

The Scrutiny Review of Teenage Pregnancy

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Report of the Teenage Pregnancy Scrutiny Review Panel (sub-committee), London Borough of Haringey Overview & Scrutiny Committee.

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Foreword by the Chair

Teenage pregnancy is a significant problem nationally and for boroughs like Haringey in particular. The United Kingdom has the highest rate of teenage pregnancy in Western Europe and although rates across Europe have fallen since the beginning of the 1970's, rates in the UK have remained stable with no significant reduction over the same period.

Teenage Parents face a great deal of challenges just coping with being a parent and being a teenage parent can seriously affect the chances of a young person to be successful in other areas of life. Teenage parents often go on to have less prospects at school, in further education, in employment, and often suffer from relative deprivation. For this reason, the Government is taking action to reduce the number of teenage conceptions and to provide better support for teenagers who do become parents. This scrutiny review has looked at the range of issues involved to see what is happening as part of this initiative in Haringey and to see if anything further can be done.

Teenagers are constantly bombarded with confusing messages, from television, pop music, not to mention their peers and educators working with young people are trying to redress the balance of information, so that young people can make better, more informed choices. During this review we have spoken to a range of different agencies involved in delivering the strategy and have drawn up this report to give an overview of what is currently in place, as well as areas we would like to see enhanced to build upon the good work already being done.

Cllr Gideon Bull

Chair – The Teenage Pregnancy Scrutiny Review Panel

Executive Summary & Recommendations

Membership of the Review

Cllr Gideon Bull (Chair)

Cllr Judy Bax

Cllr. Melanie Simpson

External Advisers

Mary Rogers – Regional Teenage Pregnancy Co-ordinator, Regional Public Health Group, Government Office for London.

Scope and Aims of the Review

Aim

To consider the strategies adopted to address the issue of teenage pregnancies and support services provided for teenage parents.

Objectives

1. To assess the effectiveness of the current preventative strategies for teenage conceptions
2. To assess the effectiveness of the current arrangements for support for teenage parents
3. To consider the different needs and strategies for prevention and support for different age groups
4. To consider the different needs and strategies for different sections of the community, including special needs and different ethnic groups.
5. To consider the effectiveness of arrangements for multi-agency working, joined up services and mainstreaming approaches to dealing with teenage pregnancy.

The Scrutiny Review of Teenage Pregnancy

The Scrutiny Review of Teenage Pregnancy was commissioned by the Overview and Scrutiny Committee as part of its work programme for 2005/6 in order to help focus attention on the delivery of the Community Strategy target to reduce the rate of under 18 conceptions and establish a downward trend by 2010 and to consider the support arrangements in place for teenagers when they do find themselves pregnant.

The review comes at a time when the co-ordination of the Teenage Pregnancy Strategy is being transferred over from Haringey Primary Care Trust to the Council and when there is an renewed impetus to improve the performance against challenging local and national objectives.

At the very end of this review, new statistics have been released by the Department of Health, which update the statistical trends shown in this report. In summary these show that:

- Haringey's under-18 conception rates are at 68.6% and the lowest they have been since 2000. They have continued to show a steady fall, although Haringey is still 10% up based on the original 1998 baseline figure.
- Haringey's actual number of under-18 conceptions has also continued to fall since 2001 and at 282 is only 1 higher than in 2000.
- Haringey's 'traffic light' is still at red, although 29% of under-18 conceptions are to married or cohabiting women – the highest in inner-London.
- Although Haringey has not hit the 2004 target, should rates continue to fall at the same rate as since 2002, Haringey would meet the 2010 target of 55%.
- Rates for Haringey's statistical neighbours on the deprivation index, Hackney – 69.4% (-10%), Southwark – 85.2% (-2.3%), Lambeth – 84% (-1.5%) & Lewisham – 70.2% (-12.3%), Haringey: 68.6%. Haringey has the worst change in rate compared to baseline.
- 53.5% of under-18 conceptions lead to abortion. This is a huge increase. 31.9% - 97-99; 40.6% - 01-03. Haringey's abortion proportion rose from 46% - 58% between 98 and 02 and then fell back to just over 50% for 03 and 04. This has implications for the sexual health agenda, contraception services & also termination of pregnancy counselling services. However, other than Hammersmith & Fulham at 53.3%, Haringey has the lowest termination rates of any inner-London borough and is lower than the Inner-London average of 59.6% This points to the need for improved SRE and good practice such as counselling offered alongside pregnancy testing in contraceptive clinics.

The Scrutiny Process

The Scrutiny Review of Teenage Pregnancy was commissioned by the Overview and Scrutiny Committee in recognition of the key government targets for both Haringey Council and Haringey Teaching PCT to reduce teenage pregnancy and to help more parents into education, employment and training.

Reducing the number of conceptions is a key community strategy floor target.

Teenage Conception

Reduce the under-18 conception rate by 50% by 2010 as part of a broader strategy to improve sexual health. (Joint with the Department of Health).

The Teenage Pregnancy Unit has also set targets for Haringey:

- *To reduce the rate of teenage conceptions among under 18 year olds by 55% by 2010*
- *To set an established downward trend in conception rates for under 16 year olds by 2010*
- *To increase the participation of teenage parents in education, training and employment to 60% by 2010. (Ref. Teenage Pregnancy Unit – Haringey specific target).*

The review panel has considered evidence from a range of key stakeholders, including the Children's Service and Haringey Teaching Primary Care Trust, as well as key documentary evidence and presented its findings in this report.

The report outlines the key conclusions and recommendations of the Scrutiny Review Panel, which will be considered by the Overview and Scrutiny Committee and put forward to Haringey Council Executive for an Executive Response. The

Executive will be asked to consider the key conclusions and respond to each of the recommendations with an Executive Decision. The Executive Decision may either:

- Agree the recommendation,
- Amend the recommendation, or
- Reject the recommendation.

Where the Executive chooses to amend or reject the recommendation, it is asked to provide the reasons for its decision. The Executive will take account of how the recommendations fit with the Council's overall policy objectives and any financial implications.

Scrutiny Recommendations

The following recommendations have been put forward by this review:

Recommendation One - Enhancing sex and relationships education

It is recommended that school governors, working with secondary head teachers and Haringey Council officers ensure that the importance of SRE is understood as a key lever to prevent the incidence of teenage pregnancy. This includes:

- Work with head teachers and governors to ensure that there is increased take-up of training for PSHE coordinators, leading to improved quality and impact of teaching and that take up by schools is monitored.
- 4YP and Education for Choice services offered to all schools
- A revised policy on teenage pregnancy and sexual health to be adopted by all schools, with links to relevant Child Protection Policies.

Recommendation Two - Improving Standards for SRE Education

It is recommended that Haringey Council and HTPCT provide guidance to educators on best practice and quality standards.

Recommendation Three - Improving Accessibility

It is recommended that accessible services are delivered when young people need them, where young people need them and delivered in a way that is convenient and appealing to young people.

- Improving the accessibility of sexual health and advice services to young people
- Making sexual health, family planning and young people's service provision be more accessible and appropriate in light of the data analysis findings.
- Expansion of dedicated young people's sexual health services particularly to vulnerable groups and in geographical hotspot areas, promoting close collaboration with schools
- Providing venues accessible to young people including through the development of Children's Centres
- A telephone advice line for all young people who need advice or help on sexual health and pregnancy
- Improving web site information and links to web sites for young people on range of sex and relationship advice.

Recommendation Four - Targeting High Risk Teenagers

It is recommended that Haringey Council and Haringey Teaching Primary Care Trust improve information identifying and targeting teenagers most at risk of pregnancy and strengthen delivery of targeted services for "hard to reach" groups.

Recommendation Five - Stepping Up into the Future

It is recommended that the Stepping Up programme be made accessible through the Children's Network, to be given greater coverage across the borough and that funding should be assured for the future, building on its strengths and addressing identified weaknesses.

Recommendation Six - Improving Access to Childcare

It is recommended that access to childcare for teenage parents is improved, including through the development of Children's Centres, which should ensure that there is appropriate affordable provision for teenage parents and through increased childcare facilities in colleges of higher education and the use of childminders.

Recommendation Seven – Reaching Teenage Parents

It is recommended that further mechanisms are put in place to reach teenage parents who need support and advice services. This should include the development of a local strategy for targeting those young parents not in contact with services and a peer support group to promote access to a broader spectrum of teenage parents in Haringey.

Recommendation Eight - Sex and Relationships Education

The review panel recommends that work on Sex and Relationships Education be strengthened in the community, including engagement through the Youth Service and other community groups. The panel would like to see closer collaborative working between the Youth Service and 4YP services, including the Connexions service.

Recommendation Nine -Improving Intelligence on Teenage Parents

It is recommended that the Teenage Pregnancy Partnership Board develop a local database of teenage parents

- Develop information sharing across the sector to facilitate creation of a definitive local database of teenage parents**
- Target for 90% of teenage parents known to the Connexions Service (currently 45% are known to the Connexions Service).

Recommendation Ten - Improved Joint Working

The panel recommends that specific measures be introduced for improved joint working between the different agencies involved in delivering the Teenage Pregnancy Action Plan, including:

- Better linking up between partners/initiatives to target vulnerable groups more effectively
- Secure Reintegration Officer funding as result of changes in Standards Fund grants for Vulnerable Children. The Young People's Champion to actively promote LA and PCT joint working

Recommendation Eleven - Publicity, Information and Advice

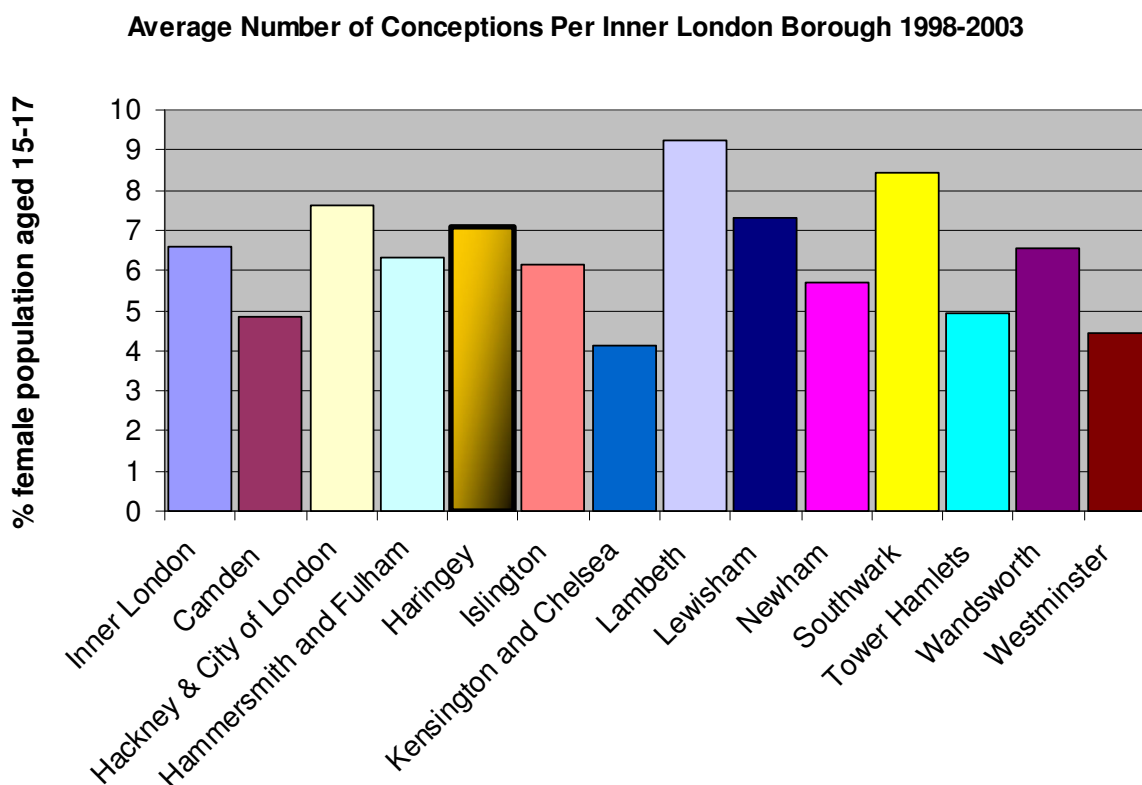
It is recommended that Haringey Council and the Haringey Teaching Primary Care Trust carry out a review of the publicity, information and advice on sexual health and contraception provided to young people as part of their requirement to communicate effectively with young people and involve them in a review of service provision and delivery.

Recommendation Twelve - Services for Teenage Parents Brochure

The panel recommends that the information on teenage pregnancy sexual health and advice is made available to young people in a range of languages and formats.

Chapter One: Introduction

- 1.1. Teenage pregnancy is a significant problem in Haringey. The rate of teenage conception in Haringey was the 5th highest in London in 2003 and is consistently higher than the national average. The rate of conceptions fell 10.5% in 2002-3, indicating an encouraging reversal of the rising trend. The only other London boroughs achieving a drop in the conception rate greater than Haringey were Kensington and Chelsea, Hammersmith and Fulham and Richmond Upon Thames.



- 1.2. It remains, however, a considerable challenge to reach the national conception rate target for under 18s in 2010. Overall, the rate has *increased* between the 1998 baseline and 2003 by 13.9%. Performance will need to improve significantly if the 2010 national targets are to be achieved.

The National Strategy

- 1.3. In 1998, the Prime Minister asked the Social Exclusion Unit (SEU) to study the causes of teenage pregnancy and to develop a strategy to reduce the high rates of teenage pregnancy and parenthood. The findings were published in a report of the SEU 'Teenage Pregnancy' in June 1999.
- 1.4. The SEU report provides evidence of some of the consequences of teenage pregnancy and recommends preventative approaches to help to reduce the rates of teenage pregnancy nationally. The report includes the Government's action plan and sets out a ten-year strategy, including targets for reduction and a programme of national and regional work. The report also sets out the requirements at local level in order to ensure that each local area contributes to the achievement of the national targets.

1.5. The main aims of the national strategy are:

- to reduce the rate of conceptions among under 18 year olds by 15% by 2004, and by 50% by 2010;
- to set a firmly established downward trend in conception rates for under 16 year olds by 2010; and
- to increase the participation of teenage parents in education, training and employment to 60% by 2010 so as to reduce their risk of long term social exclusion.

1.6. The national strategy is focused on four broad themes and these are reflected in local action plans:

- **prevention** - Improving sex and relationships education, access to contraception and sexual health advice services;
- **support for teenage parents** - tailored maternity services, advice and support from Connexions personal advisors, Sure Start advisors, financial support for childcare and access to supported accommodation;
- **joined-up action**; and
- **a media campaign.**

These themes are reflected in this report.

The Haringey Teenage Pregnancy Strategy

1.7. Every top tier local authority in England must have a ten-year teenage pregnancy strategy, developed jointly with NHS Primary Care Trusts and other relevant partners and this has to be agreed by the Teenage Pregnancy Unit. The strategy must contain an analysis of local services and context, including local conception rates and targets and plans for ensuring that local strategies address the action points set out in the SEU report.

1.8. Progress of the Haringey Teenage Pregnancy Strategy, as well as the agreed action plan and strategic overview of the plan were considered by the panel during the review. The panel would like to see more measurable outcomes included in the next Teenage Pregnancy Action Plan, which is currently under development.

1.9. Top tier local authorities are required to have a Teenage Pregnancy Partnership Board (TPPB), the membership of which includes representation from all relevant partners. The TPPB is responsible for the development of the local strategy and action plan, overseeing implementation and monitoring progress against the agreed targets and performance indicators and providing a joined up approach across all agencies delivering the strategy. Members of the review panel attended the TPPB to receive their views at the beginning of this review. The TPPB in Haringey appears to be well established and well-attended.

The Causes of Teenage Pregnancy

1.10. The SEU report summarises the main causes of the high national rate of teenage pregnancy as:

- **Low expectations** – an increasing number of young people who see no prospect of employment and have no incentive to avoid pregnancy;

- **Ignorance** – lack of knowledge about contraception, lack of high quality and appropriate sex and relationships education; and
- **Mixed messages** – surveys used to inform the report showed that a high proportion of young people predominantly learn about sex from the media. This often includes sexually explicit images and messages that may encourage young people to become sexually active without the skills to make responsible choices.

The Consequences of Teenage Pregnancy

- 1.11. Teenage pregnancy is important because has important consequences for the education, health and social care of both the teenage parent and the baby. These can include:
- Poor health outcomes
 - Poor education outcomes
 - Poor housing situations
 - Poor familial/ social support networks
 - Poor outcomes for children of teenage parents
- 1.12. Teenage pregnancy is often associated with poorer health outcomes. Teenage parents present later with health care officials and therefore may miss out on important aspects to antenatal care. They are more likely to smoke than other parents and are more likely to suffer poor nutrition. Teenage parents also experience higher levels of mental health need; almost two teenage mothers in every five experience post natal depression, this is three times higher than for other parents.
- 1.13. Teenage parents often have poorer educational outcomes. They are more likely to have experienced disruption to their education and are less likely to complete educational studies than other young people of a similar age. Longitudinal studies indicate that teenage parents are less likely to have any formal qualifications at age 33. They are more likely to be in receipt of benefits, less likely to be homeowners and if in employment, more likely to be in unskilled or manual work. There is strong evidence that teenage parents are more reliant on welfare benefits for income and for longer periods of time than other lone parents.
- 1.14. Teenage parents often have poorer housing situations. 40% of teenage parents under 20 will not live in their own home and 80% of under 18s will not live in their own home. Given the prevalence of family breakdown, a significant proportion of teenage parents may live in (semi) independent housing away from family or social networks and initial housing provision may involve substantive periods of time in temporary accommodation.
- 1.15. Teenage parents often have poor family support networks. They are more likely to experience family conflict and are more likely to experience relationship breakdown and therefore be lone parents.
- 1.16. There also tend to be poorer outcomes for children of teenage parents. There are lower birth weights are reported to children of teenage parents and there are lower rates of breast-feeding recorded among teenage mothers. Children are more likely to be living in a lone parent family, in higher

levels of socio-economic and health need. Infant mortality and morbidity is higher for children of teenage parents.

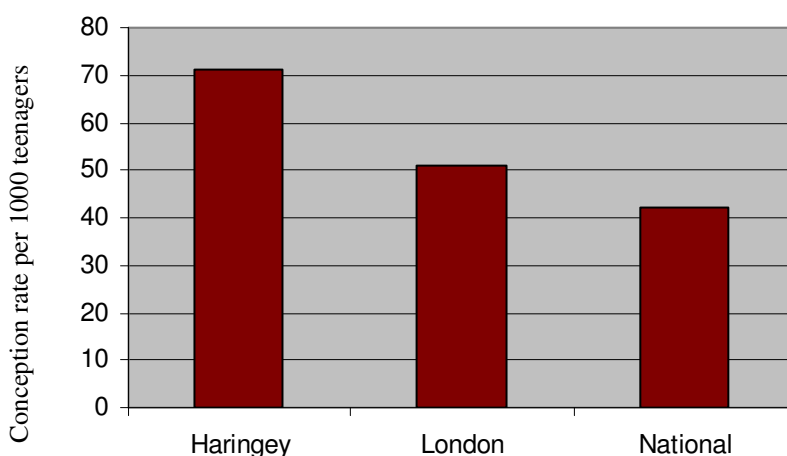
Resources and Funding

- 1.17. All local authority areas receive a grant allocation, through the Teenage Pregnancy Local Implementation Grant, to support local implementation of the strategy. The grant supports the pump-priming of initiatives, adds value to existing services, and facilitates effective local co-ordination.
- 1.18. The 50% reduction target on under 18 conceptions is shared by Neighbourhood Renewal and therefore some funding is also available through the Neighbourhood Renewal Fund (NRF), which allocates funds to particular community projects through the Local Strategic Partnership.
- 1.19. The Teenage Pregnancy Local Implementation Grant is now ring fenced to March 08, that is that it cannot be transferred to fund other services, until March 2006. Funding of projects through the NRF are limited until March 2008. Effective work needs to be embedded within mainstream provision so that when ring-fencing of the grant and NRF funding for projects expires, the work will be mainstreamed. The review panel believes that it is essential that funding of teenage pregnancy strategies in place are protected until 2010 to ensure that the strategy is not jeopardised.

Chapter Two: Preventing Pregnancy

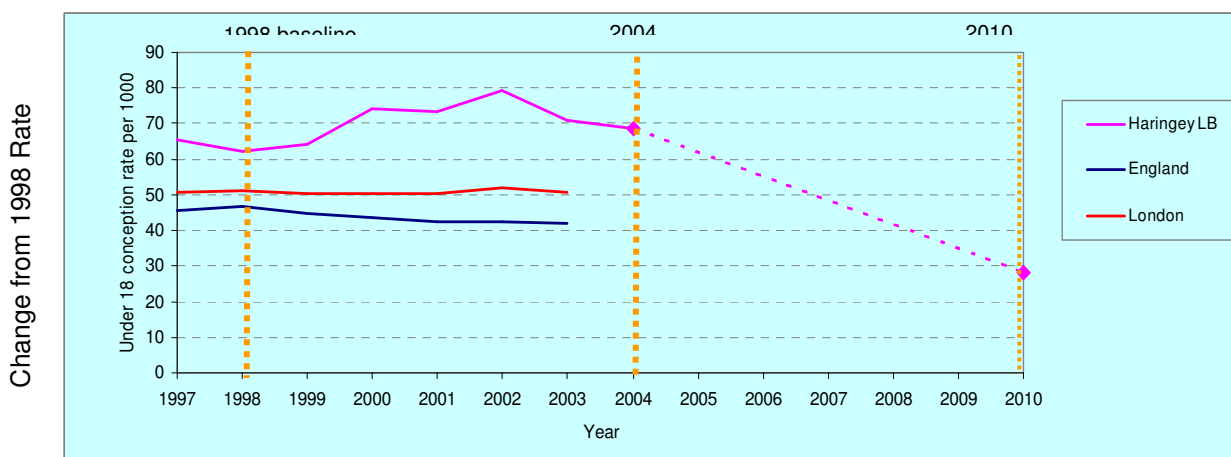
2.1. Teenage pregnancy can contribute to disadvantaged social and economic outcomes for both teenagers and their children and because of this, both local and national strategies have been put in place to reduce the rate of pregnancies. Despite some encouraging signs of improvement, the rate of teenage pregnancy in Haringey remains disproportionately high; higher than both the average rate for London and the national rate.

Rate of Conceptions 2003



NOTE: The conception rate for Haringey (71/1000), London (51.1/1000) national rate (42.3/1000).

2.2. The diagram below shows the ambitious rate of reduction necessary to meet local and national targets to reduce the rate of teenage conceptions among under 18 year olds by 55% by 2010.



2.3. Despite some recent improvement showing a marginal fall in the rate of teenage conceptions, it seems unlikely that Haringey will be able to achieve the national conception rate target for under 18s in 2010, unless there is a marked change over the next few years.

The Haringey Teenage Pregnancy Prevention Strategy

- 2.4. The Haringey Teenage Pregnancy Strategy and Action Plan provides strategic objectives for programmes aimed at reducing teenage pregnancy through targeted educational intervention programmes and services delivered by the range of different agencies involved in delivering the strategy.
- 2.5. Strategies for prevention include sex education in schools, sex education in the community, media campaigns and promoting contraception.
- 2.6. The review panel considered the Haringey Teenage Pregnancy Strategy and Action Plan and the key strategies and agencies in place. These include:
 - Sex and Relationships Education (SRE) in schools
 - The 4 Young People (4YP) programme, which delivers sex and relationships education and contraception in the community and in educational settings
 - Sexual Health Clinics, including dedicated clinics for young people
 - Media and communications, getting key messages across to young people
- 2.7. The strategy also targets particular groups of young people who are more at risk or more vulnerable to pregnancy.

Sex and Relationships Education

- 2.8. Ignorance about sex is a major risk factor for teenage pregnancy and effective sex education helps to delay rather than accelerate the age at which young people engage in sexual activity. Surveys used to inform the SEU report indicated that approximately 75% of teenage pregnancies are unplanned. The older teenagers are when they become pregnant, the more likely it is that the pregnancy was planned.
- 2.9. Sex education should aim to equip young people with the knowledge and awareness they need to make the right choices about sex and to promote self esteem, so that they can make more informed decisions about when they are ready for a sexual relationship and be aware of the precautions they need to take when they are. It also aims to ensure that young people know where to get help and advice when they need it.
- 2.10. The review panel believes that Sex and Relationships Education needs to be strengthened both in and out of schools and colleges, and this should include engagement via National Healthy Schools Standard, as well as through the Youth Service and community groups.
- 2.11. Sex education falls under the general requirements for schools to provide a curriculum which:
 - promotes the spiritual, moral, cultural, mental and physical development of pupils at the school; and
 - prepares pupils for the opportunities, responsibilities and experiences of adult life.
- 2.12. Biological elements of SRE are required as part of the national curriculum for science for primary and secondary aged pupils. Schools are legally required to deliver these elements of the curriculum and parents do not have the right to

withdraw their children from the SRE that is taught within the science curriculum.

SRE Policies

2.13. The governing body of the school has a duty to ensure that the school has an up to date policy for SRE, although this can be within the school's PSHE and Citizenship policy. The policy must be available to parents/carers and should:

- define SRE;
- describe how SRE is provided and who has responsibility for delivery;
- show how all pupils are included;
- state how the policy is monitored and evaluated;
- provide information on parents/carers right to withdraw their children; and
- provide dates for the review of the policy.

2.14. In 2004, 55% of secondary schools and 71% of primary schools responded to a Haringey Healthy School's survey of SRE policies. The survey found that, whilst there was excellent practice in some schools, others had not reviewed their policy within the last two years.

2.15. The SRE that schools teach outside of the science curriculum is discretionary and teachers cannot be compelled to teach this. Parents/carers have the right to withdraw their children from these aspects of the curriculum.

2.16. The Teenage Pregnancy Unit (TPU) provides annual feedback on the implementation of the local strategy and action plan. Initial feedback was given to Haringey in July 2005. This indicated that the engagement of secondary schools in Haringey in the development of sex and relationships education is challenging. The TPU recommended that SRE programmes should be strengthened, particularly in relation to the delivery of programmes to address self-esteem and the development of negotiating skills.

Recommendation One - Enhancing sex and relationships education and resources in schools

It is recommended that school governors, working with secondary head teachers and Haringey Council officers ensure that the importance of SRE is understood as a key lever to prevent the incidence of teenage pregnancy.

This includes:

- **work with head teachers and governors to ensure that there is increased take-up of training for PSHE coordinators, leading to improved quality and impact of teaching and that take up by schools is monitored.**
- **4YP and Education for Choice services offered to all schools**
- **A revised policy on teenage pregnancy and sexual health to be adopted by all schools, with links to relevant Child Protection Policies.**

Education for Choice

2.17. During the review, the panel received oral evidence from Natalie Misaljevich – Education & Training Officer at Education for Choice. Education for Choice is a UK-based educational charity dedicated to enabling young people to make informed choices about pregnancy and abortion. EFC receive funding from a range of agencies, including the Teenage Pregnancy Unit. The work of Education for Choice concentrates particularly on the issue of abortion, but

within the context of work with young people that values all pregnancy choices equally. This work includes:

- Direct work with young people
- Resources for educators
- Training and consultancy for educators
- Advocacy for young people

2.18. Education for Choice (EFC) is currently working with 2 schools in Haringey. Nationally they work directly with approximately 6000 young people every year and their services are available to all “Inner London” schools. EFC are also currently working with Southwark and Lewisham. The panel heard that both girls and boys tend to prefer to get advice from outside of the regular school staff and delivery by external agencies helps to support teaching staff.

Sexual Health Clinics

2.19. There are various health clinics situated around the borough which offer free family planning services, including contraception, advice and other services. Many of these clinics offer special sessions exclusively for young people. This can make services more accessible to teenagers, who may find adult sexual health clinics intimidating.

2.20. During the review, the panel heard evidence from Kim Morgan and Dr Elphis Christopher – Lead Clinician, Haringey Family Planning Service, Haringey Teaching Primary Care Trust. Dr Christopher has had long experience working in the field with young people in Haringey, advising on sexual health. She told the review panel that family planning clinics have a pivotal role in providing access to sexual health advice and the full range of contraception choices to young people when they need it.

2.21. The review panel believes that it is essential that family planning clinics are located in areas where young people need them and are accessible to young people and this needs to be taken into account when the PCT is making decisions about where clinics are going to be located into the future. They also need to be publicised and publicity and promotion needs to be young people. It is suggested that it should avoid terms such as “family planning” and emphasise that the service is “free” and for young people. The 4 Young People (4YP) publications and promotional material seen during the review provides examples of good practice in the promotion of sexual health services for young people.

Young People

2.22. During the review, the panel heard evidence from the 4YP Service. 4YP is a sexual health initiative providing young people friendly, confidential sexual health services for young people in Enfield and Haringey it provides a range of services including the 4YP bus, 4YP clinics and 4YP Drop-In sessions. It is targeted at young people in Enfield and Haringey aged between 11 and 18 who need guidance, advice or simply someone to talk to about sex and relationship issues.

2.23. 4YP hosts two regular local young people’s sexual health clinics in Enfield and Haringey that offer sexual health check-ups and contraception services

specially designed for young people aged 18 and under. .

The 4YP Bus

- 2.24.4YP operates a mobile service based at various locations out in the community, at locations where it is convenient for young people to access them. The 4YP Bus is described as “a hip, interactive sexual health advice bus”.
- 2.25.The bus provides an informal drop-in service that offers information and advice on all aspects of sex and relationships; including puberty and emotions, contraception, STIs (Sexually Transmitted Infections) and local sexual health and contraception services.
- 2.26.During the review, members of the panel visited the 4YP bus to find out how it operates and how effectively it seemed to be interacting with young people. Members were also able to find out, (through the 4YP educators), from some young people what they thought of the service.
- 2.27.The atmosphere on the 4YP Bus is relaxed and friendly and staff are well equipped to interact with young people in an affirmative and unpatronising manner, being proactive in approaching young people and making them feel welcome to visit the bus and to feel at ease to talk about sex and relationships in a relaxed yet safe setting. The staff on the 4YP Bus are youthful yet professional and the atmosphere is informal. The 4YP educators are trained to discuss sex and relationships issues in ways appropriate to a young person’s age and development. If a young person has a personal issue they want to discuss in confidence with a 4YP educator there is a separate room available on the bus for privacy.
- 2.28.The 4YP bus visits lots of local sites in Haringey and Enfield. There are sessions at Edmonton Green Shopping Centre, West Green, Enfield Town and Wood Green every two weeks and a monthly session in Crouch End. The bus also makes one-off visits to lots of other places.

Improving Standards for SRE Education

- 2.29.To make sure that sex education both in schools and in the community is effective, the review panel believes that best practice needs to be shared, so that educators can make sure that they are approaching different groups of young people in the appropriate way and that they are delivering all of the key information young people need to make effective choices and access advice and support services when they need them.
- 2.30.Education for Choice lobby and assist educators to deliver good quality standards in sex and abortion education. Key points for effective sex education and discussion are:
- *Creating a safe learning environment*
 - *An inclusive approach*
 - *Appropriate teaching materials and images*
 - *Discussing risk taking behaviour*
 - *Valuing all pregnancy choices equally*
 - *Give accurate, impartial information*

- *Dispel fear, shame and guilt*
- *Valuing diversity*
- *Recognising spectrum of religious views*
- *Exploring the ethical dilemmas*
- *Considering external pressures*
- *Signpost to impartial sources of advice and support*
- *Emphasising young people's right to informed choices*

Recommendation Two - Improving Standards for SRE Education

It is recommended that Haringey Council and HTPCT provide guidance to educators on best practice and quality standards

2.31. The scrutiny review panel is recommending that Haringey Council and the Haringey Teaching Primary Care Trust provide a quality standard of appropriate sex and relationships education as a guide. This should be appropriate for use in schools, youth clubs and outreach services in the community (e.g 4YP), based on best practice.

2.32. The guidance should include key topics to be covered at different ages, key information, effective age appropriate methods of delivery, as well as resources and organisations available to educators and young people in Haringey. It should have a particular emphasis on improving SRE in secondary schools and links with addressing wider social disadvantage strategies. .

Chapter Three: Targeting Prevention

- 3.1. Part of the strategy for reducing teenage pregnancy is to find out which teenagers are more at risk of becoming pregnant and targeting extra resources to make sure that they are informed and protected.
- 3.2. There is a clear link between the rates of teenage conceptions in Haringey and localities showing a high index of deprivation score; areas with a high percentage of non-white British residents and areas with a high percentage young woman achieving no or Level 1 qualifications.
- 3.3. Prevention strategies are targeted at particular groups of young people identified as having a higher risk of conception or are particularly vulnerable. The strategy targets prevention on particular groups of young people, including:
 - By age
 - By gender
 - In particular neighbourhoods
 - By social, religious and ethnic background
 - Refugees and asylum seekers (particularly unaccompanied minors),
 - Looked After Children,
 - Young offenders,
 - Young people leaving Care and

Age

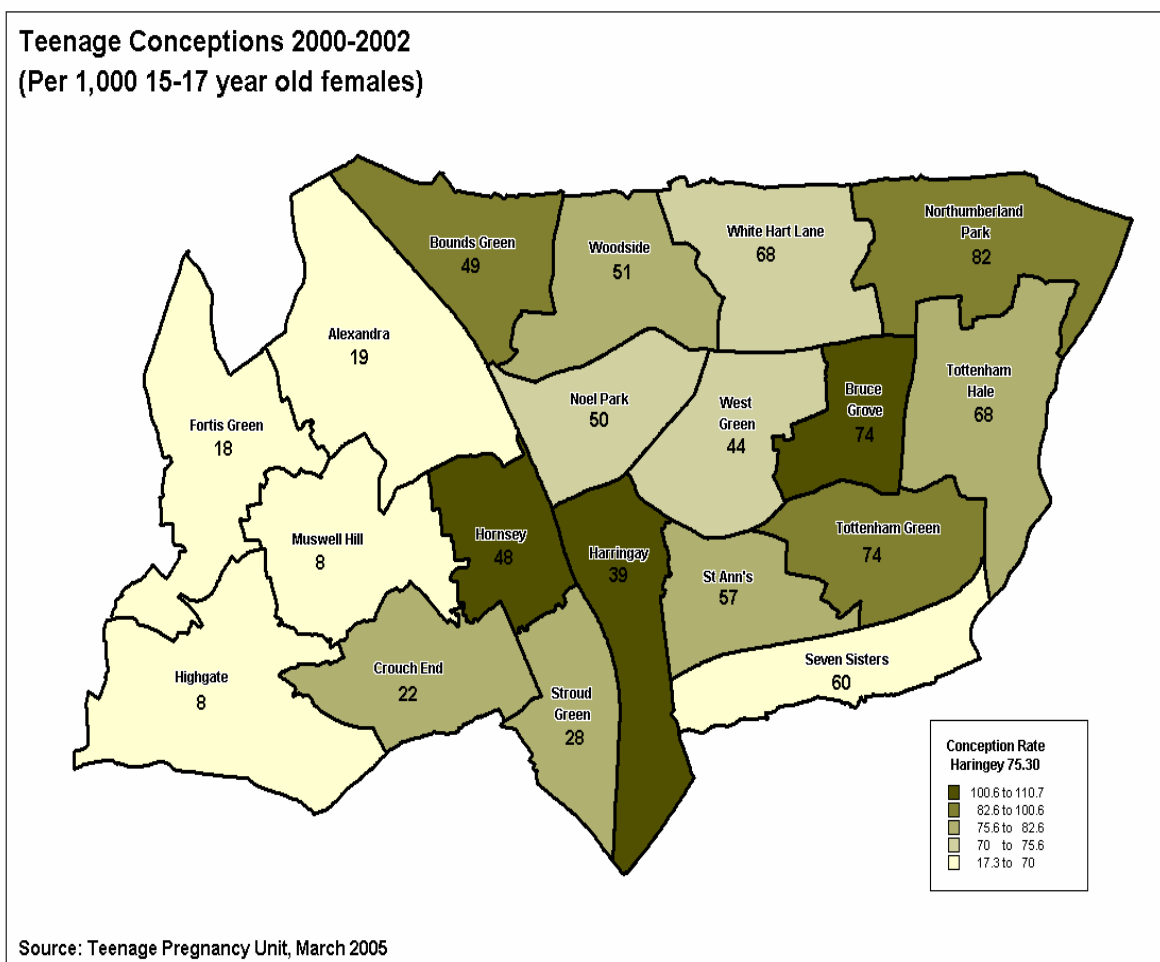
- 3.4. A person's teenage years are a period of rapid personal development and the approach taken to educate and advise young people at different ages needs to be focused on the needs of particular age groups. Analysis of data from the period 2000-2002 shows that 80% of teenage conceptions occur in the age band 16-18 requiring highly focused and prevention and support arrangements for this age group.

Gender

- 3.5. The 4YP (outreach sex and relationships education project) service offers specific sessions to young men in various settings and has recruited educators that speak the major languages in Haringey. In some areas only a tiny proportion of sexual health clinic users are men whereas the 4YP bus has been particularly successful at reaching young men. Engaging with young men can be key to making a difference to teenage pregnancy rates (and also helping to encourage young fathers to be more involved). It takes two to make a baby and young men need to be encouraged to behave responsibly, take precautions and avoid risk taking behaviours. The review panel would like to see services become more oriented towards young men and young fathers. This should include:
 - making services friendly towards boys and young men
 - targeted interventions for those most likely to engage in risk taking
 - behaviour
 - learning from good examples elsewhere (e.g. Teens and Toddlers project
 - (and Haringey 4YP Bus)
 - services for young fathers (inc. midwifery, health visiting)

Neighbourhood Hotspots

- 3.6. The average rate of teenage conceptions is significantly higher in the East of the borough compared to the West side, reflecting the different kinds of population make up and the comparative deprivation ranking. The Community Strategy Action Plan, Objective 7 provides a target to reduce the gap between the highest and lowest performing ward for teenage conceptions:
- 3.7. “Over the next two (years) (starting from 2004) to reduce the gap between the rate for the borough and the average ward rates (local target)”.
- 3.8. There are also particular neighbourhood hotspots, which show a significantly higher conception rate in particular areas. 15 of the 19 wards in Haringey have been identified as having an under 18 conception rate in the range of the highest 20% in England between 2000-2002. There is a clear link between the rates of teenage conceptions in Haringey and localities showing a high index of deprivation score; areas with a high percentage of non-white British residents and areas with a high percentage young woman achieving a low level of educational qualifications.



- 3.9. During the review the panel heard that the 4YP Service in Haringey provides outreach sex education targeted at young people, in particular neighbourhoods and in other community settings. This includes work in schools and in community setting and also the 4YP Bus, a mobile unit which targets young people in hotspot areas and at locations that young people tend to congregate.

- 3.10. To enhance the current strategy, the review panel believes that it may be possible to carry out more work to focus on the hotspot area data, including:
- Targeting schools with a high incidence of teenage pregnancy for special advice and support.
 - Workforce training, focused on at risk groups

Improving Accessibility

- 3.11. The panel heard that the PCT is making decisions about the location of clinics in the borough. When decisions are made about the location of clinics, which will provide a range of health services to the whole community, the panel believes that the PCT needs to make sure that the particular needs of young people have been taken into account and that clinics are suitable and accessible to young people and reflect the hotspot areas. The scrutiny panel recommends that such decisions need to be flagged up to partners delivering the teenage pregnancy strategy at a strategic policy level and should be presented to the Children and Young Persons Partnership Board for discussion.
- 3.12. Effective prevention needs fully accessible information and advice services, so that young people have access to both the general knowledge and information they need to make effective life choices as well as specific information and advice when they need it.

Recommendation Three - Improving Accessibility

It is recommended that accessible services are delivered when young people need them, where young people need them and delivered in a way that is convenient and appealing to young people.

- **Improving the accessibility of sexual health and advice services to young people is improved**
- **Making sexual health, family planning and young people's service provision be made more accessible and appropriate in light of the data analysis findings.**
- **Expansion of dedicated young people's sexual health services particularly to vulnerable groups and in geographical hotspot areas, promoting close collaboration with schools**
- **Providing venues accessible to young people including through the development of Children's Centres**
- **A telephone advice line for all young people who need advice or help on sexual health and pregnancy**
- **Improving web site information and links to web sites for young people on range of sex and relationship advice.**

Targeting Social Groups

- 3.13. Particular sections of the teenage populations in the borough have been identified as more vulnerable to unplanned conceptions. This often mirrors the link between teenage pregnancy and relative deprivation. Young women from unskilled manual backgrounds (social class V) are more than 10 times likely to become teenage mothers as those from professional backgrounds (social class 1).

- 3.14. Culture, ethnicity and lifestyle can also be significant. Ethnicity, culture and religious beliefs can have a major influence on young people's attitudes to sexual behaviour, pregnancy and teenage parenthood. However, research shows that differences in attitudes and beliefs about sexual behaviour between young people from different ethnic groups are less marked than differences in reported behaviours or differences between men and women.
- 3.15. Religion plays a strong role in influencing attitudes towards behaviours such as pre-marital sex and homosexuality, so young people brought up in strictly observant households tend to hold less permissive attitudes. Country of birth is also important, with those born and educated in Britain holding similar views about sexual relationships and condom use.
- 3.16. For young people from African Caribbean, Bangladeshi, Pakistani Muslim and Traveller communities, there is a high incidence of early pregnancy, which may be within marriage. Although rarer now in settled Traveller communities, it would be permitted for a girl of 14 to get 'married' according to tradition and only in this circumstance become sexually active.

Refugees and Asylum Seekers

- 3.17. The review panel heard that anecdotal evidence from supporting parents' projects in Haringey and Enfield indicates that refugees and asylum seekers form one-third of the parents attending. Refugees and asylum-seekers consist of many diverse groups with a wide range of cultures and beliefs. The culture and traditions of different ethnic groups need to be examined in order to understand how these factors affect the uptake of sexual health services.
- 3.18. Many asylum-seekers are young men who have left their families in their home countries and may be heavily influenced by the sexual behaviour of young people in the wider society. Safer sex and contraception may not be a high priority and this makes them a target for sexual health and teenage pregnancy work.

Unaccompanied Minors

- 3.19. The review panel heard that many of the teenage asylum seeker pregnancies are unaccompanied minors. A recent investigative study into the sexual health needs of unaccompanied minors in Enfield and Haringey found that 35% of the young parents supported by a specialist health visitor in Enfield were asylum seekers and that half of those pregnancies were a result of rape - either prior to arrival in the UK or since that time. Unaccompanied minors have many sexual health needs in common with their peers in terms of age or ethnicity, however, there are also particular circumstances and experiences that make them a more vulnerable and distinct group.

Recommendation Four - Targeting High Risk Teenagers

It is recommended that Haringey Council and Haringey Teaching Primary Care Trust improve information identifying and targeting teenagers most at risk of pregnancy and strengthen delivery of targeted services for "hard to reach" groups.

- 3.20. The scrutiny review panel recommends that more work should be carried out to improve the quality of information available about teenagers in Haringey to help inform prevention strategies. In particular, more needs to be known about the sexual health needs of identified high risk groups of young people, including unaccompanied minors, teenage refugees/asylum-seekers and those leaving care.
- 3.21. Data needs to be shared appropriately with relevant agencies delivering strategies for teenage parents and there need to be effective mechanisms in place to ensure that appropriate information can be shared to improve knowledge about teenage parents in the borough. In particular, data needs to be shared with the officer responsible for mapping provision across the authority to identify needs and provision and address findings.

Chapter Four: Supporting Parents

- 4.1. All new parents require support, but teenage parents face even more demanding challenges than most. The majority of teenage mothers will be single parents, they are more likely to have a background of relative deprivation, they are more likely to be outside of education, employment or training and they are more likely to live in inadequate accommodation. Support for teenage parents therefore requires a joint approach from a cross section of agencies delivering the strategy.
- 4.2. The main sources of support for teenage parents in Haringey are:
- Stepping Up - a support service, providing advice, information and practical help and support for teenage parents aged 16-19 in Haringey.
 - Families Matter – Advice, information and support to parents under the age of 24.
 - Teenage Parents Reintegration Officer – supporting teenage parents aged 16 and under to continue with their statutory education.

Stepping Up

- 4.3. Stepping Up was formed in September 2003 to provide a range of advice and support services to assist teenage parents in Haringey.
- 4.4. Stepping Up is aimed at 16-19 year olds in Haringey who are expecting or who have had their baby. The project is collaboratively funded through Neighbourhood Renewal Funding (NRF), the Haringey PCT, Connexions and Sure Start.
- 4.5. Stepping Up offers the following services to teenage parents:
- a one-stop-shop for advice on education, training, employment, housing and welfare benefits;
 - advocacy for teenage parents in supporting their health and welfare needs;
 - a weekly teenage parents support group with a programme of planned activities and contributions from in-house and external professionals, (e.g. play-workers, Health Visitors, EET advisers, midwives);
 - one-to-one support;
 - appropriate referral to other support services.
- 4.6. During the review, the panel visited the Stepping Up project, which is based at the Neighbourhood Resource Centre in Northumberland Park in Haringey (N17). The project is staffed by one full time manager/generic support worker from Haringey Teaching Primary Care Trust (TPCT), a dedicated Sure Start worker and dedicated Connexions personal adviser.
- 4.7. The panel heard that 174 referrals were made to the project between September 2003 and July 2005. The annual number of referrals to Stepping Up is rising. In 2004, the project received 84 referrals and the project currently receives approximately 30 referrals each quarter. The Stepping Up project has a remit to include work with young fathers but it is rare that they come forward.

The Stepping Up Evaluation

- 4.8. An independent evaluation of Stepping Up was completed in August 2005 and this was considered by the panel during the review. The review panel heard evidence from Martin Bradshaw the Research Consultant on the evaluation of Stepping Up carried out in March 2005. The Stepping Up Evaluation report, published June 2005 was also considered. The Evaluation of Stepping Up was carried out through data monitoring, interviews with project workers, interviews with partner agencies, focus group interviews with teenage parents and a survey of all teenage parents known.
- 4.9. Aims & Objectives for the Evaluation of Stepping Up were to:
- Analyse the nature of support provided to teenage parents
 - Analyse the nature of partnership working in supporting teenage parents
 - Identify unmet needs /service gaps
 - Make recommendations to guide and inform future development
- 4.10. The evaluation found that teenage parents accessing the service really appreciated Stepping Up services. They liked the fact that it addressed their needs as socially isolated young women, as well as providing them with support in their role as parents. The evaluation also highlighted the fact that Stepping Up is not reaching all of the teenage parents in the borough, nor is the project accessed by all referrals. The review panel commends the independent evaluation of the Stepping Up project and would like to see its findings and recommendations incorporated into revised service provision.

Recommendation Five - Stepping Up into the future

It is recommended that the Stepping Up programme be made accessible through the Children's Network, to be given greater coverage across the borough and that funding should be assured for the future, building on its strengths and addressing identified weaknesses.

- 4.11. The views of teenage parents obtained through the evaluation teenage parents' focus groups were considered by the review panel. The experiences of teenage mothers included discrimination, isolation, poor social circumstances and poor emotional health.
- 4.12. The evaluation identified some key strengths of Stepping Up in Haringey. These include:
- It provides a Dedicated service just for teenage parents
 - Teenage parents feel at ease and more likely to access services provided for them
 - It provides a Peer Support Group which provides a vital role in lessening social isolation, and contributes to the social development of parent and child
 - Stepping Up is providing a strong advocacy role, which is highly beneficial to teenage parents
 - It provides a One Stop Shop approach that helps in negotiating a myriad of services and provides accountability and prevents young parents being passed around the system
 - It provides a pivotal role of Local coordination and referral for services

4.13 The evaluation also identified some key weaknesses of Stepping Up services, including:

- The limited capacity of Stepping Up services
- The lack of a definitive local database of teenage parents. Such a database would help to understand the scale and nature of local need, needed to inform policy and local targets and to develop a coherent and systematic referral system (esp. from Midwifery services)
- There are undefined exit strategies for teenage parents. There are complexities of age related services and benefits and there is a need to ensure smooth transition to other support services
- It's services are too geographically centred and there is a need to develop services in other areas of the borough to facilitate greater access, especially the peer support groups
- Young fathers provision remains undeveloped and there is a particular need for further work in relation to family relationships and domestic violence

Refugees and Asylum Seekers

4.14 Refugees and asylum seekers are a vulnerable section of the population, often escaping challenging or life threatening circumstances. Many young refugees and asylum seekers are unaccompanied minors, making this group particularly vulnerable. Haringey has a large refugee and asylum seekers population and the review panel heard that anecdotal evidence from supporting parents' projects in Haringey and Enfield indicates that refugees and asylum seekers form one-third of the parents attending. A report into the sexual health needs of unaccompanied minors was jointly commissioned by Haringey and Enfield and the final report and recommendations is awaited at the time of this review.

Supported Housing

4.15. Housing support in Haringey is offered through the Supporting People programme. The programme helps to provide vulnerable tenants and households in the borough with good quality housing-related support which meets local need and is cost effective. Support and advice is managed directly through external agencies KeySupport , which provides housing and advice support for single adults and couples without children aged between 16 and 60 and HARTS which provides advice and support for families. The Supporting People programme supports more than 10,000 households in Haringey. The review panel heard that Supporting People can deliver supported housing to all teenage parents in the borough in need of housing.

4.16. Supported housing for teenage parents is included in the 5-year Supporting People Strategy, and the Homelessness Strategy. There are specific activities in the homelessness strategy action plan on the provision of support to teenage parents. Supporting People is currently undertaking a major review of the housing / supported housing needs and provision for young people, including teenage parents.

4.17. Although the Supporting People programme is meeting the housing support needs of teenage parents referred to the service, it is possible that not all teenage parents in need are being appropriately referred and the review panel would like to see this investigated, to make sure that the housing services directorate have appropriate mechanisms in place to ensure that all teenage

parents in need of housing are referred to Supporting People or the associated agencies. The review panel heard that a large number of teenage parents present to the homelessness unit, which is a main root for teenage parents into social housing.

Education, Employment and Training

- 4.18. A large proportion of teenage parents perform poorly in education, and early parenthood provides further disruption to their progress. A disproportionate number of teenage mothers are not in education, employment or training. This is an important way in which a cycle of deprivation is reinforced, forcing young parents out of education, employment and training, increasing welfare dependency and locking them into decreased life chances for themselves and their children.
- 4.19. For this reason, the National Public Service Agreement is included in the goals of the Teenage Pregnancy Strategy for Haringey:
- 4.20. *“To increase the participation of teenage parents in education, training and employment to 60% by 2010”.* (Ref. Teenage Pregnancy Unit – Haringey specific target).
- 4.21. The review panel heard that, of the 1009 teenage mothers aged 16-19 in North London, approximately 14.8% are currently in employment, education or training (EET), compared to around 75% in education, employment and training in the whole 16-19 population. Though the total number of teenage mothers is comparatively small they are a particularly important group to support in education or training, as evidence suggests that teenage parents and their children are likely to suffer long term social exclusion. The panel believes that a more proactive approach is needed to encourage young parents to participate in further education, including more outreach activities, guidance and pastoral support, which are as important and should compliment financial support.

Teenage Parents in School

- 4.22. Support for teenage parents in school is a vital part of encouraging more teenage parents into employment, education or training and improving self sufficiency and prospects for the future. School-age parents are supported through the Teenage Pregnancy Reintegration Project. The aim of the project officer (TPRO) is to ensure that these school-age pregnant girls and parents have access to appropriate educational opportunities.
- 4.23. The DfES has produced guidance on the education of school-age parents and this has been circulated to all secondary schools in Haringey. The Teenage Parent Reintegration Officer and the school work together with the young person to encourage them to stay in school. Schools make work available for the young person to complete at home during maternity leave and the TPRO supports the development of and engagement in any individual programmes of provision.

4.24. Many young mothers have a pattern of poor attendance at school or lack of engagement in education prior to conception or the birth of their baby. The aim of the reintegration project is to engage these young women in appropriate educational experiences. The Reintegration Project and the Tuition Service work closely with Connexions. At the end of the academic year those teenage parents who are no longer school age will be referred to the Connexions PA for Teenage Parents 16-19.

Sure Start

4.25. There are five Area Sure Start Programmes in Haringey. The Park Lane Sure Start Programme Manager has been designated the strategic lead for the work with teenage parents from across the borough.

4.26. Three of the Sure Start Programmes (Park Lane, Roundway and High Cross) have contributed funding towards a new Teenage Parents Support Worker to work across the three programmes. The worker is based with 'Stepping Up' and the Connexions PA and will have a responsibility for developing work around parenting and child development.

4.27. The Stepping Up evaluation found that there was a need for geographical clarification of referrals to Sure Start. Uncertainties surrounded eligibility for the Sure Start teenage parents support programme, as Sure Start is based around certain geographical localities. The evaluation also identified strong local boundaries for local youth culture, where teenagers may be based.

Midwives

4.28. Discussions have taken place with the head of midwifery services at North Middlesex Hospital and senior midwifery managers at the Whittington Hospital. All are keen to develop dedicated services but currently lack resources. There is a need for increased investment in developing maternity services to meet the needs of teenage parents, in line with Maternity National Service Framework and Teenage Pregnancy commissioning guidance, with clear plans from commissioners and providers setting out how services will be developed to meet the standards across hospitals and primary care.

4.29. A working group meets regularly to look at ways to develop a dedicated service and expectant teenage mothers are invited monthly to the North Middlesex for parenting in education antenatal classes; a dedicated Community Midwife and the Co-ordinator of Families Matter facilitate this.

4.30. During the review, the panel considered evidence from Barnet Enfield & Haringey Maternity Services Liaison Committee (MSLC). Barnet Enfield & Haringey MSLC.

4.31. is a specialist user involvement forum, which brings together user representatives and health professionals in the area, to develop women-centred maternity services which are appropriate, acceptable and accessible to the local population. It is accountable jointly to the Boards of Barnet, Enfield and Haringey Primary Care Trusts.

- 4.32. During 2004/5 the MSLC reviewed maternity services for this user group. Teenage parents were invited to one of their meetings to give their views on their experiences of local services. Each of the four hospitals represented on the MSLC also gave a short presentation on the service they provide for this user group.
- 4.33. Evidence informed by this process was submitted and considered by the scrutiny review panel and have helped to inform the evidence, conclusions and recommendations outlined in this report.

Child Care

- 4.34. Childcare provision can help young parents get on with their lives, as well as, very often, become more effective parents. It can provide the extra support they need to attend collage, go to work and to allow some time for themselves. Teenage parents tend to have low levels of attainment and poor experiences of education, and to be on benefits. Take up of further education by teenage mothers is low and the availability of childcare, guidance and pastoral support for teenage mothers is critical to their participation in further education.
- 4.35. The availability of childcare for young children (especially those aged under two years) is limited. The costs of childcare can be more expensive due to the age of their children, the hours of care needed and travel costs. The shortage of dedicated childcare places for teenage parents have been and continue to be an problem; there are currently no dedicated places within any of the Local Authority's day care services, although there are some places for babies.
- 4.36. The Stepping Up evaluation found that teenage parents had problems with the lack of availability of childcare, including the lack of overall capacity, but particularly provision for children under 12 months and provision in educational institutions (e.g. colleges of further education).
- 4.37. The College of North East London has limited spaces for young parents who are studying at the college and the panel heard that Families Matter have recently developed a nursery specifically for young parents aged up to 19, which cares for babies up to the age of 15 months of age.
- 4.38. Financial support for childcare for students comes from the general Learner Support Fund and, for college students, the Childcare Support Fund. Both these funds are discretionary and institutions set their own policy for assessing eligibility, within DfES guidelines. Teenage parents are a priority group.
- 4.39. Learner Support Funds are for students aged 16+ on part-time or full-time courses. You can claim it if you're receiving other funding, such as the Educational Maintenance Allowance, the Adult Learning Grant or a Career Development Loan, but it's intended for special needs and circumstances not covered by other grants.
- 4.40. The panel heard that all parents under the age of 19 and accessing education or training are entitled to the Care to Learn Grant, which assists with childcare fees, although the grant may not cover the full costs of either child-minding or nursery places.

4.41. The panel believes that childcare placements, either in nurseries or with child-minders, readily accessible to teenage parents and particularly those of school age, need to be developed to provide the support necessary to encourage teenage parents back into education or training, as well as to provide the extra support they need as young parents often struggling in challenging circumstances.

Recommendation Six - Improving access to childcare for teenage parents
It is recommended that access to childcare for teenage parents is improved, including through the development of Children's Centres, which should ensure that there is appropriate affordable provision for teenage parents and through increased childcare facilities in colleges of higher education and the use of childminders.

The Connexions Service

4.42. Connexions is the government's support service for all young people aged 13 to 19 in England. It works by bringing together all the services and support young people need during their teenage years, offering support to young people through Personal Advisers (PAs).

4.43. Connexions provides an individually tailored service offering advice, guidance and access to personal development opportunities. For some young people this may be just for careers advice, for others it may involve more in-depth support to help identify barriers to learning and find solutions brokering access to more specialist support, eg drug abuse, sexual health and homelessness. PAs work in a range of settings including schools, colleges, one-stop shops community centres and on an out-reach basis.

4.44. Connexions is delivered through 47 local partnerships, including the North London Partnership. In North London there are 7 Connexions Centres across Barnet, Enfield, Haringey and Waltham Forest. Some personal advisers work with young people in schools and colleges, or with training providers. Others are based with organisations such as the youth service, specialist young people centres, or from Connexions Centres.

4.45. Connexions has actively referred parents aged 16+ to Entry to Employment (E2E) training-providers such as Haringey Adult Learning Service (HALS), the Harrington scheme and JHP Training. Those with ESOL needs are referred to HALS. The PA has also developed good links with all local colleges, ARCO Plus, the housing department and the employment service.

4.46. A resource centre has been established at the Northumberland Road Centre, which for one day a week will be dedicated to teenage parents. They will be able to access careers guidance computer packages and support to develop their CVs.

Reaching Out

4.47. Although Stepping Up and other support services are providing valuable support services, not all teenage parents are being reached. The panel heard that there have been significant achievements in reaching teenage parents, attributed to more effective partnership working. Haringey now has the highest

rate of contacts with teenage parents in North London, 45% of TP are known to the Connexions service. .

- 4.48. The review panel heard that the Supporting Children and Young People Group has set a target that 50% of 16-19 mothers to be identified and known to the partnership.
- 4.49. Further to the current achievements, the review panel believes that the Teenage Pregnancy Partnership needs to aim for at least 90% contact rate with teenage parents in the borough. This should be feasible with improved information sharing by all partners, so that all teenage mothers coming into contact with the partnership should be known to other relevant support agencies and contacts managed through a central database.
- 4.50. Partner agencies need to make sure that, in particular, they are reaching those teenage parents who most need support, including unaccompanied minors and other vulnerable groups, as well as making a concerted effort to reach the so called “hard to reach” groups, that may face barriers to accessing services, e.g. because of cultural or language barriers. The review panel would like to see a strategy developed by partner agencies to reach teenage parents not known to the partnership.

Recommendation Seven – Reaching Teenage Parents Who Need Support
It is recommended that further mechanisms are put in place to reach teenage parents who need support and advice services. This should include the development of a local strategy for targeting those young parents not in contact with services and a peer support group to promote access to a broader spectrum of teenage parents in Haringey.

Chapter Five: Partnerships

5.1. The Teenage Pregnancy Strategy is closely linked to other factors such as socio-economic conditions, housing, domestic violence, child protection and safeguarding, drugs and alcohol abuse as well as school attendance, behaviour, employment and training and educational attainment. Teenagers need advice and support from a range of different agencies and in a range of different settings and the effectiveness of prevention and support strategies is significantly affected by the way in which the various agencies involved work together in partnership.

Local Partnerships

5.2. The Teenage Pregnancy Strategy for Haringey is delivered through a partnership of different agencies and departmental services. These include:

- The Children's Service – Haringey Council (including Social Services, education and youth services)
- Haringey Teaching Primary Care Trust (HTPCT)
- The Teenage Pregnancy Partnership Board
- The Connexions Service
- The 4 Young People service (4YP)
- The Stepping Up service
- The Housing Service – Haringey Council
- Schools – primary and secondary
- Colleges Further Education

5.3. There are particularly close working relationships between the Teenage Pregnancy Co-ordinator (TPC), the Teenage Pregnancy Partnership Board and Connexions. The TPC is a member of the Connexion Local Management Committee and also of the Connexions Not in Education, Employment, Training (NEET) sub-group. The Connexions manager is a member of the partnership board.

5.4. Partnership working can be realised through collaborative services (such as sexual health advice and services) and joint commissioning, including delivery via extended schools, the youth service, the voluntary sector.

The Teenage Pregnancy Partnership Board

5.5. Each local authority in England is required to have a Teenage Pregnancy Partnership Board, responsible for overseeing the implementation of the Teenage Pregnancy Strategy, ensuring that progress is made towards achieving the targets and agreeing allocation of the Teenage Pregnancy Implementation Grant. This group is attended by Directors, Assistant Directors and Heads of Service from the PCT, the local authority and the voluntary sector. The Teenage Pregnancy Partnership Board makes recommendations on the use of the grant and oversees the implementation of the action plan.

- 5.6. In December 1999, a district wide Teenage Pregnancy Co-ordination Group for Enfield and Haringey was established. This group is chaired by the local Teenage Pregnancy Co-ordinator, and had representation from the NHS, Haringey Council (Social Services, Housing Services, Education, the Youth Service, Youth Offending teams), Careers services (Connexions), and the Community Health Council.
- 5.7. Inter agency protocols were established for overseeing the work to ensure that all partners are contributing to the delivery of the joint teenage pregnancy strategy in line with the conditions of the Teenage Pregnancy Implementation Grant.
- 5.8. In 2001 separate co-ordination groups were established for Enfield and Haringey involving the same organisations, with representation from senior managers of the partner agencies. There is a need now to develop provision in each borough to meet the different needs found in each and to roll out effective provision to all areas.

Haringey Council

- 5.9. Haringey Council provides strategic support and intervention services for young people, both directly through the Children's Service and through guidance to schools. Haringey Council, like other local authorities, is now the lead accountable body and must take decisions on the expenditure of the Teenage Pregnancy Implementation Grant to ensure that it is used to support the local strategy and deliver the local action plan.
- 5.10. In August 2001, Chief Executives of Health Authorities and Local Authorities were informed that in future years the Local Implementation Grant for delivering on local strategies would be re-routed from the health authority to the local authority, to take effect from April 2002 when existing health authorities were to be replaced by strategic health authorities and PCTs.
- 5.11. Implementation of the local Teenage Pregnancy and Parenthood Strategy and progress towards targets for 2010 is now firmly embedded in the Children and Young People's Plan and Community Action Plan of Haringey Council.

The Teenage Pregnancy Strategy Coordinator

- 5.12. The review panel believes that, in order to achieve the outcomes and targets of the strategy, it is essential that the capacity of strategic co-ordination be enhanced. The panel heard that Haringey Council is to recruit a permanent Teenage Pregnancy Strategy Coordinator to be based within The Children's Service to ensure that all partner agencies are fully engaged achieving the local and national targets. Projects to promote good sexual health for young people and support teenage

parents will be embedded in mainstream services by March 2006 to free up the capacity of the coordinator for strategic work, and to ensure that they are effectively targeted.

- 5.13. In December 2004 the respective Teenage Pregnancy Partnership Board agreed a proposal to have separate co-ordination arrangements for Haringey and Enfield.
- 5.14. An individual coordinator for each borough enables more focused work, targeting areas and groups with high rates of conception and facilitates the development of stronger inter-agency collaboration. The review panel believes that the Teenage Pregnancy Coordinator in Haringey needs to be recruited at a sufficiently senior level to ensure the co-ordinator is included in senior leadership activities.

Haringey Teaching Primary Care Trust

- 5.15. Haringey Teaching Primary Care Trust is a key agency in the delivery of services for the prevention of pregnancy and the support of teenage parents, including the provision of sexual health services and family planning clinics.
- 5.16. Their mission is to ensure that the young people of Enfield and Haringey have the knowledge, skills and confidence to make informed choices about their sexual and reproductive health and that appropriate and effective support services are available to each new generation. This includes support for young people who become parents at an early age.
- 5.17. Implementation of the local Teenage Pregnancy and Parenthood Strategy and progress towards targets for 2010 is now firmly embedded in the Local Delivery Plan, Corporate Objectives and Sexual Health Strategy of Haringey Teaching Primary Care Trust.
- 5.18. The review panel has heard that the PCT, like many other NHS Trusts, is facing considerable budget pressures and is having to make substantial savings. It is imperative however that this is not allowed to compromise the delivery of the Teenage Pregnancy Strategy and that the discrete needs of teenagers are fully taken into account in future service provision.

The Youth Service

- 5.19. The Youth Service at Haringey Council provides a range of services for young people in Haringey, including a range of youth projects and youth clubs. It works with a variety of community agencies, including schools and the 4YP service. The purpose of the Youth Service is to enable young people to develop their knowledge, skills and values to widen their experiences and understanding and to realise their aspirations through fun and safe learning opportunities. The Youth Service works with 11-25 year olds, specifically targeting 13-19 year olds. It aims to provide:

- opportunities for social, political and personal development
- opportunities to engage in governance, citizenship and decision making
- opportunities for educational attainment, accreditation and achievement
- a diverse range of creative and challenging developmental experiences

5.20. During the review, the panel heard from Dibs Patel, the Head of the Youth Service, working within the Children's Service at Haringey Council. The current and future possible roles of the Youth Service in delivering preventative strategies was discussed. The possibility of delivering aspects of sex and relationships support and having access free condoms for distribution to teenagers was considered, as it was noted that young men tend to prefer not to access condoms in clinical settings and the Youth Service may provide a vehicle for effective distribution. This could be facilitated through training and joint working between the Youth Service and 4YP.

Recommendation – Sex and Relationships Education

The review panel recommends that work on Sex and Relationships Education be strengthened in the community, including engagement through the Youth Service and other community groups. The panel would like to see closer collaborative working between the Youth Service and 4YP services, including connections.

The 4YP Service

5.21. The 4YP Service is a sexual health initiative providing young people friendly, confidential sexual health services for young people. It is targeted at young people in Enfield and Haringey aged between 11 and 18 who need guidance, advice or simply someone to talk to about sex and relationship issues and provides a range of programmes including the 4YP bus, 4YP clinics and 4YP Drop-In sessions.

5.22. The 4YP project has now been mainstreamed into the sexual health service at Haringey TPCT, which will serve to strengthen and sustain it. In order to safeguard resources for delivering this service, service level agreements for 2006/07 are to be drawn up and managed by the two borough co-ordinators on behalf of the commissioning local authorities.

Stepping Up

5.23. Stepping Up is a support service for young parents in Haringey, aimed at 16-19 year olds. The project is collaboratively funded through Neighbourhood Renewal Funding (NRF), the Haringey PCT, Connexions and Sure Start.

5.24. Stepping Up offers the following services to teenage parents:

- a one-stop-shop for advice on education, training, employment, housing and welfare benefits;
 - advocacy for teenage parents in supporting their health and welfare needs;
 - a weekly teenage parents support group with a programme of planned activities and contributions from in-house and external professionals, (e.g. play-workers, Health Visitors, EET advisers, midwives);
 - one-to-one support;
 - appropriate referral to other support services.
- 5.25. Sure Start and Connexions are key partners in the delivery of the Stepping Up project and provide support staff. The panel heard that the Haringey Partnership Board in March 2005 discussed future mainstreaming of the Stepping Up project. As yet the future funding and positioning of this project has not been decided. The project is part funded from the Neighbourhood Renewal Fund, which is likely to continue only until March 2006.
- 5.26. The Stepping Up evaluation found that there were good working relationships between Stepping Up and other partner agencies. It also found however that further integration with voluntary sector was needed. The evaluation found that the referral mechanisms from Stepping Up to partner agencies needs improved procedures, for example, definition as to the appropriate use of blanket referrals and referrals based upon individual need.
- 5.27. The evaluation found that Stepping Up provides effective support to those teenage mothers in contact with the project. It provides peer support and a convenient and accessible site for advice for welfare services.
- 5.28. The Stepping Up evaluation identified some key development priorities for the Stepping Up project. These include:
- The development of information sharing across the sector to facilitate the creation of a definitive local database of teenage parents
 - The development of a local strategy for targeting those young parents not in contact with services
 - A peer support group mechanism needs to be further developed to promote access to a broader spectrum of teenage parents in Haringey.
 - The need to influence Children's Centre development to ensure that there is appropriate provision for teenage parents.
 - Developing dedicated childcare provision for teenage parents in Haringey (in colleges that they attend)

Parents

5.29. Parents and carers of teenagers have an important role in providing teenagers with an appropriate understanding of “the facts of life” and providing a supportive role as teenagers learn about the world of sex and relationships. The review panel believes that more work needs to be done to make sure that parents are seen as key partners in the delivery of prevention and support strategies for teenagers and to engage with parents in the development and delivery of the strategy. Every effort should be made to involve parents in understanding, participating and sharing responsibility for sex and relationships education for their children.

5.30. Parents also have a very important role in providing psychological and practical support for young parents and providing this in an appropriate way, respecting the role of teenagers as parents, whilst providing the support necessary for them to be more successful parents

Sharing Information

5.31. The review panel heard that there is a need to improve the quality of the information held by the partnership, both to improve the support available to young parents and to inform preventative targeting strategies. It is important that all teenage mothers in Haringey are known to support services for teenagers so that they can be contacted and so that they are given the advice and support they need.

5.32. The Stepping Up evaluation highlighted concerns at the number of teenage parents not in contact with services, as a significant number of teenage parents in the borough are not in contact with partner agencies and are therefore not receiving support. The panel heard that the Supporting Children and Young People Group (SCYPG) has set a target that 50% of 16-19 mothers to be identified and known to the partnership. The review panel believes that the information held by the partnership on teenage parents in the borough needs to be enhanced as a matter of urgency and improve contacts with teenage parents.

5.33. In order to achieve this, the review panel believes that the Teenage Pregnancy Partnership Board needs to make sure that existing protocols for partnership working and information sharing are being carried out by all agencies and are understood throughout the organisation, including relevant front line services. A particular challenge will be working with GPs to make sure that all TP are known. The partnership also needs to finalise agreed data sharing protocols & processes between midwifery, health visitors and teenage parents provision.

5.34. The evaluation also identified some problems with the quality of the data on teenage parents used to inform policy, for example, it found that there are divergent opinions as to the actual number of teenage parents in Haringey. The review panel heard that the statistics for teenage mothers

are currently unreliable because the Department of Health has estimated the figures based on an analysis of data for conceptions and abortions and live births.

Recommendation Nine - Improving Intelligence on Teenage Parents

It is recommended that the Teenage Pregnancy Partnership Board develop a local database of teenage parents

- **Develop information sharing across the sector to facilitate creation of a definitive local database of teenage parents****
- **Target for 90% of teenage parents known to the Connexions Service (currently 45% known to the Connexions Service).**

Mainstreaming

5.35. The local implementation grant for the teenage pregnancy strategy is currently “ring-fenced”, until March 2006 (that is that it cannot be transferred to fund other services). Funding of projects through the Neighbourhood Renewal Fund (NRF) are limited until March 2008. Teenage Pregnancy and Parenting projects need to be embedded in mainstream services by March 2006. After ring-fencing of the grant and expiry of NRF funding, projects will also have to be mainstreamed. The review panel believes that it is essential that funding of teenage pregnancy strategies in place are protected until 2010 to ensure that the strategy is not jeopardised. There is also a need to make sure that where mainstreaming takes place that there are the necessary skills and resources in place, for example the press and media aspects of the strategy.

Closer Collaboration

5.36. Effective partnership by the different agencies involved in delivery the Teenage Pregnancy Strategy is the key to effective prevention and support and there is some encouraging evidence that partnership working in Haringey is working. For example, Haringey has the highest rate of contacts with teenage parents in North London, 45% of TP are known to the Connexions service.

Recommendation Ten - Improved Joint Working

The panel recommends that specific measures be introduced for improved joint working between the different agencies involved in delivering the Teenage Pregnancy Action Plan, including:

- **Better linking up between partners/initiatives to target vulnerable groups more effectively**
- **Secure Reintegration Officer funding as result of changes in Standards Fund grants for Vulnerable Children Champion promotes LA and PCT joint working**

Chapter Six: Media and Communications

- 6.1. Media and communications are an important part of the strategy for teenage pregnancy prevention, within the context of the promotion of safer sex and relationships promotion. It is an important way in which to get the right messages across to young people to help them make better informed decisions about sex and relationships, where to go for advice and when they need help.
- 6.2. Young people are constantly bombarded with a confusing array of information and media sending messages on sex and relationships, through pop music, cinema, television and the internet. They also hear about sex and relationships through their peers or through older brothers and sisters. Not all of the information available to them is accurate and not all of it helps them to make properly balanced and informed choices. Many of the images given to young people present the picture of a highly sexualised society but tend to underrate the risks of sexually transmitted diseases, emotional and psychological attachments and relationships. It is against this background that media and communications on safer sex and relationships needs to be developed.
- 6.3. Publicity and communications is an important way in which partners involved in delivering prevention and support can actively engage with young people, taking the messages to them, not just waiting for young people to come looking for advice.
- 6.4. Publicity produced for young people needs to be designed in a way that will be able to speak to them and get the right messages across to them in an effective way. Publicity materials need to have resonance with target groups; they need to be attractive and credible with young people, and yet also clear and informative. It is suggested for example, that they need to highlight the words 'free' and 'confidential' and avoid terms such as 'family planning'. Involving young people in the design and delivery of communications can be a good way to develop and test the publicity being designed and actively engage young people in the project.
- 6.5. The venue for publicity and information is also important; making sure that publicity is able to reach young people where they will be able to access it. It needs to be provided to schools, colleges, community centres, leisure facilities, clubs, cinemas, bars, places where young people meet and to all professionals working with young people. It should also be delivered through alternative media such as the internet and community radio.

Publicity, Information and Advice

- 6.6. Getting the right messages across to young people is an essential component of the prevention strategy. The publicity, information and advice resources available for young people need to be well targeted to

the audiences they are trying to reach and present key messages clearly and attractively in a way that young people will comprehend.

- 6.7. During the review, the panel considered the brochures and information leaflets available to young people in schools, in clinics and on the 4YP Bus. They were particularly impressed with the 4YP material which was produced in consultation with young people.

Recommendation Eleven – Publicity, Information and Advice

It is recommended that Haringey Council and the Haringey Teaching Primary Care Trust carry out a review of the publicity, information and advice on sexual health and contraception provided to young people as part of their requirement to communicate effectively with young people and involve them in a review of service provision and delivery.

- 6.8. The review panel recommends that Haringey Council, HTPCT and a representative group of young people review the publicity, information and advice available to young people to make sure that:
- It remains up to date and relevant to young people
 - There is targeted information to age appropriate groups
 - There is targeted information to at-risk groups
 - It provides clear pointers to other resources and organisations available to young people in Haringey, including the telephone advice line
- 6.9. It is available at all key locations, including schools, libraries, youth clubs, GPs, clinics, and upon request & is available in range of formats and languages.

Recommendation Twelve - Services for Teenage Parents Brochure

The panel recommends that the information on teenage pregnancy sexual health and advice is made available to young people in a range of languages and formats.

- 6.10. Services supporting teenage parents produce information leaflets and brochures but collaboration between the services could be improved. None of the information is available in alternative formats or languages. There are links between Exposure magazine which is aimed at young people aged 13-19 in Haringey and the young people's services for sexual health, contraception and parenthood but this magazine is not available in every secondary school and is not distributed or accessible to the full age range in every secondary setting, it is reported because of 'fears' of the subject matter.
- 6.11. There are web sites for young people run by Exposure, the PCT (4YP web site), Healthy Schools and the Council. This requires a young person or an associated adult to access several sites to gather the complete range of information on contraception, sexual health, pregnancy and so on.

Exposure magazine

- 6.12. Exposure is a Haringey based charity that enables children and young people from all backgrounds to participate in media. Exposure publishes a free youth magazine and undertakes other publishing, video production, advertising, design and internet activities.
- 6.13. Supported by Haringey Council, the Department for Education and Skills and Haringey Children's Fund, Exposure generates income through fundraising and through the provision of professional and ethical media-related trading services. It has won national recognition for its innovative work.

4YP Media

- 6.14. The 4YP service produces a range of publicity material specifically aimed at young people, all using 4YPs distinctive style and the 4YP logo, which has become highly recognised by young people throughout Enfield and Haringey. 4YP publicity material includes a range of leaflets and flyers, posters, window signage and logos to be adapted for use by partner agencies. The 4YP internet site also provides an impressive attractive and interactive resource that is attractive and used by young people.
- 6.15. During the review 4YP publicity material aimed at young people was distributed and considered by the panel, it was noted that this is in the process of being updated. The panel also noted that there is some 4YP promotional publicity aimed at young people on some community radio stations.
- 6.16. 4YP also provides a free telephone number for young people to call: **0800 16 13 715** to find out where the bus will be. Callers can also leave a recorded message for an educator to respond to them, should they need help or advice. The 4YP website www.4yp.co.uk has approximately 1500 hits a month.
- 6.17. The panel are very impressed by much of the 4YP publicity material, which mirror the approach frank and young approach taken by 4YP in the delivery of its services. The panel were also impressed by the way in which the 4YP logo is used by partner agencies, specifically chemist shops. Any pharmacy displaying the logo is a young person friendly place where contraception and contraception advice is available, helping to break down the feeling of intimidation many young people feel in buying contraception.

Appendix

Scrutiny Review Witnesses

Rachel Ambler – Midwife, The Whittington Hospital

Leo Atkins - Teenage Pregnancy Strategy Co-ordinator

David Barnard – Enfield Connexions Manager

Sonia Blake – Community Midwife NMU Hospital

Martin Bradford – Research Consultant (Teenage Pregnancy) – Stepping Up Evaluation.

Dr Elphis Christopher – Lead Clinician, Haringey Family Planning Service, Haringey Teaching Primary Care Trust

Ann Marie Connolly - Director of Public Health Haringey Teaching Primary Care Trust

Michelle Daniels – Assistant Director of Health Development, Haringey Teaching Primary Care Trust

Hilda Djaba - Enfield Connexions Manager

Jan Doust - Head of Access and Pupil Support

Donna Martin – Project Manager for Teenage Parents - Stepping Up programme

Cllr George Meehan - The Executive Member for Children and Young People

Natalie Misaljevich - Education & Training Officer – Education for Choice

Tom Morris - – Sure Start (Acting) Deputy Programme Manager

Kim Morgan, Haringey Family Planning Service, Haringey Teaching Primary Care Trust

Dibs Patel – Head of the Youth Service

Andrew Powles - Teenage Pregnancy Strategy Co-ordinator

Telsa Walker - 4YP Service

Other witnesses:

Staff from the 4YP Bus

Teenagers from the 4YP Bus