

# **The Prevention of Teenage Pregnancy**

**Final scrutiny report of the  
Health & Social Care Scrutiny  
Sub-Committee**

**January 2004**

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## **Review of the Prevention of Teenage Pregnancy**

### **1 Introduction**

1.1 This is the third report of the Health & Social Care Scrutiny Sub-Committee. It sets out the findings and recommendations of the Sub-Committee's inquiry into the prevention of teenage pregnancy.

1.2 The Health & Social Care Scrutiny Sub-Committee was constituted in May 2002 with broad terms of reference to inquire into matters impacting on the health of people living in the borough. The review took place between July-December 2003 and the Sub-Committee membership for this duration was:

- Councillor Eliza Mann (Chair)
- Councillor Dominic Thorncroft (Vice-Chair)
- Councillor Gavin O'Brien
- Councillor Vicky Naish
- Councillor Dora Dixon-Fyle
- Councillor Daniel McCarthy [Member w.e.f. 11/03]
- Councillor Denise Capstick [Member of the Sub-Committee until appointed to the Executive in October 2003]
- Reserve Members Councillor Lorraine Lauder, Linda Manchester, Mark Pursey [w.e.f. 11/03], Veronica Ward and Stephen Flannery [w.e.f. 12/03].

1.3 This has been a relatively short inquiry and the Sub-Committee has not sought to undertake a substantial review of all services related to teenage pregnancy. The focus has been primarily on the prevention of teenage pregnancy, although the inquiry did touch on support to teenage parents and broader issues of sexual health. The key aim has been to help identify areas where services related to the prevention of teenage pregnancy can be improved. The scrutiny Project Brief in Section 8 sets out the review's scope.

1.4 Due to the cross-cutting nature of the inquiry and as Sex and Relationship Education (an important theme in Southwark's Teenage Pregnancy and Parenthood Strategy) offered an area suitable for joint working, Overview & Scrutiny Committee [7/07/03] asked Health & Social Care Scrutiny Sub-Committee to work with Education, Youth & Leisure Scrutiny Sub-Committee on this review. Accordingly, the former Sub-Committee led the review, inviting input from and attendance by the latter.

Southwark's co-opted, voting members appointed to serve on scrutiny bodies considering matters relating to the authority's education functions - Mr G. Agomuo, The Venerable D. Bartles-Smith, Ms S. Simpson and Mrs J. Spanswick – were accordingly invited to input into the review.

1.5 During this inquiry, the Sub-Committee met with:

- Dorothy Okotie [Southwark Teenage Pregnancy Co-ordinator]
- Fraser Serle [Health First Health Development Manager]
- Geoff Collins [Lambeth, Southwark & Lewisham Healthier Schools Partnership Training & Development Officer]
- Lynne Hurley [Chief Executive, Brook London]
- Alison Robert [Development Manager, Brook London]

- Romi Bowen [Deputy Director of Southwark Social Services & Head of Children's Services]
- Dr Alan Maryon-Davis [Southwark Director of Public Health]
- Natalia Sali [Assistant Director, Children & Families, Southwark Community Care Forum]
- Two members of Brook London Young People's Forum
- Simone Sharp – outreach worker
- Sarah Murray – PHSE teacher at Waverley Girls Secondary School

1.6 In addition, members visited:

- The Brook Advisory Centre at East Street
- Waverley Girls Secondary School

1.7 The Sub-Committee would like to thank the Brook Advisory Centre and Waverley Girls Secondary School for their hospitality and also those people who gave their time to attend meetings and prepare submissions; in particular the two members of Brook's Young People's Forum.

1.8 A research project into sexual health funded by the Guy's and St. Thomas' Charitable Foundation provided a useful context for the work of the Sub-Committee. The activities within this research project are intended to produce a consistent, coherent and cross-organisational approach to the modernisation of sexual health services locally (within Southwark and Lambeth PCTs). The term 'sexual health' is used in a broad sense within the research project, and includes the prevention of unplanned pregnancy. The subject of this inquiry of the Health & Social Care Scrutiny Sub-Committee was chosen by the Sub-Committee and will contribute to the work of the above research project because the inquiry's findings will be disseminated to the co-ordinators of the research project.

## **2 Summary of Recommendations**

### Local Media & Campaigning

- That a variety of methods and locations be employed in publicity and outreach work.
- That information on all services for the prevention of teenage pregnancy be available in one information booklet.
- That clear and consistent messages be sent out to young people, with these messages developed in a co-ordinated manner with all sectors and stakeholders, and with the young people themselves.
- That there should be a more targeted approach to addressing support to specific groups, such as boys and young men, children excluded from school, looked after children and other vulnerable groups – in line with the authority's Corporate Parenting responsibility.

### Sex & Relationship Education

- That sex and relationship education (SRE) is not squeezed out by the national curriculum.
- That the commitment of all schools, including faith schools, to SRE be encouraged.
- That access to contraception and clinic services is available in secondary schools in Southwark.

- That teachers receive further training in talking to students about sexual health issues.
- That resources are identified to extend Peer Education training within schools.
- That schools take further steps to raise awareness with parents that being proactive about sexual health is a positive approach, and include parents in training and information sessions relating to prevention of teenage pregnancy.
- That a variety of 'learning' techniques are used within SRE, and that different approaches to SRE are explored, such as the 'Power and Understanding in Sex and Relationship Education (PAUSE).

#### Sexual Health Services

- That contraception services be accessible to all groups of young people, including vulnerable groups – provided in young people friendly ways and at different places.

#### Support to Young Parents

- That support to teenage parents to prevent subsequent unplanned births continue.

#### Evaluation & Monitoring – how do we know what works ?

- That the whole package of services provided by the statutory and voluntary sectors be reviewed as a whole.
- That Southwark compares itself to a statistical neighbour (for example an inner London authority) that has lower rates of teenage pregnancy and learns from their approach.
- That the ethnicity of teenage parents be monitored.
- That particular programmes are evaluated, such as the Waverley Peer Education training, to determine their effectiveness at reducing pregnancy levels of young people.
- That voluntary organisations need to strengthen their monitoring and evaluation systems.
- That young people continue to be involved in evaluation activities

#### Taking a Strategic Approach

- That the role of the Teenage Pregnancy Co-ordinator be strengthened.
- That the influence of the Green Paper, Every Child Matters, be used to further integrate services related to teenage pregnancy.
- That joint working between the statutory, voluntary and community sectors be promoted.

#### Overall Recommendations

- That the local conception reduction target be increased from 1% to 2% for the forthcoming year.
- That resources be targeted towards wards with particularly high teenage pregnancy rates.

### **3 The National Picture**

3.1 The Government's Green Paper for children '*Every Child Matters*'<sup>1</sup> was published in September 2003. It sets out proposals for reforming the delivery of services for children, young people and families. One of its aims is to reduce the numbers of young people who become teenage parents.

3.2 In 1999, the Government's Social Exclusion Unit (SEU) produced a report on teenage pregnancy identifying the challenges presented by teenage pregnancies and how the Government intends to tackle these. The report contends that teenage pregnancy is often a cause and a consequence of social exclusion. In England there are nearly 90,000 conceptions a year to teenagers, three-fifths of which result in live births<sup>2</sup>. The UK has teenage birth rates that are twice as high as in Germany, three times as high as in France, and six times as high as in the Netherlands. There is no single explanation for why this should be the case. The issue of teenage pregnancy is cross-cutting and therefore difficult to tackle on a single agency basis.

3.3 The Government's action plan, as set out in the Social Exclusion Unit report, include a national campaign, better prevention of the causes of teenage pregnancy and better support for pregnant teenagers and teenage parents. These national policies and activities resulting from the report by the Social Exclusion Unit are being co-ordinated by a cross-government Teenage Pregnancy Unit in the Department for Education and Skills (previously, responsibility lay with the Department of Health). And there are local teenage pregnancy co-ordinators at the regional and local authority levels. The Government's ambition is to halve the rate of conceptions among the under 18s by 2010. Teenage pregnancy rates across England and Wales decreased by 9% between 1998 and 2002<sup>3</sup>.

#### **3.4 Outcomes for teenage parents and their children**

3.4.1 The SEU report shows that teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up both as single parents and bringing up their children in poverty. The children themselves run a much greater risk of poor health, and have a much higher chance of becoming teenage mothers themselves. The report states that most teenagers who are likely to become pregnant come from poorer areas and from the most vulnerable groups (including those in care and those who have been excluded from school), and so may feel that they have nothing to lose by becoming pregnant.

3.4.2 Health-related outcomes of teenage parenthood include:

- Lower than average birth weight
- Infant mortality in this group is 60% higher
- Fewer mothers under 20 breastfeed

#### **3.5 Patterns of sexual behaviour**

3.5.1 The average age at which young people start having sex has been getting younger. It is now 17; forty years ago it was 21 for women and 20 for men<sup>4</sup>. The numbers of young people sexually active by 16 doubled between 1965 and 1991. Those who begin sex before 16 are more than three times as likely to have a child

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<sup>1</sup> Green Paper, *Every Child Matters*, Sept 2003

<sup>2</sup> 'Teenage Pregnancy', Social Exclusion Unit 1999

<sup>3</sup> Office for National Statistics (Feb 2003)

<sup>4</sup> K. Wellings et al (1994) 'Sexual Behaviour in Britain' The National Study of Sexual Attitudes and Lifestyles

before they are 20<sup>5</sup>. The law on sex seems to have little effect on influencing young people's behaviour.

3.5.2 The pressures on teenagers to have sex are growing; pressures come from their peers and from a belief that it is expected of them. Sex among teenagers is often opportunistic, unplanned, affected by alcohol and takes place outside of any long-term commitment.

### **3.6 Education and the school curriculum**

3.6.1 The SEU report highlights the importance of improving education on relationships and sex for teenagers. Research in the UK shows that ignorance about sex is a key risk factor for teenage pregnancy<sup>6</sup>. Good comprehensive sex and relationships education (SRE) does not make young people more likely to start having sex. Over 90% of parents and children look to schools as the favoured route for sex education<sup>7</sup>. The Social Exclusion Unit found that in some schools SRE is an under resourced subject and not linked to wider local teenage pregnancy strategies. And the Unit discovered that parents are given very little help in talking to their children about sex. Consequently young people pick up information about sex where they can, such as the media (including advertising) and friends.

3.6.2 The basic biology – puberty, where babies come from, and so on – is part of the science national curriculum. Sex and relationships education usually forms part of wider provision under the title Personal, Social and Health Education (PSHE). SRE lessons are not mandatory elements of an OFSTED inspection. Primary schools in England are required to have a policy on sex education (although the policy could be *not to teach it*). Maintained secondary schools are required to make provision for sex education for all pupils, but 'sex education' is not fully defined. Parents have a legal right to withdraw their children from sex education (except those parts that are within the National Curriculum).

### **3.7 Contraception**

3.7.1 Between a third and a half of sexually active teenagers do not use contraception at first intercourse. A sexually active teenager who does not use contraception has a 90 per cent chance of conceiving over a year. The SEU found there is often greater embarrassment about using or discussing contraception than about sex itself. Teenagers are confused about where they can get contraception advice or contraception itself, whether it is legal for them to do so, and how to use it. And a range of practical factors can inhibit teenagers from using the contraceptive services available, such as:

- Location and opening hours
- Intimidating atmosphere
- No financial incentive for GPs to provide contraception services for men

### **3.8 Making decisions about unplanned pregnancy**

3.8.1 Teenagers are often very late in getting their pregnancy confirmed. The SEU found that there is no clear responsibility amongst the different agencies and professionals for teenage pregnancy, and no single caseworker to advise teenagers of their options. The recent Children's Green Paper seeks to address these issues through joining up services at a strategic level and on the ground.

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<sup>5</sup> K. Wellings et al (1996) 'Teenage Sexuality, Fertility and Life Chances', Report for the Department of Health

<sup>6</sup> 'Teenage Pregnancy', Social Exclusion Unit 1999

<sup>7</sup> 'Teenage Pregnancy', Social Exclusion Unit 1999

3.8.2 Amongst under 16s, just over half of all pregnancies are terminated. This ratio has changed little since the mid 1970s. One in ten 16-19 year olds who have had an abortion have had one before. Pregnant teenagers are also one and a half times more likely than women in their 20s to have an abortion at 13 weeks or later. Young women's perceptions of their future prospects have a large influence on their decision to have an abortion; those with high educational aspirations are more likely to have abortions than their peers.

#### **4 Approach of the Inquiry of the Health & Social Care Scrutiny Sub-Committee**

4.1 The Health & Social Care Scrutiny Sub-Committee employed an outward-looking focus, and sought the views of a number of internal Council representatives and external representatives from a variety of organisations.

4.2 The Sub-Committee used a range of methods in its inquiry, including:

- Desktop research and literature review - members and officers gathered information on the national and local context.
- Hearing from a range of 'witnesses' – professionals and service users
- Visits to a local school and a centre offering sexual health services to local young people

#### **5 Meetings and site visits**

##### **5.1 7 July 2003 [meeting]**

The Overview and Scrutiny Committee (OSC) agreed that the Health & Social Care Scrutiny Sub-Committee undertake joint work on this topic with the Education, Youth and Leisure Scrutiny Sub-Committee. The Health & Social Care Scrutiny Sub-Committee heard from Dr Alan Maryon-Davis [Southwark Director of Public Health] who provided contextual information on a sexual health research project being undertaken in the local area, and helped the Sub-Committee frame the scope of its inquiry.

##### **5.2 24 September 2003 [meeting]**

The project brief was formally agreed and the Sub-Committee held its first evidence gathering session, hearing from:

- Dorothy Okotie [Southwark Teenage Pregnancy Co-ordinator];
- Fraser Serle [Health First, Health Development Manager];
- Geoff Collins [Lambeth, Southwark & Lewisham Healthier Schools Partnership, Training & Development Officer]

##### **5.3 27 October 2003 [site visit]**

There was a site visit to the Brook Advisory Centre, East Street. Councillors Eliza Mann and Graham Neale, together with Education, Youth and Leisure Scrutiny Sub-Committee co-optee Mr Godson Agomuo met with:

- Lynne Hurley – Chief Executive, Brook London;
- Alison Robert – Development Manager, Brook London



#### **5.4 3 November 2003 [meeting]**

This was the Sub-Committee's second evidentiary session. The Sub-Committee heard a strategic overview of the Council's position on the prevention of teenage pregnancy. It also heard a voluntary sector perspective.

- Romi Bowen [Deputy Director of Southwark Social Services & Head of Children's Services]
- Dr Alan Maryon-Davis [Southwark Director of Public Health]
- Natalia Sali [Assistant Director, Children & Families, Southwark Community Care Forum]

#### **5.5 11 November 2003 [site visit]**

5.5.1 There was a site visit to Waverley Girls School. Councillors Eliza Mann and Veronica Ward, and Mr Godson Agomuo [Co-opted voting Member of Education, Youth & Leisure Scrutiny Sub-Committee] met with:

- Year 11 Peer Educator group
- Paula Ledger [Waverley School PSHE Co-ordinator]
- Sarah Murray [Waverley School PSHE Teacher]
- Simone Sharp [Outreach worker]

5.5.2 Following the main visit, Councillor Mann sat in on one of the regular drop-in sessions led by Simone Sharp [Brook Advisory Centre outreach worker] and Waverley School Peer Educators – with mainly Year 9 pupils.

#### **5.6 12 November 2003 [meeting]**

This was the Sub-Committee's third evidence gathering session, and the Sub-Committee heard from young people and Brook London.

- Brook London Young People's Forum members [names omitted until permission given for inclusion]
- Alison Robert – Development Manager, Brook London
- Lynne Hurley – Chief Executive, Brook London

#### **5.7 17 December 2003 [meeting]**

This formed the penultimate session of the inquiry into the prevention of teenage pregnancy, where the Sub-Committee considered the draft recommendations and the draft report.

#### **5.8 21 January 2004 [meeting]**

This was the final session, at which Members agreed the recommendations and the final scrutiny report.

### **6 Teenage Pregnancy in Southwark – the context**

6.1 The structure and content of Southwark's Teenage Pregnancy and Parenthood Strategy 2001-2010 is partly prescribed by government guidelines. For example, the Strategy contains four main strategic areas of work that have been developed according to what works and what is needed locally. These are:

- Local media and campaigning
- Sex and Relationship Education
- Sexual Health Services
- Support to teenage parents

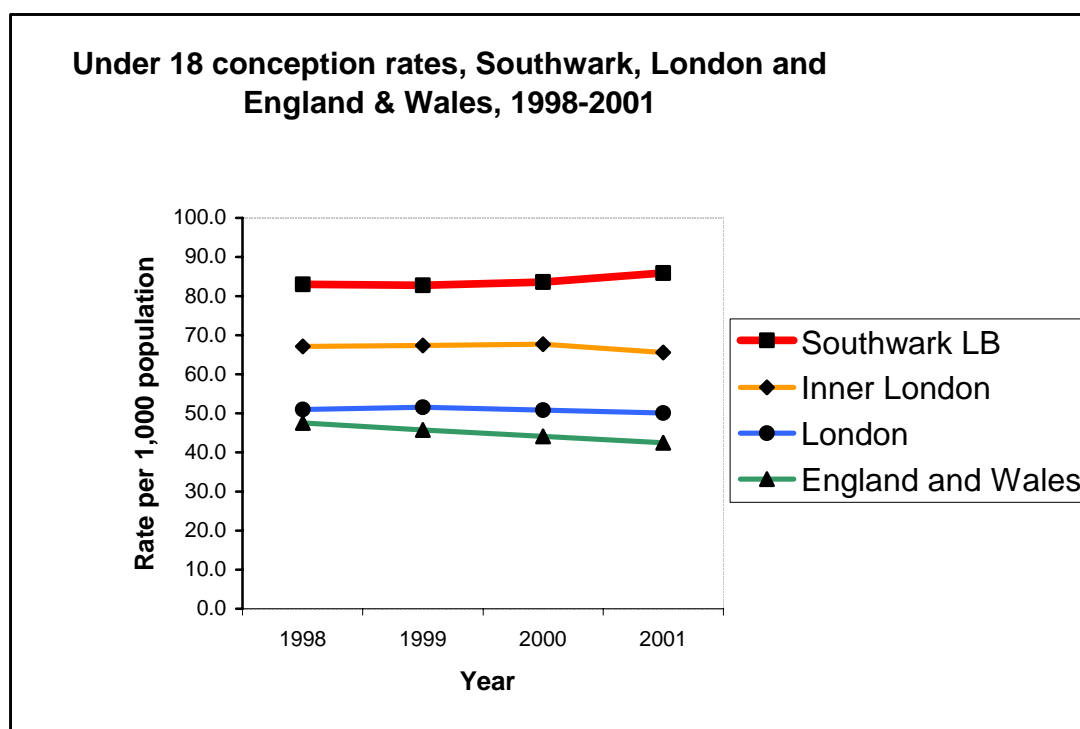
6.2 The Health & Social Care Scrutiny Sub-Committee focused on the *prevention* of teenage pregnancy, and therefore the fourth theme of ‘support to teenage parents’ did not form part of the Sub-Committee’s inquiry.

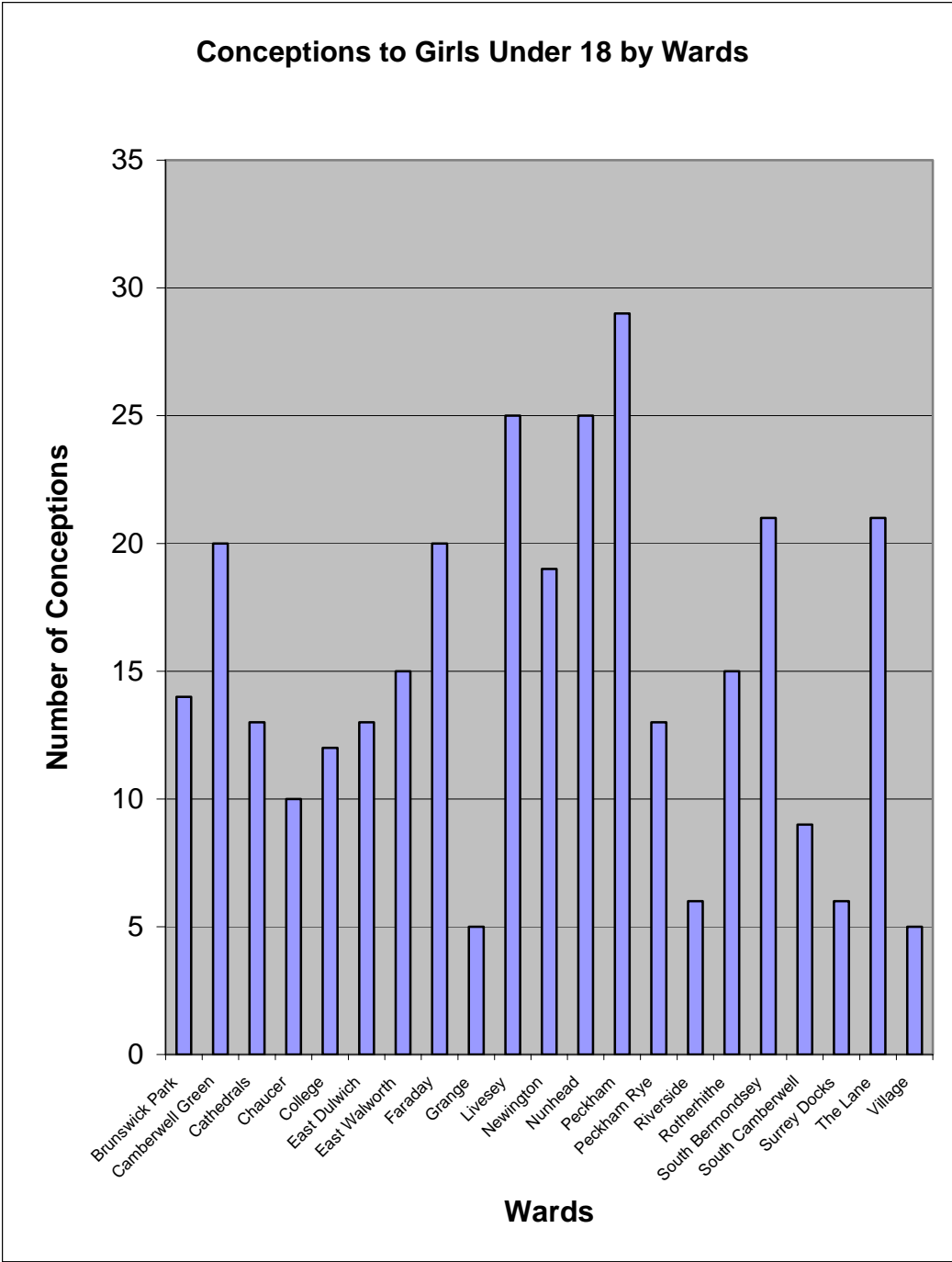
6.3 The National Teenage Pregnancy Unit has set ambitious national targets and based on recent performance it appears unlikely that Southwark will meet these targets for 2004 and 2010. The Social Services Department have set a more realistic target of reducing teenage pregnancy by 1 percent by 2004. Southwark’s Teenage Pregnancy and Parenthood Strategy aims to close the gap in conception rates between the average for Southwark and that for ‘at risk’ groups and for wards which are conception ‘hot spots’.

6.4 The vision of Southwark’s Teenage Pregnancy Strategy is that “by 2010, all young people in Southwark should have a stake in their future and be able to exercise informed choices about their lives and careers”. Its mission statement is:

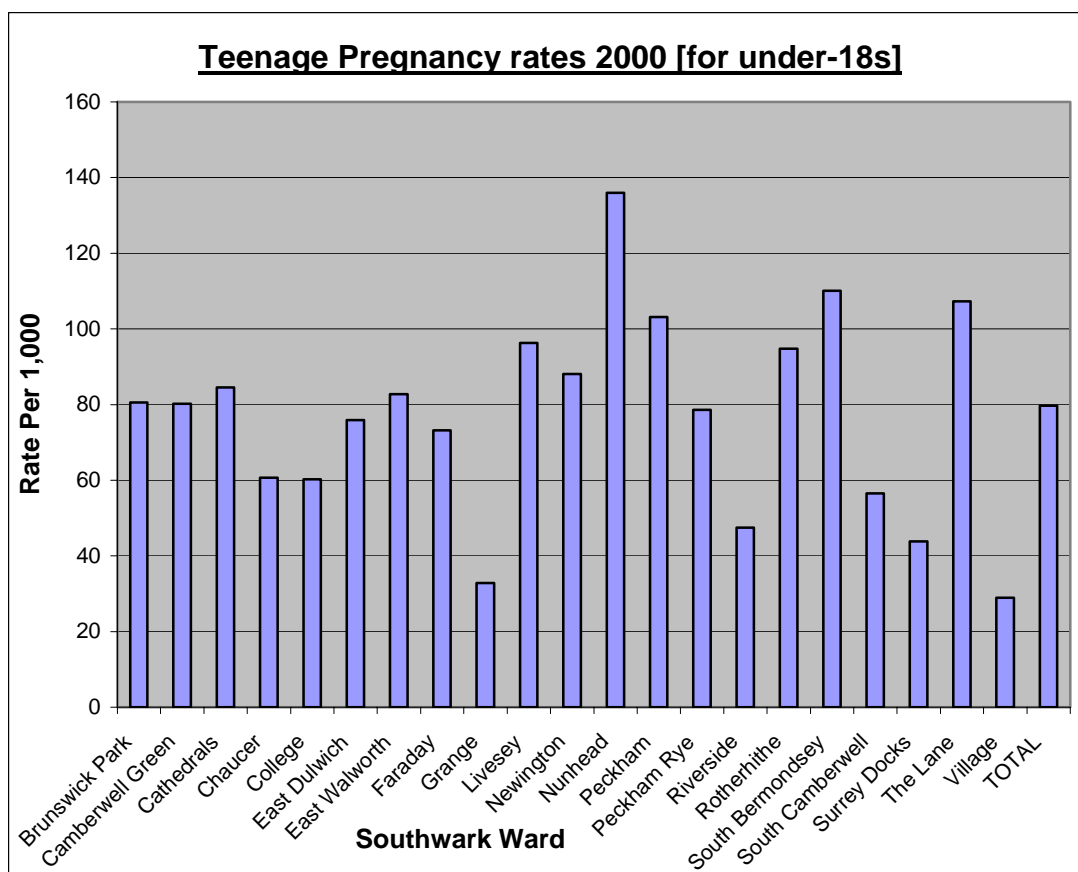
*“To support young people to make these choices, all agencies will work in partnership with the community, including young people themselves, to have achieved by 2010 a significant and sustainable reduction in teenage conceptions and to have improved quality of life outcomes for young parents under 18.”*

6.5 The most recent Action Plan within the Strategy is for 2003-04, and progress has been measured for 2002-03. The Strategy has been well received and rated highly by the Government’s Teenage Pregnancy Unit<sup>8</sup>. But the teenage conception rates in Southwark are the second highest in the UK and rising. The rate of conceptions for young women under 18 has increased by 3.4% and by 13% for young women under 16, since 1998.





<sup>8</sup> see 'Summary feedback from the Teenage Pregnancy Unit on the Annual Report for 02/03 and Action Plan for 03/04'.



6.6 The central region of the borough, in particular Nunhead and Peckham, appears to be the worst affected area, and these are some of the borough's most deprived wards.

6.6 Young women from social class V are approximately ten times more likely to become teenage mothers than young women from social class I. As seen from the graph above, deprivation is a key indicator for teenage pregnancy, and young people with below average educational achievement levels at ages 7 and 16 have also been found to be at significantly higher risk of becoming teenage parents.

6.7 Groups more likely to become teenage parents include:

- Young people in or leaving care
- Homeless young people
- School excludees, truants and young people under-performing at school
- Children of teenage mothers
- Young people involved in crime
- Caribbean, Pakistani and Bangladeshi women

6.8 Southwark's Teenage Pregnancy Strategy documents the range of school and community initiatives in place including the sexual health outreach programme, the SE15 walk-in centre, and pregnancy testing at youth centres. Southwark has a huge variety of initiatives, many of which involve actively reaching out to young people. The initiatives also seek to emphasise the choices open to young people.

6.9 In order to make operational improvements and to further facilitate joint working, sub-groups have been formed around the four themes in the Strategy. Each sub-group contains people from the organisations providing the services.

## **7 Findings and Recommendations**

7.1 Research shows that countries which report low or falling rates of teenage parenthood tend to have a varied range of practical programmes to reduce the amount of under-age unprotected sex<sup>9</sup>. These programmes tend to focus on the provision of:

- adequate sex education and information
- contraceptive services
- 'life option' programmes to give alternatives to early parenting
- assertiveness training and communication about contraception
- problem solving and decision making skills
- improving family communication about sex

7.2 The findings and recommendations of the Health and Social scrutiny Sub-Committee's inquiry into the prevention of teenage pregnancy are arranged under the four themes of Southwark's Teenage Pregnancy Strategy, and these cover the majority of the Sub-Committee's inquiry. And there are two additional headings that capture the remainder of the inquiry's scope. Under each heading, the findings are summarised, followed by recommendations.

### **7.3 Local media and campaigning**

7.3.1 Within this strategic area, Southwark's approach is to:

- Develop and implement campaigns in collaboration with young people, practitioners, parents, and community groups.
- Promote messages that focus on "Choices" and consequent outcomes.
- Use various forms of media to raise awareness, e.g. radio, posters, postcards, videos, peer educators, comic booklets and events.
- Raise awareness of contraception use, possible access points and help/information lines and websites.
- Target "at risk" groups and areas.

#### **7.3.2 Recommendations**

- That a variety of methods and locations be employed in publicity and outreach work
- That information on all services for the prevention of teenage pregnancy be available in one information booklet.
- That clear and consistent messages be sent out to young people, with these messages developed in a co-ordinated manner with all sectors and stakeholders, and with the young people themselves.
- That there should be a more targeted approach to addressing support to specific groups, such as boys and young men, children excluded from school, looked after children and other vulnerable groups – in line with the authority's Corporate Parenting responsibility.

### **7.4 Sex and Relationship education**

7.4.1 Within this strategic area, Southwark's approach is to:

- Link sexual health professionals with schools and community settings.

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<sup>9</sup> Social Exclusion Unit report, on 'Teenage Pregnancy', 1999

- Establish programmes which educate young people about the realities of early parenting e.g. Teens & Toddlers, Virtual babies, Young parents talking to teens.
- Establish programmes that raise aspirations amongst young people.
- Establish Quality Assurance standards to improve SRE delivery in schools.
- Develop programmes to meet diverse needs, e.g. BME, faith, abilities.
- Have a whole school approach to developing SRE policies for schools – including parents, young people, teachers, and school nurses.
- Develop SRE policies/guidelines for statutory services working with young people in the community.
- Provide SRE training for front line staff working with young people in schools and in the community, particularly those working with the “at risk” categories.

#### 7.4.2 It was noted that:

- Most, but not all, schools had welcomed the Council’s initiatives regarding sexual health.
- The Peer Education programme began as a Peckham Pulse initiative and was taken up by Waverley School.
- Peer Educators volunteered for the programme, which involved 8 weeks of training.
- At a drop-in session at Waverley School, students showed no inhibition in speaking about sexual health issues.
- Healthier Schools Partnership provides support to schools on all aspects of health education.
- Educating young people in order to their raise expectations, to develop their negotiation and decision-making skills and to improve their self-esteem, was an important role for schools.
- Parents are important educators of their children on sexual health issues.

#### 7.4.3 **Recommendations**

- That sex and relationship education (SRE) is not squeezed out by the national curriculum
- That the commitment of all schools, including faith schools, to SRE be encouraged
- That access to contraception and clinic services is available in secondary schools in Southwark.
- That teachers receive further training in talking to students about sexual health issues.
- That resources are identified to extend Peer Education training within schools.
- That schools take further steps to raise awareness with parents that being proactive about sexual health is a positive approach, and include parents in training and information sessions relating to prevention of teenage pregnancy.
- That a variety of ‘learning’ techniques are used within SRE, and that different approaches to SRE are explored, such as the ‘Power and Understanding in Sex and Relationship Education (PAUSE).

### 7.5 **Sexual health services**

#### 7.5.1 Within this strategic area, Southwark’s approach is to:

- Develop better access to sexual health services, including multiple access points – outreach work, Health Bus, clinics (including dedicated young people’s clinics) pharmacies, condom vending machines
- Promote flexible opening hours for clinics

- Provide training for receptionists in GP practices to make services more young people friendly.
- Provide services for boys and young men
- Increase capacity in areas of high risk.
- Improve access to termination/ post termination services.
- Improve access to emergency contraception and pregnancy testing.
- Target “at risk” groups through outreach work
- Work with different providers

#### 7.5.2 It was noted that:

- Health First is a specialist NHS health promotion unit working in Southwark, Lambeth and Lewisham, and it supports Southwark’s Teenage Pregnancy Strategy with its community SRE project, media work (Choose Your Life campaign) and the emergency contraception group.
- The Brook Advisory Centre (BAC) seeks to be innovative in providing young people centred services in accessible ways. It works closely with young people, in and out of school, using a peer educator approach and outreach workers. The BAC runs drop-in centres and works with vulnerable groups.
- The BAC, Health First and Healthier Schools Partnership work in partnership.

#### 7.5.3 **Recommendation**

- That contraception services be accessible to all groups of young people, including vulnerable groups – provided in young people friendly ways and at different places

### 7.6 **Support to young parents**

#### 7.6.1 Within this strategic area, Southwark’s approach is to:

- Improve access to education, training and employment
- Prevent subsequent unplanned births
- Provide early pregnancy counselling
- Improve the systems of referral between services to provide holistic support packages

#### 7.6.2 **Recommendation**

- That support to teenage parents to prevent subsequent unplanned births continue

### 7.7 **Monitoring and evaluation - how do we know what works?**

#### 7.7.1 Southwark’s approach:

- Emphasises the evaluation of services and activities
- Actively promotes the involvement of young people, parents, and professionals in evaluation and development of services
- Draws on evidence from research on what works.
- Ensures that local needs shape local services and activities.
- Uses relevant and timely data to measure progress and identify gaps in provision

#### 7.7.2 **Recommendations**

- That the whole package of services provided by the statutory and voluntary sectors be reviewed as a whole
- That Southwark compares itself to a statistical neighbour (for example an inner London authority) that has lower rates of teenage pregnancy and learns from their approach

- That the ethnicity of teenage parents be monitored
- That particular programmes are evaluated, such as the Waverley Peer Education training, to determine their effectiveness at reducing pregnancy levels of young people.
- That voluntary organisations need to strengthen their monitoring and evaluation systems.
- That young people continue to be involved in evaluation activities

## **7.8 Taking a strategic approach**

### 7.8.1 Southwark's approach is to:

- Take a strategic overview via the role of the Teenage Pregnancy Co-ordinator
- Actively involve organisations and individuals across the borough in order to deliver joined-up services

### 7.8.2 It was noted that:

- Southwark Community Care Forum supports the voluntary organisations that provide services related to teenage pregnancy.

### 7.8.3 *Recommendations*

- That the role of the Teenage Pregnancy Co-ordinator be strengthened.
- That the influence of the Green Paper, Every Child Matters, be used to further integrate services related to teenage pregnancy
- That joint working between the statutory, voluntary and community sectors be promoted

## **7.9 Overall Recommendations**

7.9.1 Southwark has the second highest conception rate in the UK and is currently falling below the Department of Health National Teenage Pregnancy Unit's expected targets for reduction of teenage conception. A target of reduction of 1% has been set locally, which represents a shortfall of 14% in relation to the Department of Health's targets of 15% reduction by 2004 and 60% reduction by 2010.

### 7.9.2 *Recommendations*

- That the local conception reduction target be increased to 2% for the forthcoming year.
- That resources be targeted towards wards with particularly high teenage pregnancy rates.



## **8 Supporting Documents**

- Southwark Teenage Pregnancy and Parenthood Strategy Report (2001-2010);
- Southwark Teenage Pregnancy and Parenthood Annual Report on Progress (02/03);
- Southwark Teenage Pregnancy and Parenthood Action Plan 2003-04;
- Summary Report July 2003;
- Summary feedback from the Teenage Pregnancy Unit on the Annual Report for 02/03 and Action Plan for 03/04;
- Healthier School Partnership pack “Your School has Joined the HSP”;
- Department for Education & Employment Guidance [Curriculum & Standards] “Sex & Relationship Education Guidance”, July 2000 DfEE 00116/2000;
- Health Development Agency document – National Healthy School Standard: Sex & Relationship Education; and
- “Love, Sex & Video Diaries - Developing Teaching Skills for Sex & Relationship Education” produced by APT Film & TV for Channel 4 in association with Lewisham Education & Culture.
- Brook London background information [services provided, outreach];
- Extract from evaluation report of the Southwark Teenage Pregnancy Sexual Health Outreach Service [April 2003] pps.9-11.

## Scrutiny Project Brief

<b>Topic:</b>	<b>Prevention of Teenage Pregnancy</b>
<b>Body:</b>	<b>Health &amp; Social Care Scrutiny Sub-Committee</b>
<b>Timescale:</b>	<p>initial consideration of approach – 30<sup>th</sup> July            Scoping and First Evidence Session – 24<sup>th</sup> September            Site visits between 24/9 – 22/10            Second Evidentiary Session – 22<sup>nd</sup> October            Agreement of Final Report – 12<sup>th</sup> November</p>
<p><b>Why is the committee doing this ?</b></p> <ul style="list-style-type: none"> <li>• Topic links with a current NHS research project [include name];</li> <li>• performance issue (i.e. Southwark’s very high conception rates for under 18s compared to the national average)</li> <li>• this area is already included in the Sub-Committee’s work programme;</li> </ul> <p>The nature of this issue provides opportunities for:</p> <ul style="list-style-type: none"> <li>• Community engagement: site visits to a school and Brook Advisory Centre</li> <li>• Joint working within scrutiny: requested by OSC 7/7/03. It is proposed that this Sub-Committee lead the review, involving Education, Youth &amp; Leisure Scrutiny Sub-Committee in the scoping, inviting to all meetings considering issue;</li> <li>• cross-boundary working (local authority and heath).</li> </ul>	
<p><b>Who/what does the committee seek to influence with this work ?</b></p> <p>Through review of this area scrutiny may;</p> <ul style="list-style-type: none"> <li>• provide policy input into future revisions of the Teenage Pregnancy and Parenthood Strategy (and activities within the local authority and the PCT more generally);</li> <li>• the Sub-Committee may highlight performance issues to the Executive; and</li> <li>• possibly influence national policy by highlighting areas of good practice.</li> </ul>	
<p><b>What will the committee’s output be ?</b></p> <p>Subject to fuller discussion amongst Members at the first meeting, it is anticipated that a full report will result, together with feedback to any organisations/projects involved/visited, alongside the potential for dissemination of outputs on the national stage.</p>	
<p><b>Who does the committee need to receive advice/evidence from ?</b></p> <p>Representatives from</p> <ul style="list-style-type: none"> <li>• voluntary organisations that provide relevant services;</li> <li>• public sector organisations/providers;</li> <li>• service users (e.g. secondary school pupils);</li> <li>• external expert advisors;</li> </ul>	

- Council officers;
- Members of Education, Youth & Leisure scrutiny sub-committee.

There exists a recently, locally produced video addressing sexual health issues, by the Choose Your Life project, which is it suggested is shown to Members early in the review process.

**What approach should the committee use to invite input ?**

- site visits;
- inviting witnesses to give evidence at meetings;

**How should the review be publicised ?**

- Southwark Council website
- Southwark Life magazine [check publication dates, however]
- Youth publications [get details for Members]
- Through existing service providers [projects, youth clubs, schools, G.P. surgeries, outreach projects etc]

**This version:            Friday 23<sup>rd</sup> January 2004**