. A toolkit was subsequently developed to help each local area to review and revise its strategy in the light of the findings contained in the guidance. In addition, the guidance also contained new analysis on the characteristics of young women who conceive early, and asked areas to target their strategies in high rate neighbourhoods and on young people most at risk.

More recently (July 2007), the Government also published a refreshed strategy on improving outcomes for teenage parents and their children: *Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts*. This set out a more ambitious, cross-Whitehall response to the many challenges faced by teenage parents, which contribute to the poor outcomes experienced by them and their children.

Rather than measuring the success of the 'support' side of the strategy solely in terms of the proportion of young mothers in education, employment or training (EET), the refreshed strategy more explicitly addresses the full range of poor outcomes experienced by teenage parents and their children, including: poor child health outcomes; young mothers' poor emotional health and well-being; and the increased risk that they and their children will live in poverty.

It also recognises that measures to improve outcomes for teenage parents and their children are an important part of the wider prevention strategy. In the short-term, they reduce the risk of young women having second and subsequent conceptions – 20% of births conceived to under 18s are to young women who are already teenage mothers. In the long-term, they reduce the likelihood that children of teenage parents experience the underlying risk factors for teenage pregnancy – such as poverty, low aspirations and poor educational attainment – thereby reducing rates of teenage pregnancy in the future.

The attached report responds to each of TPIAG's recommendations. TPIAG continues to provide expert advice to Government on how best to tackle this challenging issue, for which I am grateful. This is a critical time for accelerating progress on the Strategy. We have signalled the continuing priority we are placing on teenage pregnancy through the new Public Service Agreements and will be doing all we can to support local implementation. However, it is what local areas do that really makes the difference. The remarkable progress of some areas shows that change is possible. If all areas were doing as well as the top 25% our national reduction would be more than double. I look forward to continuing to work with TPIAG over the coming years and harnessing their expertise to effect change locally.



Beverley Hughes
Minister for Children, Young People and Families
DCSF

Recommendation 1

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

1 As part of the Comprehensive Spending Review – which sets out Departmental budgets for the next spending review period (08/09 to 10/11) – the Government has identified its key priorities for the next three years – its Public Service Agreements (PSAs).

2 For the forthcoming spending review period, the Government has decided to rationalise the number of PSAs, and to make them more cross-cutting. As a result (and in line with a number of other previous 'single-issue' PSAs) reducing the under-18 conception rate will not be a PSA in its own right. It is, however, one of the 5 leading indicators that will be used to measure progress against the new 'Youth' PSA – *Increasing the number of young people on the path to success* – along with indicators on reducing NEETs, reducing first time entrants to the criminal justice system, reducing harm arising from substance misuse and increasing young people's participation in positive activities.

3 Each of the PSAs across Government will be underpinned by a cross-Departmental Delivery Agreement, which sets out each Department's contribution to meeting the target. So while DCSF is the lead Department for the 'Youth' PSA, other Departments – including DH – share responsibility for making progress on the PSA in general, and the under-18 conception rate indicator in particular.

4 Since November 2007 all areas have been involved in negotiating a new Local Area Agreement (LAA) that identifies the 35 top priorities for that area -agreed with the relevant Government Office. The 35 priorities will be selected from the 198 indicators included in the Local Government National Indicator Set. We are very encouraged by the large number of local areas that have selected the under-18 conception rate as one of its LAA indicators. This shows how important local areas view teenage pregnancy, both as a barrier to young people fulfilling their potential and as a measure of health inequalities, child poverty and social exclusion. Where teenage pregnancy is not included in the LAA, we have issued guidance to local teenage pregnancy co-ordinators on ways in which work on teenage pregnancy can support achievement of **other** priorities. This will help ensure that local areas continue to focus on teenage pregnancy even where the under-18 conception rate itself is not selected as an indicator.

5 DH has also signalled to the NHS the importance of tackling teenage pregnancy, with progress on reducing the under-18 conception rate included as a priority for PCTs in the NHS Operating Framework for England 2008/9. The priority has been further underlined by the announcement of additional funding from 2008-11 for PCTs and Strategic Health Authorities, to improve young people's access to and uptake of effective contraception. An indicator in the NIS on the prevalence of chlamydia in under-25s and a PCT indicator on chlamydia screening, reflects Government's commitment to reducing teenage pregnancy within a broader strategy to improve young people's sexual health.

6 At a local level we have made very clear the importance of having a senior champion to drive progress. We will be monitoring the performance of all areas, but will continue to retain a close focus on those with high and increasing rates. The 22 areas identified in *Teenage Pregnancy: Accelerating the Strategy to 2010* will be invited in for a second Ministerial meeting in May and continue to be required to submit 6-monthly reports to Beverley Hughes and Dawn Primarolo, until they have shown a sustained downward trend.

7 In addition to the indicators that support the Youth PSA, DCSF has signalled the importance of children and young people's health through a separate PSA on *Improving children's and young people's health*. This is reinforced in the NHS Operating Framework, which identifies child health as a priority area for all PCTs. It means that PCT performance will be assessed against a set of indicators which has comprehensive coverage of children's health – the so-called 'vital signs'.

8 Looking forward, the Children's Plan included a commitment to develop a Child Health Strategy, to be launched in the Spring and the NHS Next Stage review – *Our NHS, Our Future* – led by Lord Darzi, will report this summer. These developments, taken together, show that not only will we maintain a strong focus on tackling teenage pregnancy, but that we will do that within the context of strengthened health and wellbeing support for families and young people.

Recommendation 2

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

9 The Healthcare Commission Annual Health check guidance states that *"ensuring wide and appropriate access to reproductive health services for the sexually active population is vital to the successful delivery of any local strategies to improve sexual health, and will in turn help to deliver national objectives for improved sexual health"*. The Healthcare Commission annual health check for both 2006/07 and 2007/08 will therefore assess the performance of PCTs in relation to access to contraceptive services. The indicator includes assessing whether PCTs have in place strategies to target specific population groups, including young people.

10 The joint DCSF and DH Delivery Agreements for the new PSAs make clear that PCTs should invest in young people's preventative health care and participate fully in Every Child Matters. To ensure this happens, PCTs will work with local authorities and other local strategic partners to develop Children & Young People's Plans which set out the agreed priorities for joint working in the local area.

11 The NHS Commissioning Framework for Health and well-being stresses the importance of prevention and early intervention. Joint Strategic Needs Assessments will form the basis of a new statutory duty to co-operate between PCTs and local authorities, and will describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs, including action to reduce teenage conception rates. To support robust commissioning arrangements to improve access to effective contraception, DH will be issuing specific Best Practice Guidance on Reproductive Healthcare to PCTs in the spring.

12 Commissioning young people focused contraceptive and health care services within primary care has been enhanced by the development of a suite of Primary Care Service Frameworks, including one on the management of sexual health. Although these frameworks are outside the scope of the QOF they support improved commissioning to meet local population needs – with the sexual health framework describing the key requirements for a holistic enhanced service. A further framework is being developed on Child and Adolescent Health. Feedback from PCTs on usage and acceptability of the frameworks is currently being analysed.

13 To help ensure consistent high quality health services for young people, DH has published the 'You're Welcome' quality criteria. The criteria describe how health services, including contraception and sexual health and school and college drop-ins, can better meet the needs of teenagers and become young people friendly. To help local areas apply You're Welcome consistently, new materials have been developed for commissioners and service providers and young people have helped to design a quality mark for services that meet the standards. These will be available in the Spring, along with a self assessment tool for services and a moderation guide for local areas.

Recommendation 3

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

14 The issue of whether PSHE should be made statutory was considered during the passage of the Education & Inspections Bill. It was decided that there would be no change to the position of PSHE in the curriculum at this stage. However, the Education & Inspections Act did place a duty on school governing bodies to promote young people's well-being, which will act as a strong incentive for schools to review and develop their PSHE programmes. Guidance to help schools implement the duty to promote pupil well being will be issued in May.

15 Following the review of the secondary curriculum, the Qualifications & Curriculum Authority (QCA) has developed two new programmes of study to underpin the delivery of PSHE education in schools: one on personal well-being and another on economic well-being. The personal well-being programme of study provides guidance on what should be delivered in both key stage 3 and 4 in relation to topics such as sex and relationships education (SRE), drugs education, personal safety and healthy lifestyles.

16 Although the Government has not decided to make PSHE statutory at this stage, it recognises that OfSTED continues to report that PSHE provision is patchy and that many teachers find it difficult to teach the more sensitive subjects within PSHE such as SRE. The Government is also concerned that the UK Youth Parliament's report on SRE identified that for many young people, the SRE being provided by schools is not meeting their needs, with 40% of young people who responded to their questionnaire saying that the SRE they had received was 'poor' or 'very poor', and a further 33% rating it as only 'average'.

17 That is why a review of the delivery of SRE was announced in the Children's Plan. The review will be co-chaired by Jim Knight, Minister for Schools, Jackie Fisher, the chair of the Children's Plan 14-19 expert group and Joshua McTaggart, a member of UKYP. The steering group will include a wide range of stakeholders who have expert knowledge on SRE delivery. The review is due to conclude in July 2008.

18 To help individual schools review and improve their SRE, we have developed an audit tool for young people to assess how well the SRE they receive meets their needs. The on-line tool will be available to all schools. We will be exploring how to build this into the Healthy Schools Programme to help schools develop the pupil evaluation required to achieve Healthy Schools status.

19 Through the National healthy schools programme, we will produce new PSHE guidance for schools and local programmes. The purpose of the guidance is to provide schools with resources and support to improve the delivery of all aspects of PSHE, including SRE, in line with our criteria. The guidance will include examples of best practice and appropriate materials produced by our partners.

Recommendation 4

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

20 In *Teenage Parents Next Steps: Guidance for local authorities and PCTs* (TPNS) we set out our expectation that all teenage parents should be supported by a lead professional, who acts as an advocate and co-ordinates a holistic package of support on their behalf.

21 TPNS identified Children's Centres and Targeted Youth Support services as the two key mainstream services through which young parents would access lead professional support - complemented by work undertaken by the voluntary and community sector. In the 10 local areas where the Family Nurse Partnership Programme is being piloted, it will be a local decision how best to ensure effective liaison between the Family Nurse and integrated services offered through Targeted Youth Support and Children's Centres. Over the next 3 years £30m is being invested to extend the FNP programme. This intensive nurse-led home visiting programme provides a dedicated Family Nurse from early pregnancy until the child is 2 years old to improve antenatal health, child care and development and family life chances.

22 Following referral from ante-natal services, a lead professional in the Children's Centre or Targeted Youth Support service will assess the support the young parents will need during the pregnancy and after the child is born, including any specialist support.

23 With regard to housing, the Government's objective remains that all 16 and 17 year old teenage parents, who cannot live with their parents or partners and who require support should be offered appropriate housing with support.

24 The key vehicle for achieving this objective is the Supporting People grant programme, which provides young parents with the help they need to: develop the life skills to live independently in their own homes; engage with education and employment; and to provide support on issues such as obtaining benefits, and accessing health and housing services, including in crisis situations.

25 Supporting People has made a significant contribution to ensuring that teenage parents are provided with the housing related support that they require. It has helped to reduce the number of young mothers living in independent tenancies without support to around 950 on 1st April 2007 – down from estimates of over 4,000 when the Social Exclusion Unit's Report on Teenage Pregnancy was published in 1999. Last year the programme funded 3,687 units of support for teenage parents, an increase of 465 from the previous year. In 2006/07 local authorities spent £23 million on support services for teenage parents, which represents a £1.6 million increase on the previous year.

26 Chapter 8 of TPNS announced our intention to issue guidance to local housing authorities and voluntary sector housing providers, providing best practice on areas such as mediation and allocation of housing to teenage parents. It will also outline the positive impact on both parents and their children of placing them in good quality accommodation with support.

The guidance will address:

- accommodating teenagers with complex needs;
- the role of mediation to help them remain in their family home where this is safe and desirable;
- options for the provision of move on accommodation;
- the important role of floating support; and
- will re-emphasise the Government's target that no teenage parent should be offered B&B accommodation except as a last resort and then for no more than six weeks.

27 We have also seen improvements in accommodation for example the National Youth Homelessness Scheme, which in November 2006 pledged to end the use of B&B as accommodation for homeless 16 and 17 year olds as part of a national plan – in partnership with the voluntary sector and local authorities – to prevent and tackle youth homelessness.

28 In addition, the Homelessness Code of Guidance for Local Authorities, revised and published in July 2006, advises local housing authorities of the need to provide housing with support for lone teenage parents. All English local housing authorities are given financial support to adopt preventative approaches to homelessness, including mediation services aimed at encouraging parents not to evict their grown-up children – including teenage parents – thus allowing them to stay until a planned move can be made.

Recommendation 5

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

29 DCSF and DH are committed to continuing to deliver an integrated teenage pregnancy and sexual health campaign through the 'RU Thinking' Want Respect: Use a Condom and 'Condom Essential Wear', 'campaigns. In addition, we will continue to use a variety of marketing techniques to deliver accurate, appropriate messages and information to the target audience.

30 The *R U Thinking* campaign continues to signpost young people to the Sexwise helpline and www.ruthinking.co.uk, as well as promoting key messages on: waiting until you're ready to have sex; exploding myths about the proportion of young people having first sex before age 16; and the availability of local services. The campaigns are complemented by partnership marketing, which creates opportunities to promote the campaign. For example, a recent partnership with 'So' fragrances secured TV advertising exposure for www.ruthinking.co.uk at no cost.

31 The *Want Respect? – Use a Condom* campaign continues to target vulnerable teenagers who are most at risk of having unprotected sex. This is achieved through using channels that we know are heavily consumed by the target audience and enables us to get our message across in places where we wouldn't normally be able to, and in conjunction with brands that really add credibility to our message. Threading prevention messages through young people's lives helps not only to attract the attention of a group who often mistrust statutory services, but also helps to normalise discussion of teenage pregnancy and sexual health issues. The campaign has had a significant positive impact on the attitudes of the target group towards condom use and last year won the top Civil Service Communications Award.

32 We recognise that promoting the message of condom use alone is not enough and that a major barrier for many young people, especially the most vulnerable, is easy access to condoms. This year we have continued to work with the Department of Health to develop and strengthen our partnership with condom manufacturers and retailers. This year we are developing a major partnership that will improve access to condoms for young women.

33 Campaign evaluation and tracking research are integral to the campaigns and ensure that we are using the right media to reach the audience and modifying our key messages in response to the things that we know young people are concerned about. For example, this year we have developed a new radio creative around the issues of condom negotiation and empowering young women to carry condoms.

34 During 2007/08, we have run a series of regional conferences for local teenage pregnancy co-ordinators and sexual health leads, to make sure that they understand the campaign approach and are extending it effectively at a local level.

35 DH is also developing the Teen LifeCheck (TLC) for young people. This is an on-line self assessment quiz style questionnaire, exploring a range of health and well-being issues – including sexual health. The tool has been designed to help young people to take greater control over their health and well-being by raising their awareness of risk taking behaviour and signposting on to further sources of support and advice. It is completed by young people themselves and the results are confidential. The TLC was piloted with young people in 2007 who recommended it became a permanent website, which will be launched in Summer 2008.

36 DCSF will continue to provide help for parents, so they are better able to talk openly and confidently to their children about sex and relationship issues. This includes mainstreaming support for parents of teenagers on sensitive issues in local parenting strategies – for example, help for parents on talking about sex and relationships is included in the Transition Information Sessions offered to parents of children moving into secondary school. We are undertaking further research with parents to find out how we can improve the support we provide nationally and locally.

37 DCSF will use international evidence to challenge myths that aspects of the Teenage Pregnancy Strategy encourage young people to experiment sexually and will continue to encourage local areas to provide all young people with a comprehensive programme of Sex and Relationships Education at school, and easy access to contraceptive and sexual health advice when they become sexually active. It will also use the progress in high-performing areas to demonstrate that change is possible.

Recommendation 6

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

38 Sex and relationships training of professionals working with young people is one of the key success factors in areas with declining rates. Professionals who are confident to discuss relationships and sexual health can provide early support and referral to specialist services to young people who may otherwise be reluctant to seek advice. Our guidance has made clear that training on sex and relationships for relevant professionals should be provided in the induction and in-service programmes delivered by mainstream partners and included as part of the corporate workforce plans.

39 To support local workforce training, at a national level TPU continues to fund participants on the PSHE CPD programme. In 2007/8 approximately 2,000 teachers and community nurses will undertake the programme. For 2007/08, we are increasing the scope of the programme to include 'other' professionals who deliver or contribute to a planned programme of PSHE in schools or other youth settings.

40 With DH we have supported a sexual health training programme for youth workers. *Core Competencies in Sexual Health for Youth Workers* has been developed by fpa in collaboration with the National Youth Agency (NYA), and is available for local areas to use as part of workforce development plans.

41 Building on the importance of training in health for youth workers, DH has also commissioned the National Youth Agency to identify the health standards that should be in all youth worker's training. With Lifelong Learning UK these standards will be embedded in all post graduate and NVQ training in youth work. This work will be completed in 2009 and will support the commitment to a wider programme of youth workforce reform set out in *Aiming high for young people* (2007).

42 For members of the wider Children's workforce who provide advice and support for vulnerable young people in a one-to-one or small group basis (rather than within the context of a planned PSHE programme), work is underway to develop a qualification: *Development Award for Vulnerable Young People Workers*. This will be based on the Common Core of Skills and Knowledge and encompass the skills and knowledge required to understand issues such as sexual health; emotional intelligence; substance misuse and offending behaviour.

43 Sector Skills Councils (SSC) covering those working in the health, youth justice and children's workforce have collaborated to ensure that the Award will be relevant and accessible to members of the wider workforce working with vulnerable young people in a range of settings, including in the private, voluntary and independent sectors. The new Award will sit alongside, and complement the wider youth workforce reforms.

44 It is anticipated that the Award will be submitted to QCA for inclusion on the National Qualifications Framework by the end of March 2008 and thereafter be available for accreditation by awarding bodies. Further development work will ensure that the Award can be transferred to the proposed new Qualifications and Credit Framework to be introduced in 2010. The work to develop the Award is being led by Skills for Justice, the SSC for the Justice Sector, on behalf of the CWN – as part of the test and trial phase of its project to develop an Integrated Qualifications Framework (IQF) for the children's workforce. This will ensure that the award is recognised by all the sectors that make up the children and young person's workforce, encompassing education, youth work, health, workforce, social care, youth justice, sports and recreation, creative and cultural sectors, family workers and playwork.

45 The development of the IQF is a key element of the wider reform programme set out in the cross government Children's Workforce Strategy, led by DCSF. The Strategy was published in March 2006, following extensive consultation. As announced in the Children's Plan, a Children's Workforce Action Plan will be published in the Spring, setting out the vision for the workforce and the steps that government and other delivery and front line stakeholders need to take to drive forward improvements.

46 To ensure health professionals have the knowledge and skills to work effectively with young people, DH has commissioned the Royal College of Paediatrics and Child Health, to establish a CPD programme in adolescent health for all doctors and nurses working with teenagers. The programme, which is being developed in close liaison with the other medical and nursing colleges, will be available via the NHS e-learning website and through the mainstream clinical CPD training channels, during 2008-09.

47 Nurses play a critical role in expanding the provision of high quality, young people friendly contraceptive and sexual health services. To help increase the capacity of the workforce, DH has funded the Royal College of Nursing to develop and run a Sexual Health Skills distance learning course. The course provides nurses with the knowledge and skills needed to offer proactive sexual health advice to young people in a range of settings and to support them in seeking further specialist help if required. In the first three years of implementation, 1600 participants have enrolled, including nurses from general practice, schools, colleges and sexual health services, as well as nurses supporting very vulnerable groups such as looked after children and teenage parents. The course complies with the DH Recommended Quality Standards for Sexual Health Training and, as an academic credit rated programme, contributes to continuing professional development.

48 To further build capacity, DH is taking forward work to identify the specific contraception training needs for nurses, with a view to setting a national standard on clinical and learning outcomes to ensure quality and consistency throughout the nursing workforce.

You can download this publication or order copies online at:
www.teachernet.gov.uk/publications and everychildmatters.gov.uk

ISBN XXXX

PPXXX/D16(7525)/0208/XX

www.dcsf.gov.uk
Published by the Department for Children, Schools and Families

department for
children, schools and families

Every Child Matters
Change For Children