APPENDIX 1

Southwark's teenage pregnancy commission

Report and recommendations

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For further information, contact:

Emma Corker, Teenage Pregnancy Coordinator, Children's Services,
emma.corker@southwark.gov.uk; 020 7525 2307

Fiona Russell, Principal Strategy Officer, Children's Services,
fiona.russell@southwark.gov.uk; 020 7525 3923

Southwark Council, PO Box 64529, London SE1 5LX

Introduction

In June 2010, Southwark Council's administration agreed its vision for the borough – 'A fairer future for all in Southwark'. One of its commitments was to establish a Commission within six months that included young people, community, faith, education and health representatives to reduce teenage pregnancy by 2014.

The Commission would seek to build on achievements to date in reducing the local teenage conception rate, which has fallen over 25% in the decade since 1998. This has been achieved through the involvement of young people, professionals, headteachers, the community and the National Support Team, as well as a high-profile stakeholder event in 2009.

The Commission was set up by Catherine McDonald, Cabinet Member for Children's Services, and tasked with presenting her with recommended actions to reduce local teenage conceptions at an accelerated rate by 2014, including how to:

- Better target services at those most in need
- Overcome the issues and obstacles facing our communities and schools
- Meaningfully engage parents, carers and young people
- Develop a consistent communications message
- Establish a legacy that will sustain the work in Southwark

Catherine appointed Esy Oluwafemi, of local teenage parent charity Wisegem, as the independent chair. The Commission brought together members of Southwark's diverse communities, including young people, parents, representatives from community, voluntary and faith groups, health and education practitioners and professionals working with young people.

Formally convened in November 2010, the Commission chose to investigate the following four themes:

- What are the reasons behind our high teenage conception rates?
- What role can parents and carers play in addressing sexual health and teenage conceptions?
- What influence do values, faith and culture have on teenage conception rates?
- How to challenge the myths surrounding sex, relationships and teenage parents?

The Commission met at least monthly from November 2010 to March 2011, through which it reviewed current council and partnership plans and strategies, and local and national best practice evidence as well as hearing evidence from experts in the field. It also conducted extensive consultation which gathered the views, experiences and ideas of those living and working in the borough. These included more than a dozen focus groups with a wide selection of young people, parents, faith and community groups, hospital staff, schools and youth professionals as well as local community councils. The Commission's findings are summarised in this report, along with its final recommendations. Its aims and objectives, and membership and those who contributed to its investigations are detailed in the appendices.

Executive summary

A review of available conception and termination data highlighted that age, ethnicity and location of residence have a significant impact on the risk of conception under the age of 20, as does the likelihood of a previous termination. Common risk factors include being in care, a care leaver, in the youth offending service, or not in education, employment or training, or having a learning difficulty or disability. Many teenage parents spoke of the desire to be loved unconditionally, and of the struggles, transformation and achievements parenthood brings. Some professionals also highlighted the influences of the 'social' status of having a baby, and the acceptability within the family of having a child while a teenager. Although there is much excellent support provided to teenage parents in the borough, and in preventing teenage pregnancies, the Commission recognises that pathways to support and interventions can be fragmented.

Young people overwhelmingly say they want 'real', honest information, advice and guidance, which supports them to make positive choices around sex and relationship. There was strong support from young people and adults alike that activities and support to raise a young person's aspirations should be linked to the consequences of teenage pregnancy. Many participants in the Commission's investigations highlighted how many young people do not see unprotected sex or pregnancy as a 'problem', which emphasises how education must focus on helping them understand the consequences of their actions and choosing positive alternatives.

Young people generally had good knowledge about sexual health services in the borough, although knowledge about long-acting reversible contraception was generally very low. There was good support for ensuring that all professionals working with young people are equipped with the skills and knowledge to provide information and access to all forms of contraception. The Commission heard evidence that the emerging 'health huts' model in schools provides good opportunities to educate and engage young people, improve access to contraception and other health services and promote healthy lifestyle messages.

There is a need for strong outreach and a network of support to ensure that vulnerable young people are reached, engaged and supported to make positive choices. The Commission heard how an increased focus on particular groups, such as young men or young people connected to gang activity, could bring increased impact on local conception rates. It believes strongly that interventions need to explain the 'why' as well as the 'how' and provide intensive, consistent, follow-up support to develop strong relationships with vulnerable young people. This should also be underpinned by effective targeted work at a universal level to engage, educate and mentor vulnerable young people to make positive choices.

Schools are a central channel to reach young people and their parents, although the Commission heard of variations in the quality and coverage of sex and relationship education in schools. The Commission strongly believes that this education is most effective when set in a wider programme around self-worth, behaviour and consequences, which is supported across the curriculum and key stages. There was also overwhelming recognition that the most effective support should be delivered through a package of interventions that are tailored to a school's or locality's needs. Youth settings provide another important opportunity to educate and advise young people, yet the sex and relationship education in youth settings is patchy in terms of coverage and quality.

The quality of training given to professionals working with young people was also highlighted as an issue, with coverage and quality varying across the borough and groups. The Commission believes strongly that there is a need to raise awareness levels across the community, and that efforts should be made to promote training opportunities to everyone who comes into contact with children, young people and their parents.

The influence of parents was universally cited as one of the biggest determinants in a young person's choices around sex and relationships, yet parents often felt that services do not engage them in this aspect of their child's education. Some also feel that their value and input in this area has been marginalised by society. They repeatedly called for support in talking to their children, especially around practical issues such as pornography, and supported the inclusion of this issue in parenting programmes as well as peer educator models. All participants to the Commission's investigations called for greater dialogue between schools and parents around the issue, with many urging greater use of link staff, coffee mornings, parents' meetings and opportunities to discuss SRE content before the class takes place. Community and faith groups also represent a key channel to reach parents outside the school system and also to reinforce messages, and should be engaged in a borough-wide education programme.

All contributors to the Commission's investigations recognised the hugely positive influence values, faith and culture have on a young person's choices. Some parents felt disempowered by national and local policy to instil their own values in their children, and also recognised that in some communities, teenage sex and pregnancy are taboo subjects. What was also clear, however, was that there is much energy, dedication and passion in our communities to support young people to make positive choices, and that this provides common ground on which to build future activity. All respondents recognised that there is a need for greater dialogue across communities, but also that there is a strong willingness within our communities to reach out and engage with others in order to support our young people. Many respondents recognised the value of working in partnership, and that there is much expertise and activity already in our communities on which to build stronger links and dialogue.

Young people, and their parents, hear many different and inconsistent messages about sex, relationships and teenage pregnancy. For the Commission's recommendations to be effective, there needs to be a concerted effort to develop a message that is consistent, honest and real, and which focuses on delaying sex and pregnancy, and the consequences of teenage pregnancy. There was strong support that the message should encompass the wider issues of relationships, aspirations, and on managing a young person's emotions and behaviour. The Commission believes that any communications need to use sensitively the 'negatives positively', utilising local conception information in order to engage and motivate local communities. There was also support for a widespread communications campaign which drums in the message to young people and their parents.

Findings

What are the reasons behind our high teenage conception rates?

The Commission reviewed evidence concerning the high rates of teenage conceptions in the borough. It noted that there are noticeable 'hotspot' areas for teenage conceptions, with Peckham, Camberwell and the border of Rotherhithe and Bermondsey community council areas having the highest under-20 terminations, using 2005-09 data. In keeping with the distribution of ethnicity across the borough, the conception hotspots for black African are Peckham, Camberwell and Walworth community council areas; for black Caribbean they are Nunhead and Peckham Rye, and Camberwell community council areas; and for white British the border between Rotherhithe and Bermondsey community councils. For the same period, 2005-09, the hotpot areas for terminations for under 20 year olds was Peckham for black African, Nunhead and Peckham Rye for black Caribbean, and Rotherhithe and Bermondsey for white British.

Although the majority of births and terminations occur among 18 or 19 year olds, 3.5% of births in 2006-09 and 7.4% of terminations in 2005-09 were to under 16s. The Commission noted that there had been a noticeable fall in termination rates for 17, 18 and 19 year olds for 2005-09, but a much less significant fall for those under 17.

The Commission also noted very high local rates of repeat termination, highlighting that 16.2% of women under 20 who presented for a termination had had a previous termination. Although it is expected to see the risk of repeat terminations increase with age, the Commission noted the high levels at a young age – 6.6% of women under 16, 6.2% of 16 year olds and 13.1% of 17 year olds who presented for a termination had had a previous termination. As a proportion of that ethnic group presenting for termination, Asian women were 2.6 times more likely to have a repeat termination than women from white ethnic backgrounds, and women from black ethnic groups were 1.29 times more likely to have had a repeat termination compared to women from white ethnic groups.

In keeping with national evidence, locally women who had had a repeat termination were more likely not to be using any contraception than women who had only had one termination. In addition, of those using contraception, condoms were the most popular method, and women who had a repeat termination were more likely to use condoms and less likely to use the hormonal contraceptive pill than women who had not had a previous termination.

Using the above and other evidence, the Commission concludes that age, ethnicity and location of residence in the borough has a significant impact on the risk of conception under the age of 20, as does the likelihood of a previous termination, and these risk factors should be further explored and applied in the provision of interventions and support.

Risk factors

The Commission was also keen to understand whether factors, such as those described in the Young London Matters' teenage pregnancy risk index, created an impact locally on the risk of teenage conception. Nationally, it is clearly evidenced that the risk factors that can lead to teenage conceptions are complex, and include low confidence and aspirations, disengagement from school or education, poor mental and emotional wellbeing, material deprivation and poor use of contraception as well as the influence of parents, peers, ethnicity and culture. Nationally, almost 40% of teenage mothers have no qualifications, 22% are more likely to be living in poverty at 30, 20% are more likely to have no qualifications at age 30, and young fathers are twice as likely to be unemployed at age 30 – even after taking account of deprivation.

Unfortunately it has not been possible to understand the impact of these factors against local conception, termination and birth data due to difficulties in collecting and sharing data

between public bodies. The Commission understands these significant barriers and the steps currently being taken to overcome them. It fully supports achieving data sharing agreements, and urges further work to overcome difficulties collecting relevant data, such as raising awareness with termination providers about why it is important to collect and share information.

Anecdotally, however, the Commission heard of considerable evidence that many of the young people who make up the 'teenage pregnancy cohort' – those who conceive under the age of 20 – are known to services, such as being in care, a care leaver, not in education, employment or training (NEET) or, in the youth offending service, or having a learning difficulty and/or disability. In taking evidence from young parents, the Commission heard examples of chaotic home lives and disagreements or breakdowns at home, and the influence of peers in having sex. Many spoke of being scared but also of the happiness at the idea of being a parent, having someone to love them and to love. Many talked of being transformed by parenthood, of the many struggles but also of the achievements in being a good parent and striving to achieve more, such as going back into education.

Professionals, too, spoke of these common themes. The social 'status' of having a baby was frequently cited as an underlying causal factor, as was the influence within the family of the acceptability of having a child while a teenager. Of the most vulnerable young women in Southwark who receive support from the Family Nurse Partnership, significant proportions cited domestic abuse in their own childhood, hostile or neglectful relationships with their mother or father, bullying at school, homelessness and a history of domestic abuse, self-harm or sexual abuse. Professionals also reinforced the view that some vulnerable young people struggle to get the support they need – of sometimes 'falling' out of the system even though they were known to services, or taking convoluted routes to reach available support.

Universal provision: sex and relationship education

Young people overwhelmingly say they want information, advice and guidance from someone they trust and look up to, someone with whom they have a relationship – who this is can vary but common answers are teachers, youth workers, health workers/specialists and parents/family. They generally say that they want to speak to their parents about sex but get most of their information from their peers or media such as the internet and TV programmes. Programmes such as 'One Born Every Minute' or 'Embarrassing Bodies' were praised for their honest, real approach. Many felt that health professionals were better trained to give information and advice ('wouldn't be phased by our questions') and that some youth workers and teachers were too embarrassed to give quality advice.

They universally say that for the message to be effective it needs to be 'real' and 'intense' – a view supported by parents, community leaders and professionals. Many young people spoke about the importance of promoting the consequences of early unwanted pregnancy, such as the cost to finance, health and employment prospects. Many felt that talking to young parents could be effective in reinforcing these consequences, although it is vital that such peer educators are adequately trained so as to avoid the risk of reinforcing stereotypes about teenage parents. Many respondents wanted to see young fathers in a peer education role, as many felt that the focus was too often on young mothers.

Young people want support in making choices, rather than just having information thrown at them – and there was evidence to suggest that the latter approach did not help young people absorb the information, and often led to confusion. They overwhelmingly say they want their education to include advice about the pros and cons of sex and relationships, so that they have the knowledge and skills to navigate the situations that can lead to sexual activity.

Young people and adults alike all stress the importance of raising a young person's aspirations, and that this needs to be linked to the consequences of teenage pregnancy. Many young people do not see pregnancy as a 'problem' so education must focus on helping

them understand the consequences of their actions and choosing positive alternatives; this is reinforced by the fact that the vast majority of young people know how to access contraception and sexual health services – the question is whether they consider it a priority.

Universal provision: access to contraception and sexual health services

Young people overwhelmingly told the Commission that they want easy access to contraception, and suggest locations should be well publicised. Anonymity was generally favoured, with ideas such as vending machines, texting or having a phone app to request contraception. Some young people expressed embarrassment at visiting a location to request contraception, and preferred the venue to be a 'service' such as youth provision, school or pharmacy rather than shops or other retail outlets.

There was good knowledge among the young people consulted through the Commission's investigations of what sexual health services are available in the borough, although a few reported that services were not approachable or welcoming. Indeed, this supports the view that the high rates of teenage conceptions locally are not due to a lack of access to, or knowledge about, sexual health services – more that many young people do not see safe sex or pregnancy as an issue.

In addition, young people's level of knowledge about long-acting reversible contraception (LARC) was generally found to be very low – and most young people who knew about it did so because a sister or friend was prescribed it, rather than being educated at school or in a youth or medical setting. Those young people who did know about it often reported it would not be a preferred option due to risks around putting on weight or other health concerns – issues that should be addressed in education and communications. Community services also requested greater dialogue with health services about the pros and cons of LARC, so that both services are working in partnership, delivering the same messages.

Many respondents want to see all professionals working with young people equipped to provide information and access to contraception, such as distributing condoms, and educating and signposting young people about all forms of contraception. The borough until recently operated a condom distribution scheme through non-medical settings such as youth clubs. There was support for continuing a scheme of this nature, or adopting the pan-London C-Card scheme. It was suggested that there should be strong links across the scheme to pharmacies and other sexual health providers so that young people are clear where they can get contraception, be it a health or non-health setting.

Evidence, however, also suggests that a focus on providing condoms only, and also without accompanying education and guidance, has limited impact as this contraception requires more discipline to be effective, and an opportunity is missed to change a young person's behaviour. The Commission strongly supports the promotion of LARC, and believes that young people should have equal access – and education about – all forms of contraception.

Respondents overwhelmingly agreed that health professionals should be more involved in universal sex and relationship education, using these as an opportunity to promote health messages and support efforts to raise young people's aspirations. It was agreed that this needs to happen earlier in a young person's life than when they access sexual health services. Health professional input in educating parents was also seen as vital.

The Commission heard evidence that the emerging model of 'health huts' in schools provides good opportunities to educate young people, promote healthy lifestyle messages, engage vulnerable young people and improve access to contraception and other health services. There is strong support for developing peer educator models aligned to health huts and other youth settings. Strong links with nearby sexual health clinics or GP practices as well as other support services for young people were also seen as vital to the success of the health huts. It

was also suggested the borough's new community services provider as well as pharmacists should be approached about developing stronger links to and working through health huts.

Targeted provision: outreach activity, and mentoring and intensive intervention support

Contributors to the Commission stressed the need for strong outreach and a network of support to ensure that vulnerable young people are reached, engaged and supported to make positive choices. The Commission heard many passionate accounts of the need to target the 'right' students, and believes firmly that this must be underpinned by a sound understanding of which young people are at risk locally. It is clear that there are many good prevention and intervention programmes, yet the crucial success factor is that the right young people are able to access them – and evidence for this locally is patchy. The Commission heard evidence about other boroughs' use of the common assessment framework (CAF), such as one which conducted a CAF for all year 8 pupils. The Commission recognises the value in CAF and other standard assessment tools, such as the Young London Matters risk index, and heard suggestions about more greatly promoting the use of such tools or applying it across hotspot localities.

Commission members are very aware that outreach activity is central to reaching young people who are at greater risk of or causing unwanted pregnancy, and evidence suggests that greater targeting of resources on these vulnerable groups could have a greater impact on reducing conception rates locally. Young men were cited as a key group to target by many Commission members and contributors to the Commission's investigations. Many felt that the focus to date has been on young women, to the exclusion of young men. The borough also faces significant challenges in addressing the impact of gang behaviour, particularly around the strong link between sexual coercion, and gang intimidation and violence – and there were calls to work closely with the borough's street-based and community safety teams around this issue. Partnership working was also seen as essential to engaging young people who are excluded from mainstream school, particularly at key stage 4, or who drop out of education post-16. There was also much support for going 'to' identified groups of vulnerable young people – such as through street outreach and drop-in sessions where, for example, young men meet.

Professionals were very clear that consistency and continuity of support and education are vital to develop trust and relationships with young people, and so encourage less risky behaviour. The Commission heard strong evidence that interventions need to be available across the spectrum of need, varying from targeted mentoring or coaching opportunities at a universal level to more intensive, sustained interventions for more vulnerable young people.

It heard evidence from a range of stakeholders that the most effective preventative interventions for vulnerable young people are those that provide consistent, longer-term support. The Commission believes strongly that the most effective interventions are those where professionals work directly with young people over time, rather than simply signposting them to contraception and additional support – in effect 'taking the LARC to them' coupled with mentoring support. Interventions need to explain the 'why' as well as the 'how', and provide consistent, follow-up support to develop a strong relationship with vulnerable young people, reinforce the message and embed less risky behaviour – for example the type of support provided by the Family Nurse Partnership locally.

From its investigations, the Commission is also clear that pathways to intensive support can be fragmented, and some young people most in need of support do not always receive it in a timely and integrated fashion. It also heard, however, of many examples of dedicated professionals who work intensively and effectively with the borough's vulnerable young people, with much success. A key gap is ensuring those identified as at high risk are followed up, such as ensuring that young women who terminate are supported to access contraception and guidance. The Commission also recognises that some of the young people in the 'teenage pregnancy cohort' are among the most vulnerable young people in the

borough, and that any intensive targeted approach should be integrated with other services supporting vulnerable young people.

Support at the universal level, such as education, peer mentors and other positive activities, should be provided by a range of professionals in health, school and youth settings. In common with national evidence, many professionals cited mentoring as highly effective in raising a young person's aspirations and self-worth, and helping them to make positive choices. The Commission noted that although many teenage parents are known to services, the remainder have had limited known contact with prevention services. Consequently, targeted work at a universal level, if underpinned by effective risk assessment, is vital to support a reduction in conception rates locally.

Young people, too, welcomed opportunities to be supported and mentored, and agreed that more vulnerable young people, such as those with low confidence or self-worth, would benefit greatly from mentoring schemes. They gave evidence that frequently such opportunities were available only in response to negative incidents at school. All agreed that schools were an ideal channel for providing this kind of support, alongside youth, voluntary and health settings.

Many contributors to the Commission supported considering a volunteering model as a sustainable approach to providing widespread mentoring support. Young people and professionals pointed out that an incentive could be linking volunteering opportunities to qualifications. A number of contributors also pointed to the success of the Teens and Toddlers programme, pointing out that there are a number of trained facilitators in the borough currently. It was suggested that these could be utilised in developing a local programme which requires purchasing only assurance activity in order to develop a local evidence base.

Role of schools and other educational settings

All stakeholders consulted stressed the importance of schools as the central channel to reach young people and their parents. The Commission, however, heard evidence of significant variations in the quality of SRE in schools – ranging from superb examples of effective, whole-school approaches to one-off lessons in the later years of secondary school – most often years 10 or 11 – while some young people reported they had received no SRE through their school. SRE was also covered in different parts of the curriculum, ranging from science and citizenship to PSHE (personal, social and health education).

Most respondents believe some level of education should begin before puberty, and many young people suggested that the start of year 9 would be the most appropriate time to introduce SRE into secondary education as the respondents felt that this was when young people's bodies were changing and so presented an opportunity to address some of the myths, confusion and pressure a young person may experience at this time.

Stakeholders contributing to the Commission's investigations persuasively argued that SRE is most effective when set in a wider programme around self-worth, behaviour, relationships and consequences. A consistent, 'drip-drip' approach, delivered across school years, is seen as the most effective approach as it builds the knowledge and skills of a young person as they mature. There was strong support for more joined-up thinking around relationships education, and embedding this across the curriculum, such as after-school clubs or the creative curriculum. There was support also for making greater use of school nurses, as well as fostering stronger links with statutory, voluntary and school professionals.

Many respondents argued that the lack of consistency around SRE across the school system was largely due to the knowledge and confidence of teachers, attitude of the school and resistance from parents. Another common barrier cited for that PSHE/SRE is not a compulsory part of the curriculum. There was also widespread recognition that there are

many providers of SRE and that there is a need to bring these together under an umbrella of a consistent message.

There was overwhelming recognition that the most effective support to young people was delivered by a package of interventions tailored to a school's needs – ideally offering schools a 'pick'n'mix' range of interventions that could be selected according to local need. Many respondents, including schools, felt that a locality-based approach would be most effective in identifying local need and of sharing good practice between schools. In addition, respondents suggested that marketing a curriculum about relationships within a framework for SRE could encourage schools to adopt it. The Commission also heard contributions which advocated the use of 'behaviour' as a lever to engage schools, and of developing a local evidence base about the impact of interventions on behaviour to further support commissioning in this area.

Although the Commission accepts that all secondary schools in the borough are outside local authority control, it believes that efforts must be made to engage all schools and governing bodies, to raise awareness of the importance of the issue and to ensure that all schools apply the local authority's policy.

Many contributors to the Commission urged the increased use of information about the reality of the issue in a school's area. The Commission accepts that a more hard-hitting approach may be necessary with schools which fail to understand the reality of teenage conceptions in their area, although it accepts that this approach carries some risks.

Respondents voiced support for improved guidance on signposting to support for vulnerable young people (such as a signposting flowchart distributed to all schools), and on training in identifying vulnerable young people. The Commission also heard that there is a lack of continuity in education between primary and secondary phases – with transition acting as a key point for intervention – and that, at primary level particularly, there was a lack of access to additional services.

Many stakeholders – young people and adults – told the Commission of varying levels of engagement by schools of parents – with the best practice including ongoing education, guidance and dialogue, working as a partnership in supporting a young person's wellbeing. Many parents, however, also reported that they felt excluded from this aspect of their child's education – and all spoke of the importance of being involved and having an open dialogue with the school (see below for more detail).

Role of health service providers

Health professionals generally reported that they felt young people do not make full use of available services, and that they do not take responsibility for their own sexual health. They expressed frustration at a lack of opportunity or capacity to educate young people about wider health issues. A few health professionals also felt it was too easy to have a 'social' termination.

There was universal recognition of the need to bring health visitors on board; and some respondents felt that the role of health professionals such as midwives should include preventative education and guidance, such as visiting schools or parental groups to give talks. Some health professionals spoke of the potential value and impact of young people who have poor sexual health, for example because of repeated infections or miscarriages, being trained as peer educators.

There is strong evidence that health services need to be well linked to schools and other community and educational services, and of improved integration across services at key points, such as when a young person receives a negative pregnancy test or at a termination interview. There was strong support from many respondents for follow-up offers of support post-termination (as prevention of further conception), and that a key issue was that this

follow-up was persistent in seeking to engage the young person, something which many professionals agreed did not always happen at present. There was also strong support for greater involvement of parents in young people's sexual health services, with many respondents feeling that parents were too often excluded.

Role of youth professionals

The Commission heard of many good examples of youth professionals providing strong education, advice and support for young people in relation to sex, relationship and contraception, but that quality and coverage across the borough was inconsistent. All youth professionals who contributed to the Commission agreed that all youth workers should be providing SRE and access to all types of contraception, and voiced concerns about the need to have clear guidance and curriculum materials which support professionals.

Youth professionals believe passionately that a universal SRE programme which covers all ages, genders and wards is the most effective way to address high conception rates and also ensure that more vulnerable young people are identified and supported. Some respondents highlighted difficulties with providing SRE, such as potential confrontations with parents, and called for greater clarity, support and education about professional and legal boundaries.

Youth clubs were also seen as an important channel to reach parents, and many youth professionals spoke of wanting to advise parents, about for example parental locks on the internet, run parenting programmes or encourage parents to attend youth clubs to raise their awareness and understanding of this issue.

Professionals expressed concerns about the sustainability of the Commission's recommendations, given the current economic climate, and voiced hope that the voluntary sector would be engaged in taking recommendations forward. They also spoke eloquently about the need to get out on the streets and engage young people, particularly those who are more vulnerable.

Role of other providers

As evidenced throughout this report, the input of support services for highly vulnerable young people is vital in securing better outcomes in this area. The Commission heard repeated calls for greater awareness and involvement from specialist services, such as children in care and social workers, in efforts to educate and support young people in regard to sex and pregnancy. Respondents also pointed to excluded young people as another key cohort to target, especially those in key stage 4, and suggested reintegration interviews offered an opportunity to educate and guide young people in relation to sex and sexual health. Similarly other partners, such as Southwark College, were cited as important partners to engage when implementing this report's recommendations. Children's centres were also raised as key channels to reach parents, as well as providing focal points to engage wider community, voluntary and faith groups.

What role can parents and carers play in addressing sexual health and teenage conceptions?

The influence of parents was universally cited as one of the biggest determinants in a young person's choices around sex and relationships, and in raising their aspirations and self-worth. The ideal scenario was seen to be parents engaging in an open, ongoing dialogue with their child from an early age, covering healthy relationships, love, respect, self-worth and aspirations.

Many parents admitted how difficult it is have this open dialogue with their child – many talked of 'seizing the moment'. Common barriers inhibiting them discussing sex and

relationships at home included embarrassment, faith, culture, pace of modern life, or not seeing the issue as a priority.

Some parents feel that their value and input in this area has been marginalised by society, with their child receiving many mixed messages about sex, relationships and teenage pregnancy. Many contributors to the Commission's investigations felt that media portrayal was often negative and that this impacted on young people. Parents felt that they were often not seen as a role model for their children. They called for the promotion of positive role models, and for the community to come together to influence the media, rather than the other way round. Many also urged the borough to lobby the government on the sexualisation of childhood.

Parents welcomed any aids to open up dialogue, such as TV programmes or leaflets through the door. They repeatedly called for support in talking to their children, such as workshops, training, materials or advice. They felt this should be age-appropriate, include practical advice (such as how to discuss pornography), embrace cultural, financial, emotional and physical milestones, and link to wider issues around drugs, alcohol and raising aspirations. It was felt the marketing of support must be positive in tone, to encourage as wide as possible participation. Parents also overwhelmingly called for such support to be provided in locations in the community, such as schools, community and faith groups and children's centres.

Parents, like young people, want to learn from those they trust and who have had similar experiences. There was also support for training being provided jointly by parents and professionals. The Commission heard much support for peer educators, which are seen as an effective and cost-effective way to engage parents. This model also offers a sustainable way to roll out parent SRE training and support across the borough. Children's centres and schools were identified as the ideal channels to develop a model – for example establishing a locality team of parent mentors, with specialist support, who could support a range of children's centres, settings and groups. There was also much support for forums or opportunities for parents to come together, to share and learn together.

There was strong support for ensuring that 'talking about sex' is incorporated into existing parenting programmes, rather than as a standalone course. In keeping with education for young people, stakeholders contributing to the Commission felt a 'drip drip' approach was most effective, and would seek to catch parents at different stages of their child's development. A number of contributors spoke highly of the Family Planning Association's 'Speakeasy' programme.

Many also spoke of services not engaging parents in this aspect of their child's upbringing. Some parents and young people also expressed concern about the confidentiality policies of health services – although they understood the law on this issue, they felt that it was best for parents not to be kept out of the loop in regards to the health and wellbeing of their child. Parents of teenage parents especially reported a lack of clear signposting or access to support when their child became pregnant. Many respondents also called for better links between professionals and parents – for example with professionals engaging with parents through children's centres or other public services, such as libraries – as well as a single point of contact to services to request information and advice.

There was overwhelming support for improving the dialogue between school and home, to ensure that young people receive a consistent message from both. Although the Commission heard of many examples of positive and open dialogue between schools and parents, a number of parents felt disempowered, expressing concern or ignorance about what their school was teaching their child – an issue that could be resolved through improved dialogue. Many respondents urged giving consideration to making better use of home-school liaison officers, parent support advisors, school nursing service, coffee mornings, parents' meetings and opportunities to discuss SRE content before the class takes place. There was also much

support for making better use of GPs and other health services in regard to engaging parents.

Young people also overwhelmingly recognised the central role their parents have in guiding their choices, and agreed that many parents need support. They felt it was vital that there was open dialogue between parents and the school, and that this should begin in primary school and be continued throughout secondary education. One respondent cited a SRE project in school where young people were tasked with asking their parents about their own SRE as a way to foster dialogue in the home. Many young people supported the view that youth professionals, such as personal advisors, could act as a bridge between young people and their parents, in promoting increased dialogue within the family – and this view chimes with the support youth professionals wish to provide to a family.

Children's centres, which run many parenting programmes and activities, were also suggested as good opportunities to engage parents while they child is very young, especially through outreach workers. Many stakeholders also supported the view that children's centres could act as a hub for or link to community organisations, other services accessed by parents, and parents with older children.

The Commission heard that community and faith groups also represent a key channel to reach parents outside the school system and also to reinforce messages, and should be engaged in a borough-wide education programme. Community and faith groups also expressed strong willingness to provide this kind of support (see next section).

What influence do values, faith and culture have on teenage conception rates?

All contributors to the Commission recognised the hugely positive influence values, faith and culture have on a young person's choices. It was universally acknowledged that these play a huge part in raising a young person's aspirations and so help them make positive choices. Many contributors to the Commission's investigations drew a strong link between the quality and availability of education with high self-esteem, arguing persuasively that increased education and awareness, coupled with mentoring support, is key to reducing conception rates locally.

Many respondents pointed to potential conflicts between national and local policy in this area, and cultural or faith beliefs, with some feeling disempowered to instil their own values in their children. They also recognised that in some communities, teenage sex, terminations and pregnancy are taboo subjects. What was also clear, however, from the many responses from across Southwark's diverse communities, was that there is much energy, dedication and passion in our communities to support young people to make positive choices, and that this provides common ground on which to build future activity.

Through the many responses to the Commission, it is also clear that there is significant interplay and conflict between different value systems – such as those of parents and young people, or between home and school. Respondents were unanimous in recognising that these tensions need addressing in any future activity or actions, and that open dialogue would be central to understanding and overcoming these difficulties.

Although contributors from community and faith groups spoke primarily as parents, young people or professionals, and these views are represented throughout this report, the Commission recognises that the diversity of Southwark's communities poses challenges in developing an approach accessible to all involved. All respondents recognised that there is a need for greater dialogue across communities, but also that there is a strong willingness within our communities to reach out and engage with others in order to support our young people. There was overwhelming support for providing education and guidance to young people and parents through faith and community groups, and recognition that there is much expertise and activity already within our communities. Many respondents expressed a strong

desire to be able to work beyond their own community's boundaries, and would welcome support that enabled this. They recognised the value of working in partnership, and that any activity should be closely aligned to that taking place in schools and other provision.

The Commission firmly believes that its work provides a solid starting point in further developing and improving dialogue and collaboration between different sections of Southwark's communities. Many respondents called for space for people to come together to keep talking and find common solutions – and that this kind of forum should include not only those from community or faith groups but also schools, youth provision, health professionals and parents. A hope was expressed that this would help build a consistent message across cultures, faiths, genders and services – for example finding agreement on the age at which to begin education for young people. The Commission also recognises that this kind of forum could provide support to providers and interest groups to work together to develop solutions that meet local need.

There was also overwhelming recognition that community and voluntary organisations contribute considerable expertise and energy to this policy area, and that their contribution needs to be nurtured, especially as statutory services face increasing pressure on their budgets over the coming years. There was strong support for the potential of community groups to spread positive messages about sex and relationships, and many respondents urged capitalising on all opportunities to engage them in local efforts to reduce teenage conceptions.

How to challenge the myths surrounding sex, relationships and teenage parents?

The Commission heard how young people, and their parents, hear many different and inconsistent messages about sex, relationships and teenage pregnancy, which leads to confusion and the perpetuation of myths about teenage pregnancy. On the one hand, young people see sex as fun, pleasurable, and about showing off; on the other hand they know about infections, disease and emotional issues. They are very aware they are being told they are not old enough, that they don't think about the consequences – yet they feel they are not given the information or support to be able to make positive choices.

There are also many misconceptions and negative images about being a teenage parent, such as that they only got pregnant to get a house or benefits, that they are too young to cope or be good parents, and that they are irresponsible. This view was backed by the experiences of teenage parents who contributed to the Commission. Teenage parents reported that the key influences on their decision not to terminate were their parents, the baby's father, faith and their own personal sense of responsibility. Many also spoke of a desire to be loved unconditionally.

Contributors to the Commission's investigations universally agreed that there needs to be a concerted effort to develop a message that is consistent, honest and real, and which focuses much more on the wider issues of relationships, aspirations and managing a young person's emotions and behaviour. Any communications have to be 'sex positive' and honest that we all live in a sexualised world and that sex is precious. Communications must seek to build on the energy, dedication and passion in our communities to support young people to have respect for themselves and each other, and to make positive life choices. There was support for promoting a 'delay' message, as well as for the need to have positive role models to front the campaign.

Many contributors to the Commission spoke of the need to reinforce the consequences of teenage pregnancy, in terms of financial, material and health costs, and of expectations that it is not 'right' to have sex or a child young, especially under 16. Many also agreed that there was a need to target communications on debunking gender stereotypes, of the need to equip

women with the skills and confidence to negotiate safe sex – about both sexes having respect for themselves and each other.

There was very strong support for sensitively 'using the negatives positively'. The Commission understands the risks associated with using information and data about conception hotspots in communications campaigns and recognises that further work is needed to develop an appropriate campaign which avoids stigmatisation, but feels strongly that such communications must recognise the reality of teenage conceptions in the borough and that the use of hotspot information would be a good way to engage and motivate local communities. It believes strongly that the power of popular understanding and pressure has the potential to motivate all partners in the borough to support efforts to reduce teenage conceptions, and expects that any use of hotspot data must be accompanied by signposting to support.

Sex, relationships and teenage pregnancy are too often seen as taboo subjects in Southwark, in contrast to other boroughs which routinely publicise sexual health support services. Many contributors to the Commission's investigations voiced strong support for a widespread campaign, akin to stopping smoking or the 'Think' road safety campaign – one that drums in the message to young people and their parents. There were calls to link with other groups or boroughs, and even national companies. The Commission noted that a dip in 2005 conception rates could potentially be linked to a widespread campaign in collaboration with Lambeth and Lewisham called 'Choose your life' which highlighted the consequences of teenage pregnancy in financial and social terms. There was strong support for any campaigns to be in collaboration with neighbouring boroughs, and of involving young people in designing a campaign, such as though youth community councils.

Many respondents highlighted the importance of quality training in engaging and educating young people and parents, yet reported that training opportunities in the borough were patchy in coverage and quality. The Commission notes that there are a number of courses for professionals, and that these vary in quality and message. It heard repeatedly that there is a need to raise awareness levels across the community as too many groups are promoting messages that are inconsistent with the local authority's policies. It was also clear from the evidence presented to the Commission that training opportunities are currently not accessed by the broadest definition of the children's workforce, and that efforts could be made to promote opportunities to all who come into contact with young people and parents, for example through children's centres' outreach workers, advisory boards and parents forums.

Recommendations

1. Create a specialist sexual health outreach worker role to follow up and refer vulnerable young people to additional, appropriate support and to improve take-up of contraception, including long-acting reversible contraceptives.

2. Create a vulnerability profile for the borough to fully understand the experiences of young people in the teenage pregnancy cohort, and so enable the targeting of interventions early at a local level, supported by common assessment tools.

3. Provide consistent, intensive, sustained support for vulnerable young people, to improve the take-up of contraception and promote less risky behaviour, and ensure that follow-up support is effectively targeted.

4. Provide targeted mentoring opportunities for vulnerable young people who may be at risk of teenage pregnancy, to help raise their aspirations and support positive choices.

5. Continue the health hut model, building stronger links with GP and health services through the huts and expanding the model into other settings as appropriate, and also consider peer 'signposters' to promote the work of the health huts among young people.

6. Focus outreach work on known groups of vulnerable young people, including young men, under 16s and certain locations in the borough where teenage conceptions are highest.

7. Widen and enhance the availability of sex and relationship education by ensuring every youth club provides education as part of its curriculum, supported by training to ensure consistency and quality, and with input from health professionals as appropriate.

8. Develop a comprehensive offer to schools that promotes a broader curriculum which: encompasses relationships, emotions, self-esteem and behaviour and includes input from health professionals; includes a focus on improving the dialogue between parents and schools around children's sex and relationships education; and links better to prevention and support services.

9. Improve access to contraception, as appropriate, through professionals working with young people, and ensure that all professionals working with young people are adequately trained to identify and support young people in accessing all forms of contraception.

10. Include targets, as appropriate, for under-18s accessing services in service level agreements for sexual health provision and, where appropriate, in the commissioning of youth provision.

11. Better publicise, as appropriate, the availability, pros and cons of contraception, including long-acting reversible contraception.

12. Develop and promote a SRE programme for parents and community groups which emphasises how young people can manage relationships and emotions, and becoming an adult.

13. Consider establishing a peer education programme for parents in parallel to a programme for young people.

14. Increase the focus on teenage pregnancy in commissioning of and through community groups.

15. Be bold and honest in communications to teenagers and parents about sex, relationships and teenage pregnancy, developing a message that sensitively uses the 'negatives

positively' by utilising local information about teenage conceptions, is based on choice, respect and being safe, and focuses on the consequences of teenage pregnancy and encouraging young people to delay sex and pregnancy until the 'right' time.

16. Promote this message widely, ideally through a coordinated campaign involving schools and residents, and consider developing a 'parent's guide to young people' which signposts parents to advice and support on all issues relating to teenage years, not just teenage pregnancy. The message should also be promoted across council departments and partners.

17. Establish a single point of contact within the council, ideally as a generic phone number and email address. This point should act as a gateway to information, advice and support for young people, professionals and members of our communities.

18. Create a single model of SRE training. This should include a free 'basic' level which is mandatory for council staff and commissioned provision, and freely available and promoted to everyone in the community; plus additional training tiers for those working more intensively with vulnerable young people. It is essential that these training opportunities are widely promoted across professionals and the community.

19. Establish a focal point for professionals and interested parties with a mandate to share good practice, work together to develop solutions to local needs, and to review annually progress by the local authority against the Commission's recommendations.

Appendix 1

Teenage Pregnancy Commission's aims and objectives

To present Southwark's cabinet member for children's services with recommended actions which will reduce local teenage conceptions at an accelerated rate, including how to:

- Better target services at those most in need
- Overcome the issues and obstacles facing our communities and schools
- Meaningfully engage parents, carers and young people
- Develop a consistent communications message
- Establish a legacy that will sustain the work in Southwark

This will include undertaking the following:

- Reviewing current council and partnership plans and strategies
- Collating and assessing current research and evidence
- Reviewing best practice evidence
- Gathering the views, experiences and ideas of those living and working in the borough

Appendix 2

Teenage Pregnancy Commission membership

Name	Organisation
Abu Bakar Rojos	Southwark Youth Council
Alison Robert	Outreach and Development Manager, Brook London
Ann-Marie Dryden	Locality coordinator, Walworth, Borough and Bankside
Becky Stone	Urban Academy
Carolina Velasquez	Southwark Latin American Women's Rights Service
Cassandra Coteh	Urban Academy
Celia Stober	Sierra Leone Community Forum-UK, chair of SLCF
Claire Lynch	Parent
Claire Teudor	Teenphase, Guy's and St Thomas' Trust
Debra Viller	Integrated Youth Support Service, Southwark
Duza Stosic	Headteacher, Urban Academy
Eileen Siley	Director, From Boyhood to Manhood
Eleanor Hulme	Termination Clinic, King's College Hospital
Esy Oluwafemi (chair)	Founder, Wisegem
Eunice Ximines	Bessemer Midwifery Team, King's College Hospital
Fariah Nanhoo	Children in Care Council
Fokrul Meah	Youth Adventure Project, Bede House
Helen Melville	Connexions, Harris Academy @ Peckham
Ibrahim Bah	Southwark Youth Council
Ibrahim Kamara	Restore Hope For Children
Jane Harris	Southwark Standing Advisory Council for Religious Education
Karen Stocks	Parent Worker, Place to Be
Katheryn Hather	Young Parents Forum
Khadijah Knight	Southwark Standing Advisory Council for Religious Education
Louise Johns-Shepherd	Headteacher, Peckham Park Primary School
Lucy Meagher	Headteacher, SILS4
Maktuno Suit	Young Fathers Development Worker, Working with Men
Marilyn Uriona	Worship minister
Mark Blundell	Director, Salmon Youth Centre
Marlen Cabezas	Southwark Latin American Women's Rights Service
Morgan Tume	Young parent
Neil Solo	Project Manager, BabyFather Initiative, Barnardos
Octavia Williams	Minister, Walworth Christian Fellowship
Patrick Diamond	Councillor, Newington ward
Rosie Shimmell	Councillor, East Dulwich ward
Samiat Oshodi	Southwark Youth Council
Sarah Smith	Esteem Coordinator, Oasis and Esteem Resource Network
Shakira Lawal	Youth Worker, Southwark Youth Council
Shantelle Atchoe	Young parent
Sharon Donno	Headteacher, Kintore Way Children's Centre; Chair, Heads' Executive
Sheik Mohamed Bailor Barrie	Teacher/imam, Peckham Rye mosque; Barakah Educational and Cultural Association
Sonji Clarke, Dr	Teenphase, Guy's and St Thomas' Trust
Uwa Ohen	Teenphase, Guy's and St Thomas' Trust
Viv Oyolu	Managing Director, Divine Communications Trust

Advisors and observers

Barbara Hills	Locality Director, Southwark PCT
Emma Corker	Teenage Pregnancy Coordinator, Southwark Council
Catherine McDonald	Cabinet member for Children's Services

Clare Smith	PHSE advisor, Southwark Council
Kerry Crichlow	Assistant Director, Strategy, Commissioning and Business Improvement, Children's Services
Kirsten Watters	Public Health, Southwark PCT
Sharon Hemley	Young Parents Learning Centre

Appendix 3

Contributors to Commission's investigations

Anne Cleary, Family Nurse Partnership
Barnardos (staff)
Bede House (youth group)
Bermondsey Community Council
Camberwell and Dulwich Youth Community Council
Diana Whitmore, Chief Executive, COUI UK, Teens and Toddlers
El-shaddai Glorious Tabernacle (congregation)
Faces in Focus (staff)
Family Nurse Partnership (young parents)
Jane Wills, Professor Health Promotion, London South Bank University
Southwark Heads' Executive
Guy's and St Thomas' Hospital (clinical staff)
Harris Academy @ Peckham (students)
Peckham Community Council
Rachel Bartlett, Family Nurse Partnership
Restoration Chapel International (congregation)
Roger Street, Delivery Manager, Teenage Pregnancy National Support Team
Salmon Youth Centre (young people)
Salvation Army (youth workers)
SILS4 (students)
Social Enterprise
Southwark Integrated Youth Service (staff)
Southwark Muslim Women's Association (youth group)
Southwark Parent Carer Council (parents)
Southwark Parent Participation Forum (parents and staff)
Southwark PSHE Forum
Southwark Standing Advisory Council for Religious Education
Southwark Youth Council and youth community councils
Southwark Youth Offending Team (young offenders)
Southwark Young Parents Learning Centre (young parents)
Southwark Young Parents Network (young parents)
Southwark Young Parent Support Team (staff and young parents)
Urban Academy (students)
Walworth Christian Fellowship (congregation)
Wisegem (young people and staff)
World Evangelism Bible Church (congregation)