A commitment from
The Children's Plan

Government Response to the 5th Annual Report of the Teenage Pregnancy Independent Advisory Group

department for
children, schools and families

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Ministerial Foreword

I would like to thank members of the Teenage Pregnancy Independent Advisory Group (TPIAG) for their report and for the recommendations they have made on the action needed to further the aims of the Teenage Pregnancy Strategy. I am also grateful for the work that they continue to do to give direct support to the strategy's implementation.

We have made significant progress. Since the Strategy was launched in 1999, the under-18 conception rate has fallen by 10.7%. Within that overall decline in teenage conceptions, teenage births have fallen by 23.3% to the lowest level in over 20 years. The trends in the annual abortion data for 2008 and under-18 conception data for the first two quarters of 2008 give me confidence that the increase in the teenage pregnancy that we saw between 2006 and 2007 will be reversed and that, when the new annual under-18 conception data is published in February 2010, we will see a return to the downward trend established between 1998 and 2006.

I am determined that action to reduce teenage pregnancy and improve outcomes for teenage parents remains a priority at national and local level. This is critical as we approach the 2010 date we set in the strategy for halving the teenage pregnancy rate and as we look beyond it. The collective effort to reduce England's historically high rates of teenage pregnancy must be sustained in the short term and in the coming years. Continuing to prioritise reductions in teenage pregnancy is an investment that will bring benefits for us all – for young people themselves, in building social capacity and in greater economic savings.

The impact on health inequalities, child poverty and social exclusion is such that we cannot afford to ease up on our efforts. Giving young people the knowledge, skills and confidence to resist pressure to have early sex, and to prevent early pregnancy and sexually transmitted infections when they do become sexually active, is an investment not only in their immediate health, safety and well being, but one which will last into adulthood and be passed on to future generations.

This response to TPIAG's annual report reflects the continuing high priority we have given to teenage pregnancy over the last years and sets out a number of further steps we have taken to help local authorities and Primary Care Trusts (PCTs) to accelerate their local strategies. Firstly, we have taken the decision to make Personal, Social and Health Education (PSHE) statutory and agreed to implement a number of other important recommendations made by the steering group that oversaw the review of sex and relationships education (SRE) in schools, including producing new SRE guidance.

Second, we have committed over £26.8M in 2008-09 and £20M in 2009-10 to improve young people's access to effective contraception. In particular, we are asking PCTs to ensure that young women have access to the full range of contraceptive choices, including long-acting reversible contraception (LARC) and to deliver services in places that young people can access easily and in confidence, such as in FE colleges, secondary schools and other education and youth settings.

Finally, we have introduced a number of wider measures that will have significant implications for how mainstream delivery partners work together to tackle problems like teenage pregnancy in a joined up way. For example, the new duty on schools to promote pupils' well-being provides opportunities for schools to address some of the underlying risk factors for teenage pregnancy in a holistic and co-ordinated way. And the recent Child Health Strategy: *Healthy lives, brighter futures: The strategy for children and young people's health*, DCSF and DH (2009), establishes the infrastructure that will help us to develop even stronger local education and health partnerships. This has been supplemented by the publication of the Healthy Child Programme for 5-19 year olds which sets out how health and children's services should work together to provide a universal offer for all with more intensive support for young people most in need.

Looking to the future, in early 2010, we will be setting out further measures to strengthen delivery of local strategies, building on the international evidence base and what we have learned from the areas where teenage pregnancy rates have fallen fastest. Delivery of local strategies remains too variable and we must ensure that the evidence of what works is applied consistently across all areas, so that the Strategy is reaching all young people.

I look forward to working with TPIAG in the future to continue to tackle this key issue, which is both a cause and consequence of social exclusion and health inequality, and to which we must continue to give our highest priority.

Dawn Primarolo

Minister for Children, Young People and Families
DCSF

Recommendation 1: Strategic direction and leadership

Government should continue to provide strong leadership to champion the Teenage Pregnancy Strategy – with ministers across government departments publicly explicit in their support. This is particularly important if local staff are attacked in the media for providing innovative SRE, or school drop-in services. Government should ensure that it has the capacity at a national and regional level to lead and monitor the progress of local areas now that teenage pregnancy funding is no longer ring-fenced.

The DH NST for Teenage Pregnancy should be expanded to help improve the performance of high and increasing rate areas and a 'bank' of experts developed to provide specialist intensive support on specific aspects of local delivery.

1. As our last response highlighted, we have signalled our strong commitment to the priority of teenage pregnancy by including the under-18 conception rate as one of five leading indicators in Public Service Agreement 14: *increasing the number of young people on the path to success*, and as a Tier 2 Vital Sign for PCTs in the NHS Operating Framework. The inclusion of chlamydia screening in the Local Government National Indicator Set and as a Tier 2 Vital sign also underlines the importance we place on integrating actions to reduce teenage pregnancy and improve young people's sexual health.

2. We have been very encouraged that our national commitment has been mirrored locally, with 106 out of 150 areas choosing teenage pregnancy as one of their 35 LAA priorities – the second most popular indicator after reducing NEETs – and the determined efforts of so many senior leaders and front line professionals to develop services which meet the needs of young people.

3. However, in recognition of the challenges and complexity in effectively implementing local teenage pregnancy strategies, we have maintained a high and explicit level of Ministerial leadership. This has included:

    - a continued Ministerial focus on high and increasing rate areas, with DCSF and DH Ministers hosting annual events for LA/PCT senior officials and Lead Members and providing feedback letters on these areas' six monthly progress reports;

    - a Ministerial letter to the 19 areas showing significant increases in the 2007 data, and a letter from DH Director of Performance asking Strategic Health Authorities to focus attention on poorly performing PCTs; and

    - DCSF and DH Ministerial support at four regional teenage pregnancy conferences for LA and PCT stakeholders, with a DVD made available for local areas to show at Strategic Boards to demonstrate Ministerial priority.

4. We have also been explicit about the significant contribution that on-site contraception and sexual health services in schools and FE colleges can make to ensuring young people have swift and easy access to professional advice. The Minister supported the Schools and Services Mapping Report published on behalf of TPU by the Sex Education Forum and provided explicit support when schools with on-site services faced media criticism. Ministers from DCSF and the former DIUS spoke at a national conference promoting on-site services in FE colleges to signal to both FE and local areas the benefits of supporting FE students to prevent early pregnancy and look after their sexual health.

5. We recognise the key role of Elected Members in prioritising teenage pregnancy and driving effective implementation of local strategies. We have welcomed the close working with TPIAG in this area, including a joint teenage pregnancy conference held with LGA last year, and the joint briefing for Lead Members. Following very positive evaluation from Lead Members, we will be holding a further conference with LGA, for Lead Members in March 2010.

6. Our Regional Teenage Pregnancy Coordinators (RTPCs) and other officials in Government Offices and Strategic Health Authorities have played a critical role in ensuring the continued priority of teenage pregnancy, strengthening the links with other relevant policies, and providing differentiated challenge and support to improve local performance. Policy briefings on teenage pregnancy have been provided to support the wider field-forces – Children's Services Advisers and DH LAA leads – to provide consistent messages and advice to local areas.

7. The support to local areas provided by RTPCs has been supplemented by the Teenage Pregnancy National Support Team (TPNST). Up to October 2009 the TPNST has carried out visits to a total of 60 local areas with high and increasing rates or where progress is significantly off trajectory. The team, working with the RTPCs, has provided each local area with a consultancy-style expert diagnostic process and made recommendations with some tailored intensive support following the visit.

8. The TPNST has developed a bank of experts to work with on their visits to local areas and to provide follow-on specialist support to help put recommendations into action. This includes invaluable input from 5 members of TPIAG.

9. During 2010-11, we will continue to provide the same level of funding to GOs for the regional role to support areas both in improving current performance and in securing the priority and investment for the strategy into the next phase beyond 2010. We have provided additional funding in 2009-10 to ensure that health issues, including teenage pregnancy, are included in the Children and Learners Support Adviser pilots. Over the next year, the specific improvement support that areas need on reducing teenage pregnancy will be included in the field-force review to ensure we have the most effective model of support to continue work beyond March 2011.

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

10. Children's Trust accountability arrangements are being strengthened. Subject to the passage of legislation, the Children's Trust Board will become a statutory body from April 2010 and schools will become statutory relevant partners for the first time, alongside existing partners such as local authorities, Primary Care Trusts, Strategic Health Authorities and others. Statutory guidance will be issued for consultation later this year, and the final guidance will issue in March 2010.

11. The requirements for the Children and Young People's Plan (CYPP) will also be strengthened, and from April 2011, the Children's Trust Board will have overall responsibility for preparing, publishing and reviewing the CYPP and for monitoring and publishing an annual report on the extent to which the statutory partners have acted in accordance with the plan.

12. The Children's Trust Board does not create new lines of accountability; each partner remains accountable for commissioning to deliver that part of the CYPP for which it is responsible. And these elements of the CYPP should be reflected in the individual plans of the relevant partners, such as the PCT local plan. The existing Children's Trust arrangements still stand, and the priorities set out in the CYPP should be reflected in the Local Area Agreement (LAA), which is owned by the members of the Local Strategic Partnership, including the local authority.

13. It is clear from the very high number of local areas choosing teenage pregnancy as an LAA priority, that senior leaders across the LA and PCT recognise the critical importance of reducing teenage pregnancy to improve outcomes for young people, narrow health inequalities and tackle child poverty. However, the challenge of implementing a multi-faceted strategy requires robust performance management and clear accountability through the Children's Trust and Local Strategic Partnership. We have made this clear in our delivery guidance and in the Ministerial and other communications to local areas.

14. To help areas further strengthen their performance management arrangements, this year, we have published a revised version of the Teenage Pregnancy Self Assessment Toolkit. The new toolkit, which merges the two previous prevention and support self assessment toolkits, has an increased focus on more tangible measures of strategy inputs, processes and, where possible, outcomes, to help local areas measure more objectively

implementation of all the strategy elements. The toolkit includes a one page self assessment summary for sign off by senior officials in the PCT and LA and accountability to the Local Strategic Partnership.

15. While we recognise the importance of fitting in the self assessment process with key local planning milestones, we have recommended local areas to complete the self assessment by the end of September to inform planning and budget decisions starting in the late autumn. Completion by September will also be helpful evidence for the first Comprehensive Area Assessment (CAA) reports due in November. We have indicated to the Audit Commission that completion of the self assessment toolkit will be an indication of a local area's commitment to reaching their teenage pregnancy target.

16. To help secure teenage pregnancy actions in new policy and mainstream delivery, we have included improvements to SRE/PSHE, increased knowledge and access to effective contraception, including expanding on-site services in schools and colleges, early identification and support and support for parents in the Child Health Strategy – *Healthy lives, brighter futures – The strategy for children and young people's health* – published in February 2009 and the Healthy Child Programme 5-19.

17. Based on the Child Health Promotion Programme for under 5s, the Healthy Child Programme has now been extended up the age range – from pregnancy to age 19. The programme sets out what the universal offer should be from health services and other providers, with additional support provided for those who need it. Key to the programme is successful implementation of clinical guidance, which sets out evidence-based best practice. New clinical guidance on 5-19 year olds was launched on 27 October 2009, alongside the re-publication of the clinical guidance from pregnancy to age 5.

18. Finally, to further support the commissioning process, DCSF has put in place the Commissioning Support Programme (CSP), which is externally led and will run until April 2011 with the aim of transforming strategic commissioning in every Children's Trust. This will be done through making existing skills and resources within the practitioner community more widely accessible and also offering bespoke support to every Children's Trust and individual practitioners through a community of practice and direct tailored support.

19. All NHS health commissioners should aim to be world class commissioners and the NHS has a World Class Commissioning programme to support PCTs to deliver that. The CSP has been designed to align with, and build on, World Class Commissioning both in terms of the elements and language of commissioning and in the sequencing of practical support from the Programme to help PCTs and wider Children's Trust partners.

Recommendation 2: Data

TPIAG would like to see DH combining antenatal data with abortion data to provide timelier national monitoring of progress. We would like improved recording in Hospital Episode Statistics of ethnicity and repeat births.

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

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

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

20. Our guidance to LAs and PCTs (2006) on effective delivery of local teenage pregnancy strategies, highlights the critical importance of using detailed, accurate and up-to-date data for effective planning, commissioning and performance managing appropriately targeted programmes. To help areas make maximum use of local data sources, we have expanded the TPU Local Monitoring Data Set and incorporated it into the revised Teenage Pregnancy Self Assessment toolkit. Under each section, a range of relevant local data is suggested as proxy indicators of progress which local partners can provide to collectively monitor implementation and impact of the local strategy. The Self Assessment Toolkit also makes clear that all areas should have an accountable lead, agreed local data sharing protocols and sufficient analytical expertise to enable effective use of local data.

21. To help areas in their understanding of local data, TPU, in conjunction with TP NST, has led a series of regional data events showcasing good examples of analysis, using local sources of data to inform teenage pregnancy strategies. The events have been used to stimulate further data analysis within local areas and identify practical approaches to data sharing and analysis.

22. By the end of 2009, we will be publishing a data Guide for local areas which sets out a practical approach to the collection, sharing and analysis of local sources of data and provide examples of good practice. The Guide will include advice on estimating conception rates from local data sources to improve the monitoring and targeting of teenage pregnancy strategies. DH will continue to explore the possibility of using the maternity data set for earlier calculation of conception rates. We will also work with ONS on how to balance the requirement of data confidentiality for ward level data with the need to share these data across local partnerships to inform effective commissioning.

23. Hospital Episode Statistics (HES) data currently record both ethnicity of mother and number of previous pregnancies, although data do not distinguish between previous pregnancies resulting in abortion, miscarriage, or maternity. The NHS Information Centre has been working to improve the quality of maternity data, and has recently published a 'data quality dashboard' to enable Trusts to examine and compare the quality of their data.

24. Other significant support we are providing to improve commissioning include a Balanced Scorecard for Sexual Health, a new Sexual and Reproductive Healthcare Activity Database, the Child and Maternity Health Observatory (ChiMat) and the Children's Services Mapping data system, on which more information is provided below.

Sexual Health Balanced Scorecard

25. The South West Public Health Observatory has been commissioned to develop sexual health data profiles for a number of indicators at local, regional and national level (known as the balanced scorecard for sexual health). The first phase of this work which focuses on indicators relating to young people will be published very shortly and will be used to monitor outcomes related to young people's contraception and reproductive health, along with indicators developed through the review of the Sexual Health Strategy.

Sexual and Reproductive Healthcare Activity Dataset

26. The 'new' KT31 national dataset (to be called the Sexual and Reproductive Healthcare Activity Dataset (SRHAD)) is now going through the approval process from the Information Standards Board (ISB). If approved, this dataset will ensure more relevant and timely electronic data that supports local service development. The dataset reflects current data collection practices and requirements of SRH Services and provides appropriate definitions and guidance material to enable a standardised data set for SRH services. The aim of the new dataset will be to inform effective commissioning by:

- Supporting commissioners in understanding which population groups are accessing Sexual & Reproductive Health Services and which services they are receiving (including uptake of Long Acting Reversible Contraception methods as recommended by the National Institute for Clinical Excellence – NICE).
- Developing, over time, indicators of quality and outcome in service delivery (especially in comparative reports), for instance, the length of use and removal rate for LARC devices, provision of emergency contraception, the provision of contraception post abortion and referrals to secondary care.
- Providing benchmark measures to allow a comparison of services in delivering the most appropriate and effective sexual and reproductive health care to young people and all adults.

Child and Maternal Health Observatory (ChiMat)

27. ChiMat is a national public health observatory established to provide wide-ranging, authoritative data, evidence and practice related to children's, young people's and maternal health. ChiMat aims to support stakeholders and commissioners through a range of activities including: provision of an authoritative source of data, information and evidence on child and maternal health; advice and training in the use of data for decision making; development of on-line tools for presenting and analysing data and intelligence to improve commissioning; coordinating the development of new indicators and metrics to support delivery of key national objectives; and providing evidence and support for the Child Health Strategy – *Healthy lives, brighter futures (2009).*

Children's Services Mapping

28. Children's Services Mapping is an on-line data collection and reporting system that provides information at a national, regional and local level about child and maternity service provision and investment in England. Data is collected through an annual exercise completed by NHS trusts, PCTs and Local Authorities, supporting the development of joint commissioning strategies, service planning, performance monitoring and Comprehensive Area Assessments. The results, which are posted on the Children's Services Mapping website can provide a valuable resource for managers, clinicians, commissioners and policy makers to help inform decisions about the development of children's services on a regular basis.

Recommendation 3: Communication

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

29. Good communication about teenage pregnancy and sexual health plays a key contribution to effective delivery of local strategies. Ensuring that senior strategic leaders understand the wider benefits of investing in work to reduce teenage pregnancy and improve outcomes for teenage parents; raising awareness of frontline professionals; and providing accurate and supportive information to young people and parents all help to prioritise and sustain local actions. In addition, good communication can assert social norms and highlight the broad consensus between young people and parents on key issues. For example, young people and parents both greatly overestimate the percentage of young people having sex under 16 which adds to the pressure and concerns felt by both groups. And parents and young people broadly agree that between 16-17 is an appropriate age for first sex and 82% of parents and 96% of young people support SRE in schools. Drawing out this consensus and associated social norms can help allay fears and calm the debate.

30. The Teenage Pregnancy Self Assessment has signalled the importance of all areas having a communication strategy for effective communication across the LA and PCT, which includes:

- Communication to internal stakeholders, at strategic, service manager and front line levels across all relevant LA and PCT services, voluntary and community sector and elected members.
- Media handling protocols for both reactive and proactive media work.
- Local campaigns drawing on the research and resources of the national media campaign – with proactive publicity of local young people's services, including the young people most at risk.
- An accountable lead for regularly updating the National Media Campaign service database and local websites with local service details.
- Regularly updating all children's workforce and appropriate service providers with service publicity and care pathways for young women and young men who need to access CASH services or who think they/their girlfriend may be pregnant.
- Ensuring effective links with other strategies and services (e.g. Parenting Strategy, Family Information Service), campaigns and information.

To support areas to meet these requirements, TPU and the TPNST have developed a Communications Guide which will be published in December 2009.

31. To highlight the cross cutting nature of teenage pregnancy, we have provided a briefing to local areas, Children's Services Advisers and Strategic Health Authorities on how tackling teenage pregnancy will help address a number of other poor outcomes for children and young people. We have also worked closely with TPIAG on the Teenage Pregnancy Briefing for Lead Members for Children and Young People which will be reissued early next year ahead of the LGA conference in March 2010. We are also delighted at the further communications support provided by TPIAG in the publication of the briefing on Contraception and Sexual Health Services for Young People.

32. During 2009, DCSF has been working closely with the Department of Health to carry out a full review of the national teenage pregnancy and sexual health media campaigns. This looked critically at how national communications can best support the Strategy's objectives. In response to this review, we are developing a campaign that promotes the benefit of open, honest and mature communication about relationships and sexual health between and within different audience groups (including teenagers, young people, parents, healthcare professionals and other relevant stakeholders). It will also communicate specific messages about contraception choice and chlamydia testing, as well as increasing access to condoms and awareness of their importance in protecting against STIs. The campaign is due to launch in late November 2009. The campaign will be supported by a refreshed stakeholder engagement programme to secure the support and involvement of a wide range of health and other stakeholders at both a national and local level.

33. As a further communications tool to engage young people in health issues, the NHS Teen LifeCheck is aimed at 12-15 year olds. It was developed with and by young people, particularly those from disadvantaged backgrounds, to ensure that it meets their needs. NHS Teen LifeCheck covers a range of issues including sexual health as well as physical activity; nutrition; solvents and illegal drugs, alcohol and smoking. It is available at **www.teenlifecheck.co.uk** and was launched nationally on 10 June 2009. By the end of October, the website has received over 170,000 visits, an average of around 1100 visits a day. Of those coming to the site, 89% are new users and over 50% are completing the online quiz – exceeding the target of 35%.

We recommend the removal of the restriction on promoting condom use before the 9pm watershed. We would like to see the development of a safe portal which young people, parents and carers, teachers and those who support SRE, can use to access approved sites on sex and relationships.

34. The Committee of Advertising Practice (CAP) and the Broadcast Committee of Advertising Practice (BCAP) recently held a public consultation on a number of proposed changes to the Advertising Codes, including removing current advertising restrictions on condoms. This consultation closed on 19 June 2009. The intention had been to introduce the new code by the end of 2009. However, the unprecedented response to the consultation has delayed the process, with implementation now due in 2010.

Recommendation 4: Young people's contraceptive services

TPIAG urges DH to ensure PCTs are aware they have received new funding totalling £12 million for contraceptive services and know how to access it, and then monitor how the money is spent. All young people should have access to appropriate contraception and sexual health services that are 'young people friendly' and meet the DH You're Welcome standards, and are available in a diverse range of settings including schools and colleges.

Abortion and contraceptive services should be joined up at national and local level so that the cost-benefits of contraception, particularly long-acting reversible contraception (LARC), can be set against the greater costs of terminating an unwanted pregnancy. All community contraception services should have access to IT and use it to collect and analyse data which should then feed back in to improving the service.

35. The Department of Health (DH) ensured that PCTs were aware of the additional baseline funding allocated to them in 2008-09 by placing an article about the funding in "The Week", which is sent to all PCT Chief Executives. In addition sexual health commissioners have been advised via ad-hoc DH communications to raise the issue of funding with their finance departments.

36. The Government has put in place a support programme for the national roll-out of the *You're Welcome* quality criteria for making health services young people friendly. Working through the nine Government Offices, local areas are being helped to interpret and apply *You're Welcome* consistently. The programme will help make sure that wherever they live in England, young people – including those in the most vulnerable groups – are able to access services that are best suited to their needs. Priority services for meeting *You're Welcome* criteria are general practice, sexual health and contraceptive services – particularly those in or near schools and colleges – pharmacies and abortion services. The first wave of services awarded the national quality mark for *You're Welcome* in March 2009 included services from each of the priority groups alongside CAMHS, alcohol and substance misuse service providers.

37. The Government recognises the important role that Further Education (FE) colleges have in delivering contraceptive and sexual health services. This is why £1.6 million has been allocated to Strategic Health Authorities (SHAs) for them to support improvements in local health services for young people in FE. It is for each SHA to determine how it will use these funds, based on an analysis of need, but is expected to result in new services, as well as extensions to existing provision, by Primary Care Trusts. Additionally, £0.4 million has been used for initiatives that directly support the FE sector.

38. Since 1 April 2009, the standard contract for NHS abortion services has included a requirement to improve access to contraception. This will be supplemented from 1 April 2010 by a standard service specification which PCT commissioners can use for their abortion services. As well as setting out good practice in delivering abortion and contraception services, this service specification will also encourage abortion providers, particularly those in the independent sector, to play a greater role in linking their services into other sexual health services offered in the community.

39. DH has allocated £2.5 million via SHAs to promote IT development in sexual and reproductive health services. This will also support the introduction of a standardised electronic service monitoring dataset, the Sexual and Reproductive Health Activity Dataset (SRHAD), mentioned above.

Recommendation 5: Sex and relationships education

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

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

To ensure that a healthy school provides good SRE as part of PSHE, TPIAG recommends that SRE should be included as one of the Government's Well-Being Indicators and included as a question in the TELUS survey – to provide a national measure of SRE improvement.

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

The SRE pupil audit tool should be part of the Healthy Schools Programme to help schools improve their SRE and inform the Healthy Schools quality assurance process. The forthcoming Rose Review of the primary curriculum should emphasise the importance of personal development and ensure that PSHE is central to that.

40. Since TPIAG's report was written, we have published the Government's response to the review of SRE in schools. As well as setting out our intention to make PSHE statutory - with statutory programmes of study that will give all children and young people a common core of knowledge and skills – the response also accepted a range of further recommendations designed to drive up the quality of SRE in schools. A copy of the Government response to the SRE review is available at: **http://www.teachernet.gov.uk/docbank/index.cfm?id=13030.**

41. Making PSHE statutory is a necessary and important part of our wider strategy to ensure that young people have the knowledge and skills they need to avoid unplanned pregnancies. It is not the whole answer – making PSHE statutory won't, of itself, address all the current weaknesses in delivery. But it does send a powerful message to schools about the importance we attach to this aspect of children and young people's learning and development. And it facilitates the wider improvements that we know are necessary, in particular with respect to issues such as: workforce development; securing adequate curriculum time to deliver PSHE; and investment in resources that support the delivery of schools' SRE programmes.

42. Having statutory programmes of study which set out the topics that should be taught in SRE will help to address the inconsistency of what is offered to young people, depending on which school they attend. While we are not proposing a 'one size fits all' approach, and will retain some flexibility for schools to tailor their programmes to reflect the views of parents, pupils and wider communities, high-level programmes of study will mean that all children and young people receive age appropriate, factual information that enables them to make informed decisions about relationships and sexual health.

43. As the Government response to the SRE review made clear, we will also implement a wide set of actions that address the recommendations that are made in TPIAG's report. These are set out in full in the response, but include: a commitment to update the existing SRE guidance for schools; measures to improve the skills and confidence of those who deliver SRE; including pupils' perceptions of SRE as one of the new well-being indicators; and promotion of the SRE audit toolkit as a vehicle for assessing whether the SRE that schools provide is meeting young people's needs. While the formal statutory duty to provide PSHE will not apply until September 2011, we will be taking forward the other recommendations from the SRE review, subject to the passing of legislation, that schools are well-prepared for the introduction of statutory PSHE.

44. The next phase of the Healthy Schools programme was launched in September 2009. Schools which have achieved the National Healthy Schools Standard (NHSS) will now be expected to work towards the enhanced healthy schools programme. The new enhanced programme will be outcomes based and it is envisaged that a school would choose one school-based priority, based on needs identified by the school, as well as at least one that forms part of the local profile, for example, that it supports an indicator that has been chosen as a priority within the Local Area Agreement.

Recommendation 6: Professionals working with young people

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

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

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

45. Our guidance to LAs and PCTs (2006) includes sex and relationships training for professionals working with young people as an essential factor for effective delivery of local strategies. Professionals who are confident to discuss relationships and sexual health and are aware of risk factors for early pregnancy, can provide early support and referral to specialist services for young people who may be reluctant to seek advice. Areas which have well developed workforce training describe workforce development as the 'glue' which strengthens multi-agency collaboration and increases the capacity of the area to proactively support young people. Some areas have also reported associated reductions in conception rates.

46. However, although there are excellent local examples of workforce training, we are committed to ensuring that relationships and sexual health training is securely linked into the Government's 2020 Workforce Strategy.

Common Core

47. The common core of skills and knowledge for the children and young people's workforce sets out the basic skills and knowledge needed by people (including volunteers) whose work brings them into regular contact with children, young people and families. By using a common language, it will enable professionals to work together more effectively in the interests of the child and underpins successful integrated working.

48. The 2020 Workforce Strategy sets out proposals to examine the common core and explores whether there are any gaps and what more can be done to promote universal usage, embed it in initial training and support integrated working. The Children's Workforce Development Council (CWDC) is leading this work on behalf of Government and is consulting with a wide range of stakeholders between June and December 2009. While the common core cannot, by its nature, include all individual policy requirements, we will seek to ensure that the skills and knowledge include awareness of those young people most at risk and an understanding of supported referral to specialist services. We are also keen to explore how the common core can provide easy links to more specific and tailored guidance, training and qualifications around relationships and sexual health. The refreshed common core is expected to be published in March 2010.

Skills Development Framework (SDF)

49. The *Aiming High*[1] strategy set out the Government's commitment to support and develop the young people's workforce. The resulting Young People's Workforce Reform Programme, which was endorsed by the 2020 Workforce Strategy[2], being led by CWDC, includes activity to develop a Skills Development Framework (SDF). The framework will, when completed, show clearly what skills, knowledge and competences will be needed by those working with young people at different levels in integrated youth support services. It will apply to all groups and levels of workers, outside formal education, including those from the Third Sector and volunteers.

1. *Aiming High for young people: a ten year strategy for positive activities (DCSF HM Treasury, 2007).*
2. *2020 Children & Young People's Workforce Strategy.*

50. The SDF is expected to provide the vehicle for standards and qualifications, including those around sex and relationships, to be developed in a way that is consistent across the whole of the young people's workforce. The framework is expected to be available from Spring 2010 and will take account of existing and developing standards, including:

- the National Youth Agency (NYA) Good Practice Guidelines for Healthy Youth Work. Commissioned by DH these were developed to provide a tool to enable a range of non-formal alternative education settings (e.g. Youth Offending Teams, Pupil Referral Units and more 'traditional' youth work settings in the statutory, voluntary and community sectors) to assess the quality and effectiveness of this work. The guidelines cover four key strands, including one on relationships and sexual health and link to the NYA *Core Competencies in Sexual Health for Youth Workers*, which were developed with fpa (Family Planning Association);

- the Development Award for Vulnerable Young People Workers, developed by Skills for Justice in collaboration with other Sector Skills Councils covering the health and children's workforces. The Development Award is based on the common core and encompasses more specific skills and knowledge on sexual health, emotional well being, substance misuse and offending behaviour; and

- the adolescent health e-learning programme, developed by the Royal Colleges with support from DH, to ensure that doctors and nurses have the skills and knowledge to meet the health needs of adolescents. The e-learning modules cover all aspects of adolescent health, including sexual health. This is the first time that the Royal College of Paediatrics and Child Health and the Royal College of General Practitioners have had such a holistic adolescent health programme within their core curriculum. This e-learning material is being used to improve training for youth workers and an extension to teachers is also being explored.

51. The SDF will also be used to inform the development of training provision such as the proposed common apprenticeship for integrated youth support services that is expected to be available at the end of 2010. Skills for Health is one of the key partners in the Workforce Reform Programme and as such is expected to ensure that National Occupational Standards relating to health and health provision contribute as appropriate to the skill set of those who work and support young people.

52. Following the common core refresh and the development of the SDF, we will explore with the Sector Skills Councils whether there remains a need for a set of national standards specifically on relationships and sexual health.

Recommendation 7: Work with parents and carers

TPIAG calls for the rolling out of a national programme of support and guidance for parents and carers to ensure they can talk to young people about sex and relationships, through initiatives such as the fpa Speakeasy programme. TPIAG recommends that SRE is included in local parenting strategies. TPIAG recommends that parents are sent advice packs on sex and relationships which mirror what is being taught at the time in school, so they feel involved in the process and feel better equipped to start conversations at home.

53. Through the Children, Young People and Families (CYPF) Grant, we have funded fpa to roll out the successful Speakeasy programme, with 1,200 parenting professionals being trained as speakeasy facilitators between 2009-11. The programme is prioritised to areas where Speakeasy is included in the parenting strand of the Children and Young People Plan, with the aim of skilling up local practitioners and sustaining an on-going programme of support to parents. The parent and facilitator course continues to be accredited through the Open College Network.

54. In addition Ministers have made a number of commitments to ensure that levels of parental engagement in children's learning and wider development are increased, most recently in June 2009's White paper "*Your child, your schools, our future: building a 21st century schools system*".

55. This is in response to the strong evidence which highlights that effective parental engagement is a powerful factor in children's attainment and well-being through the age range. In relation to teenage pregnancy, research shows that a mother's educational aspiration for her daughter at the age of 10, is a strong predictor of early pregnancy.

56. To support the Speakeasy programme, the Department is undertaking a range of work designed to improve levels of engagement. This includes: undertaking research to highlight what types of parental engagement have proved most effective, allowing schools and other settings to target communications in a more informed manner; and production of guidance designed for schools, local authorities and other stakeholders in their engagement with parents.

57. Information for parents on sex and relationships will be covered by this work ensuring effective communication to both parents and their children. This will help reinforce messages and provide additional support for parents.

58. In addition to supporting Speakeasy, we will also explore how the mainstream parenting programmes currently commissioned as part of Children and Young People's Plans, can and do support parents in addressing SRE related issues.

59. For all areas, we have made clear in the Teenage Pregnancy Self Assessment Toolkit, that there should be an accountable lead for coordinating and commissioning support for parents in talking to their children about sex and relationships and preventing early pregnancy. As set out in the Parenting Support Guidance to Local Authorities (2006), parenting support commissioned through the Children and Young People's Plan should reflect the actions required in implementing the local teenage pregnancy strategy.

60. Studies consistently show that the vast majority of parents support sex and relationships education in primary and secondary school. However, many parents want to be better informed about what topics are covered in each Key Stage so that they can complement the school's programme and discuss the issues with their child at home. Our response to the Sex and Relationships Education review (October 2008), made clear our commitment to supporting parents knowledge and involvement in SRE. We will be publishing information to parents next year, to accompany the revised SRE guidance to schools. This will be available for schools and local areas to use as part of their parent engagement work, for example in the Primary-Secondary Transition Information Sessions.

61. Providing parents with the knowledge and confidence to talk to their children about sex and relationships continues to be a key strand of our communications work. Our report, *Everyday Conversations Everyday*, resulted in a significant amount of calm and well informed discussion in the media, with the involvement of ex-footballer John Barnes generating an excellent focus on the role of fathers. A new leaflet was also developed for parents of teenagers – which included a specific focus on contraception. *Talking to your Teenager about Sex and Relationships*, which is NHS branded, was distributed from March 2009 to over 3000 independent pharmacies, including in the pharmacy section of all Morrison's supermarkets and is being widely used by local areas in a range of health and community settings which are used by parents.

62. Support for parents in talking to their children, is also at the heart of the new DH/DCSF teenage pregnancy and sexual health media campaign, reported in the response to the TPIAG's Recommendation 3. Information and support will be provided through NHS Choices and Parent Know How, including interviews with parents about how they have started and continued discussions with their children.

Recommendation 8: Support for teenage parents

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

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

63. To address health inequalities, Department of Health have, through the "Better Care for All" Public Service Agreements, developed a maternity indicator, placing greater emphasis on early access to maternity care as soon as they know they are pregnant. This will be measured by the number of pregnant women who have seen a midwife or a maternity healthcare professional for a health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy.

64. Increasing the proportion of women who access maternity services within this timeframe will have a positive impact on the health of both mothers and babies by improving their outcomes, as risk will be identified early and an individualised plan of care developed.

65. In addition, Department of Health and DCSF jointly published *Getting Maternity Services Right for Pregnant Teenagers and Young Fathers* in 2008 aimed particularly at practitioners working in areas where the prevalence of teenage births is relatively low and there are no dedicated services for pregnant teenagers. DH and DCSF also published, with the Royal College of Midwives, a revised and updated edition of 2008 of *Teenage parents: who cares? A guide to commissioning and delivering maternity services for young parents* (originally produced in 2004) aimed at commissioners of maternity services and Heads of Midwifery in the NHS. Both publications explained the reasons why immediate ante-natal referral for pregnant teenagers by midwives is so important. They also recommended to their different audiences that maternity services develop care pathways specifically for teenagers and that they incorporate these referrals as a matter of routine practice. Both publications included examples of good practice.

66. TPU conducted a reader survey of both publications and found that maternity staff would welcome more information in *Getting Maternity Services Right for Pregnant Teenagers and Young Fathers* on engagement with young fathers and young fathers to-be. DCSF and DH subsequently revised the publication in co-operation with the Fatherhood Institute to give greater emphasis to young fathers' needs and how maternity services can better engage with them. This will be published in November 2009.

67. DWP is actively engaged in simplifying the benefits system where it is possible. One such measure, introduced in April 2008, is the equalisation of the rates of benefit, including for Income Support, payable to mothers under 18, whether living at home or independently. This is aimed both at strengthening the family structure by removing a possible incentive to leave the family home in order to access higher benefit levels, as well as simplifying the benefit system.

68. DWP is also working to improve the advice and guidance available and is currently taking forward a strategy to revamp the structure and content of its benefit pages on-line. It is hoped to begin this revamp early in 2010.

69. In addition, people can now enter their details onto a web page at **Directgov** and be given an estimate of how much they are entitled to for certain benefits and how to claim, including over the internet, for contributory Jobseekers Allowance. The site also includes an area specifically for young people with advice on savings, benefits and managing their cash.

70. In *Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts* (2007), Government promised to produce joint guidance with DWP for Jobcentre Plus staff to enhance their professional practice in relation to benefit claimants aged under-18, who are, or are about to become, parents. TPU and DWP have been developing a draft in liaison with Jobcentre Plus which we hope to publish early next year which will include information on how advisers on job search and benefits can work better with teenage parents under 18, including through Children's Centres.

71. HMRC published 'Help with money matters for you and your child' in 2008 providing a short and simple guide to child tax credits and sources of financial help for all mothers which is to be included in bounty packs given after the birth. This went some way to meeting the commitment in *Teenage Parents Next Steps* (2007) to publish a leaflet aimed at teenage parents on the financial help they are entitled to under the tax credit and benefit systems.

72. Tommy's, the baby charity produced a *Young Women's Guide to Pregnancy* in 2008 which has been very well received by Teenage Pregnancy Co-ordinators and young mothers themselves and which covers money management issues. In conjunction with this, TPU also supported Tommy's to produce *Pregnant teenagers and diet: a guide for non-professionals*, which is included in all copies of the *Young Women's Guide to Pregnancy*. We will be considering further action to take on producing a resource specifically for teenage parents on financial management issues with DWP, HMRC, DH, Tommy's and Gingerbread (now incorporating One Parent Families) who also produce resources, updated annually, for young mothers on money issues.

73. Care to Learn provides child care support to enable teenage learners to return to or stay in learning. It is available to all qualifying teenage parents. The level of funding for this programme will be reviewed during the next spending review.

74. We are also looking at the type of financial support learners will need once the participation age is raised in 2013. The *New Opportunities* White Paper that was published in January 2009 sets out our intention to work across government to review the way in which financial support for 16-18 year olds in learning is made available. To inform the review, DCSF has commissioned research into barriers to participation in education and training. This work aims to provide quantified evidence on the nature and extent of barriers to post-16 participation and restrictions on post-16 choices experienced by young people.

75. As part of the proposals in *Ending Child Poverty: Everybody's Business* (DCSF, DWP and HM Treasury 2008), published alongside the 2008 Budget, a pilot aimed at improving outcomes for teenage parents and their children living in supported housing was announced. The pilot seeks to develop the evidence base of successful locally delivered multi-agency approaches, involving a wide range of partners, to tackling the housing issues faced by teenage parents and the poor outcomes to which they are at risk.

76. Seven pilot sites were agreed by DCSF and DWP Ministers in February 2009: Blackburn with Darwen, Brighton and Hove, Nottingham City, Somerset, Wandsworth, Worcestershire and York. By including a range of areas – Unitaries and Counties, urban, rural and seaside and deprived and more affluent areas – the pilots will be able to test out new approaches to improving housing support which will be relevant and potentially transferable to other areas across the country.

77. The pilot is subject to an intensive evaluation led by the Centre for Housing Policy at the University of York, with BMRB undertaking telephone interviews with the young parents (including some interviews with their parents) and the London School of Economics (LSE) who are focusing on the cost effectiveness of the interventions. Pilot sites will work closely with the evaluators so that learning from the pilot is captured. Funding of £3 million is available for the pilot over the period 2009-2011.

78. The Government's objective remains that all 16 and 17 year old teenage parents, who cannot live with their parents or partners and who require support, should be offered appropriate housing with support. This was reflected in the Prime Minister's announcement on 29 September that all 16 and 17 year old teenage parents who are provided with housing at public expense should receive housing with support.

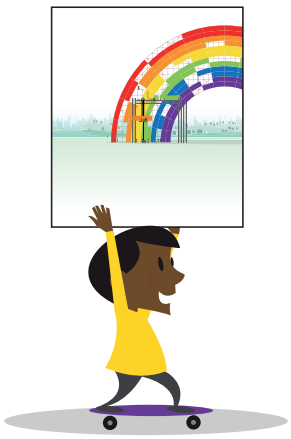
79. The Government has continued to encourage local authorities to provide suitable accommodation to both young people entering accommodation due to being homeless and those being allocated settled accommodation in the public sector.

80. In terms of providing support, the Supporting People grant programme is one of the main ways through which young parents receive the help they need to develop the skills to live independently in their own homes. In particular, it helps them to engage with education and employment; and to provide support on issues such as budgeting, obtaining benefits, and accessing health and housing services. In this regard it should be noted that in 2008-09, 633 teenage parents aged 16 and 17 required support in relation to maximising their income (which includes receipt of the correct welfare benefits) and of these, 548 had achieved the outcome on leaving support. During the same period, 119 teenage parents aged 16 or 17 years needed support to manage debt, 78 of whom achieved the outcome by the end of their support. (Source: Supporting People Outcomes short-term interim dataset 2008-09). While this data does not cover just lone teenage parents, it gives an indication of their take up of support.

81. During 2008-09, 3,856 teenage parents accessed housing related support services, for example, Supporting People funded services. The Supporting People grant programme has helped to reduce the number of young mothers living in independent tenancies without support to around 534 on 1 April 2008. This is a notable achievement from the starting point of 4,000 in 1999. We expect this number to be reduced further as other initiatives such as Targeted Youth Support, Connexions and the Family Nurse Partnership also contribute both to the better provision of support for teenage parents and encourage the take up of existing support.

82. As part of the Local Government Finance Settlement from 2009-10, the Supporting People programme grant will be paid as an un-ringfenced grant and from 2010-11 will be paid as part of the Area Based Grant. The removal of the ring fence provides authorities with the opportunity to come up with flexible and innovative ways to support vulnerable people in a range of different situations. Identifying good practice, for example, in joint commissioning, and disseminating lessons learnt could be one of the ways of providing an effective approach to improving housing related support provision for young people.

A commitment from
The Children's Plan



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