

# Teenage Pregnancy Strategy: Beyond 2010

## Consultation Response Form

The closing date for the consultation is: 20 May 2010

Your comments must reach us by that date.



department for  
**children, schools and families**

**THIS FORM IS NOT INTERACTIVE. If you wish to respond electronically please use the online response facility available on the Department for Children, Schools and Families e-consultation website (<http://www.dcsf.gov.uk/consultations>).**

The information you provide in your response will be subject to the Freedom of Information Act 2000 and Environmental Information Regulations, which allow public access to information held by the Department. This does not necessarily mean that your response can be made available to the public as there are exemptions relating to information provided in confidence and information to which the Data Protection Act 1998 applies. You may request confidentiality by ticking the box provided, but you should note that neither this, nor an automatically-generated e-mail confidentiality statement, will necessarily exclude the public right of access.

**Please tick if you want us to keep your response confidential.**

Name Dr Jane Evans  
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If your enquiry is related to the policy content of the consultation you can contact the Department on:

Telephone: 0870 000 2288

e-mail: [info@dcsf.gsi.gov.uk](mailto:info@dcsf.gsi.gov.uk)

If your enquiry is related to the DCSF e-consultation website or the consultation process in general, you can contact the Consultation Unit by e-mail: [consultation.unit@dcsf.gsi.gov.uk](mailto:consultation.unit@dcsf.gsi.gov.uk)

or by telephone: 0870 000 2288.

Please mark an X in the box below that best describes you as a respondent.

<input type="checkbox"/> Local Authority: strategic/commissioning	<input type="checkbox"/> Local Authority: frontline professional/practitioner	<input type="checkbox"/> NHS: strategic/commissioning
<input type="checkbox"/> NHS: front line professional/practitioner	<input type="checkbox"/> Government Office	<input type="checkbox"/> Strategic Health Authority
<input type="checkbox"/> Local Strategic Partnership	<input type="checkbox"/> Elected Member	<input checked="" type="checkbox"/> Voluntary and community sector
<input type="checkbox"/> School	<input type="checkbox"/> FE/ 6th form college/work based learning provider	<input type="checkbox"/> Work based learning provider
<input type="checkbox"/> National/Professional Org	<input type="checkbox"/> Other	

Please Specify:

As a leading children's charity, Barnardo's work directly with over 100,000 children and their families every year. We run more than 400 services across the UK for vulnerable and disadvantaged children, young people and their families. Barnardo's services include:

- Support services for teenage parents
- Housing services for teenage parents
- children's centres, parenting programmes and other early years services
- alternative provision for young people excluded or at risk of exclusion
- vocational training and work-based learning for 14-19 year olds
- Support services include parenting and family support, specialist behaviour advice and support, therapeutic services and targeted support for groups such as young people with learning difficulties, and care leavers

In March 2010 Barnardo's published the report **Not The End of the Story: supporting teenage mothers back into education** which provides detailed information on the support needs of teenage mothers

Available here:

[http://www.barnardos.org.uk/12210\\_pru\\_teen\\_report.pdf](http://www.barnardos.org.uk/12210_pru_teen_report.pdf)

For further information contact report author [jane.evans@barnardos.org.uk](mailto:jane.evans@barnardos.org.uk)

**Section 2: Why teenage pregnancy matters and what works.**

Q1) How has teenage pregnancy been prioritised in your area?

Comments:  
n/a this question asks about local priorities ( national organisation)

Q2) Have there been any challenges in prioritising work on teenage pregnancy?

Comments: n/a this question asks about local priorities ( national organisation)

Q3) How are you joining work on reducing teenage pregnancy and supporting teenage parents with your local priorities?

Comments:

n/a this question asks about local priorities ( national organisation)

### Section 3: Knowledge and skills

- Q4) What are your **local** actions to improve children and young people's knowledge and skills on relationships and sexual health through: SRE in schools, FE, parents, and the wider workforce?

Comments:

Barnardo's work with young people provides positive examples of local responses to need.

Barnardo's sexual exploitation services contribute to the prevention of teenage pregnancy through delivering education on healthy relationships. The **SECOS sexual exploitation service in Middlesbrough** recognizes the holistic needs of young people and works around issues including sexual, emotional and general well being, delivering preventative 'Respecting Self, making positive choices education' workshops in schools and youth services. Through this work young people in Middlesbrough are educated about sexual exploitation, bullying, teenage pregnancy and drug abuse. They have the ability to recognize positive and respectful relationships in their lives, understand sexual behaviour and what is appropriate/not appropriate in specific contexts and how and where to access contraceptive advice and support.

In London, the **Barnardo's Young Women's Project** delivers London Council's funded preventative sessions in schools, residential units and PRU's, using the Barnardo's *Bwise 2 sexual exploitation* education resources. The sessions use creative and interactive resources to engage young people such as case studies, quizzes and agony aunt letters. Whilst the sessions focus on understanding sexual exploitation and grooming they also encourage young people to;

- Understand equal, consensual and respectful relationships

- Identify strategies to reduce risks
- Challenge stereotypes about victims and perpetrators of sexual exploitation
- Identify appropriate sources of access to contraceptive advice and support

The Young Women's project also deliver training sessions and presentation to professionals and LSCB's to improve understanding of sexual exploitation in London boroughs and make sure professionals working with young people are able to identify vulnerability and risk factors and protect and support young people.

Please contact [Deborah.meyer@barnardos.org.uk](mailto:Deborah.meyer@barnardos.org.uk) or [Caroline.paskell@barnardos.org.uk](mailto:Caroline.paskell@barnardos.org.uk)  
For further information on these and similar services

Q5) How are you measuring the impact this has had?

Comments:

The Pan London Preventative Education work (PEP CSE) by Barnardo's Young Women's Project is being monitored and evaluated separately from the practitioner delivery by researchers from Barnardo's Policy and Research Unit. Barnardo's Policy and Research Unit has developed a set of evaluation tools to assess the service delivery and whether and to what extent the programme is enabling

- professionals to better identify children at risk of or experiencing sexual bullying and exploitation by adults and peers
- children and young to have increased knowledge about sexual exploitation and greater confidence in themselves to resist unwanted sexual advances, report exploitation and to seek protection.
- children and young people, professionals, families and other relevant agencies to better understand how to protect and support children at risk of or experiencing sexual exploitation and have increased knowledge of services available to improve these young people's general and mental health.

The training programme and evaluation are operating over four years 2008-2012. The first year evaluation report demonstrated that the programme has met its Year 1 targets and is demonstrating positive impact on professionals and young people's knowledge of child sexual exploitation and their ability to identify and act on it. As a result of the programme young people better understand equal, consensual and respectful relationships.

For more information in the evaluation of the PEP CSE programme please email [caroline.paskell@barnardos.org.uk](mailto:caroline.paskell@barnardos.org.uk)/[Deborah.meyer@barnardos.org.uk](mailto:Deborah.meyer@barnardos.org.uk)

Q6) Are there any **national** actions that could be taken to help you accelerate progress on improving children and young people's knowledge and skills on relationships and sexual health?

Comments:

Q7) What existing local arrangements for **involving young people** could be used to ensure the SRE - in schools and other settings - are meeting their needs?

Comments:

#### **Section 4: Contraception**

Q8) What are your **local** actions to improve sexually active young people's **access to** effective contraception and condoms?

Comments:

Q9) What are your local actions to improve sexually active young people's **use** **of** effective contraception and condoms?

Comments:

Q10) Are there any **national** actions that could be taken to help you accelerate progress on improving young people's **access** to and **use** of effective contraception and condoms?

Comments:

Barnardo's agrees that school-based sexual health services are increasingly important. The evaluation of the TPS (2005) confirmed this and showed that whilst young women were most likely to access contraceptive advice from a GP (34%), their use of school-based services increased over time from 19% to 27%. School-based contraceptive advice and support locates health and contraceptive advice closer to the point of need. It also ensures young people have easy access to services they may not be able or want to access in traditional settings such as a GP surgery or sexual health clinics. Services based in schools can also be effective in reaching vulnerable and 'hard to reach' groups of young people that Barnardo's works with.

However, schools can be seen as authoritarian by young people, which can be off-putting. Young people can also worry about confidentiality. The young people most at risk of teen pregnancy tend to be poor attenders at school and so may miss out on school-based contraceptive advice.

Therefore school-based services look promising but the relative effectiveness of school-based and other contraceptive services needs to be evaluated.

Contraceptive advice needs to be available from a range of settings accessible to young people and not just those based in schools.

Q11) What existing local arrangements for **involving young people** could be used to ensure local contraceptive and sexual health services are meeting their needs?

Comments:

**Section 5: Early support for young people most at risk**

Q12) What is working well on early identification and support for young people at risk of pregnancy?

Comments:

Q13) Is CAF being systematically used?

Comments: Barnardo's recent research with teenage mothers: **Not the end of the Story** demonstrated the value of using CAF or similar for planning what support young women will need up to and beyond the birth of their child.

Currently the use of CAF to support teenage mothers is inconsistent. We recommend that, to ensure consistency, CAF is used to support all pregnant teenagers when they first book in with a midwife.

In Northern Ireland the School Aged Mothers Programme assess all teenage mothers as 'children in need', enabling them to access funded childcare to continue their education and identifying specific support and learning needs.

Based on the approach used in Northern Ireland, Barnardo's recommends carrying out an assessment using CAF for all mothers under 18 when they book in with a midwife. This should provide for:

- Access to a lead professional to coordinate support and review progress
- An opportunity to discuss additional needs in confidence
- A range of support including childcare, to meet their assessed needs
- A focus on their educational needs, using the new Learning Support Agreements to plan and tailor their transition back into learning and employment

See not the end of the story for further information

[http://www.barnardos.org.uk/12210\\_pru\\_teen\\_report.pdf](http://www.barnardos.org.uk/12210_pru_teen_report.pdf)

Q14) How are you measuring impact of early intervention and support for young people most at risk of pregnancy?

Comments:

### **Section 6: Supporting Teenage Parents**

Q15) What are your **local** priority actions to improve outcomes for teenage mothers and young fathers?

Comments:

See response to question 16

Q16) Are there any **national** actions that could be taken to help you accelerate progress?

Comments:

Barnardo's reported on teenage mothers' support needs in *Not the End of the Story*. For further information see:

[http://www.barnardos.org.uk/12210\\_pru\\_teen\\_report.pdf](http://www.barnardos.org.uk/12210_pru_teen_report.pdf)

### **Eradicating poverty**

Statistics show that teen parenthood is strongly associated with poverty and deprivation, so that many of the adverse outcomes recorded for teen mothers and their babies are as likely to be those associated with living in poverty as with young motherhood.

Barnardo's emphasises that continuing to invest in eradicating child poverty will have a positive impact on rates of teen parenthood and improve outcomes for young parents and their children.

### **Supporting re-engagement with education and training**

Supporting teenage parents to re-engage with education and move into employment are significant factors in breaking the cycle of deprivation associated with teen parenthood.

### **Breaking down stigma and stereotypes**

Care needs to be taken that the drive to bring down teenage pregnancy rates neither stigmatises nor neglects the support needs of that minority of teenagers who become young parents, who are often already marginalised and isolated. These young women and men will continue to need intensive support and encouragement even as the rates of teen parenthood decline.

### **Barnardo's work and practice**

Barnardo's services' practice for teenage parents and their babies includes:

- Supported housing or floating tenancy support
- Benefits advice and introductions to Job Centre Plus advisers
- Access to specialist Connexions workers
- Advice on returning to education
- Direct education provision for school-aged mothers through a specialist pupil referral unit with an onsite nursery
- Informal education
- Accredited parenting classes
- Guidance on choosing a nursery
- Pre- and post-natal groups
- Breastfeeding counselling

- Monitoring safeguarding concerns and practical advice on home safety
- Toddler groups
- Work with young parents through Children's Centres
- Positive social activities
- Peer mentoring and volunteering opportunities

All the above support ensures that young parents have the best possible chance of returning to education, employment or training and that their life chances and those of their babies are significantly improved.

### **Housing**

Housing is a particular issue for young parents. They are unable to focus on education and employment if they are in unstable or unsuitable housing. Some young parents do well with the support and guidance of their own families and have less intensive needs for housing intervention. Others are ready to start living independently as a family unit. Some have been kicked out of the family home or are care leavers.

Barnardo's provides a number of support services for young families. Wakefield Young Families provides a wide range of support to young people in their own tenancies focusing on their social, health, education and housing needs.

A Barnardo's housing project in Malvern is part of the government run teenage parent supported housing pilot.

Young parents who have lived in supported housing find it hard to manage at weekends and evenings when they move on. Barnardo's experience shows that vulnerable young parents in supported housing may need a lot of 'aftercare' (in the case of young people with learning difficulties this may be for the long term) to enable them to move onto a satisfactory, independent family life.

This includes practical help with furnishing and signing on with utilities as well as social and emotional support, and relationship counselling.

Young parents often preferred to be housed within their home communities where they have informal networks of support.

### **Benefits**

Barnardo's research *Not the end of the Story* found that teen parents were usually unaware of their rights to benefits and incentives to learning. Advice and access to the right benefits was an important enabler to progress on to education and training. However even with the right benefits young parents still struggled below the poverty line.

A 16-year old with one child will get £141.06 in benefits. Someone aged 18-24 with one child will get £151.41 The poverty line is £177 (60% of median income)

for one adult with one child under 14. The Joseph Rowntree Foundation has calculated a minimum but acceptable income for a lone parent with one child is £221 per week. (All figures per week after housing costs)

### **Income support and Job Seekers' Allowance**

Income support and Job Seekers' Allowance should be paid at the same rates to parents regardless of age. Babies have the same costs regardless of the age of their parents. Paying a reduced rate to younger parents increases the likelihood that they and their babies struggle in poverty.

### **Couple penalty**

The benefits system 'couple penalty' that can arise for young parents who choose to live together, rather than the young mother and her baby living on their own needs to be addressed as inclusively as possible, so that married and unmarried parents, and couples who are both in work have positive incentives to stay together for the benefit of their children

### **Financial incentives to learning**

Barnardo's research found that teenagers who have babies have typically fallen behind with their education and take longer to re-engage. For this reason we recommend that:

- Care to Learn be extended beyond the age of 20
- Adult learning grant be made available for courses below Level 2.
- Adult learning grant should be made available to young people on Income Support or Job Seekers' Allowance.

Extending the age limits on these 2 incentives would allow young people with a previously disrupted education a chance to catch up when they and their babies are ready. Education maintenance allowance (EMA) is currently deducted for a whole week if a young person misses one day of a course of study. This is a disincentive to poor attenders. Teenage mothers are particularly affected by this when babies have frequent illnesses and clinic appointments. Barnardo's recommends that EMA is paid for each day of attendance at a place of learning and deducted for each day missed without reasonable excuse.

### **College nurseries**

It is convenient for girls to use college nurseries when resuming their education. However our research found that too many of these do not take babies under two. When the participation age is raised under the terms of the Education and Skills Act 2008 approximately 40,000 16-18-year olds will require some child care while they return to education or training. This has cost implications for both the provision of suitable onsite childcare and the take up of Care to Learn.

Q17) What existing local arrangements for **involving teenage mothers and young fathers** could be used to ensure local support services are meeting their needs?

Comments:

Policy and practice to support teenage mothers and their babies focus almost exclusively on girls, neglecting young fathers. The presence of a father in a child's life is almost always beneficial and mothers appreciate the care and support partners can offer in bringing up children. This issue merits further research and policy attention. Two challenges highlighted in *Not the End of the Story* were:

- The need for support services to acknowledge and involve young fathers wherever appropriate, treating young parents as a family unit and encouraging the father's continued involvement in his child's upbringing.
  - The benefits system 'couple penalty' that can arise for young parents who choose to live together, rather than the young mother and her baby living on their own needs to be addressed as inclusively as possible, so that married and unmarried parents, and couples who are both in work, have positive incentives to stay together for the benefit of their children

### **Section 7: Ensuring effective delivery**

Q18) What are the local levers for improving delivery of the teenage pregnancy strategy and how do we make maximum use of them?

Comments:

N/a asks about local levers (national organisation)

Q19) What level of local progress in reducing teenage pregnancy do you feel is realistic but ambitious?

Comments:

Q20) Are there aspects of the Strategy which you feel need strengthening?

<input type="checkbox"/> Joint commissioning of services to deliver the teenage	<input type="checkbox"/> pregnancy strategy	<input type="checkbox"/> Sharing and effective use of data :SRE in schools
<input type="checkbox"/> SRE in FE colleges	<input type="checkbox"/> Improving access to effective contraception and condoms	<input type="checkbox"/> Improving sexually active young people's use of effective contraception and condoms
<input type="checkbox"/> Workforce training on SRE	<input type="checkbox"/> Support for parents	<input type="checkbox"/> Embedding teenage pregnancy actions into early identification and IYSS
<input checked="" type="checkbox"/> Supporting teenage parents		

Comments:

The small minority of teenagers who become parents are already at risk of becoming marginalised, stigmatised and isolated. Strategies to reduce conception and birth rates for teenagers should not result in the neglect of the considerable support needs of this declining minority.

Q21) What current external support do you find helpful in delivering effective work on teenage pregnancy?

Comments:

Barnardo's works with a wide range of external partners to deliver support to teenage parents. In this respect the following have been particularly effective:

- Specialist Connexions PAs—to improve access to education, training and employment
- Teenage pregnancy midwives—to make referrals to specialist services
- Specialists at Job Centre Plus—to improve access to employment and benefits, especially work-focused interviews.
- Children's Centres—to provide social support, learning opportunities and childcare
- Local Authorities—as commissioners of services tailored to the needs of teenage parents
- Housing associations—to provide specialist and supported housing in local communities.

Thank you for taking the time to let us have your views. We do not intend to acknowledge individual responses unless you place an 'X' in the box below.

**Please acknowledge this reply**

Here at the Department for Children, Schools and Families we carry out our research on many different topics and consultations. As your views are valuable to us, would it be alright if we were to contact you again from time to time either for research or to send through consultation documents?

X Yes please contact [jane.evans@barnardos.org.uk](mailto:jane.evans@barnardos.org.uk)

All DCSF public consultations are required to conform to the following criteria within the Government Code of Practice on Consultation:

Criterion 1: Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Criterion 2: Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

Criterion 3: Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

Criterion 4: Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

Criterion 5: Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

Criterion 6: Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

Criterion 7: Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

If you have any comments on how DCSF consultations are conducted, please contact Donna Harrison, DCSF Consultation Co-ordinator, tel: 01928 794304 / email: [donna.harrison@dcsf.gsi.gov.uk](mailto:donna.harrison@dcsf.gsi.gov.uk)

**Thank you for taking time to respond to this consultation.**

Completed questionnaires and other responses should be sent to the address shown below by 20 May 2010

Send by post to:

Consultation Unit  
Area 1a  
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Send by e-mail to: [TeenagePregnancy.STRATEGY@dcsf.gsi.gov.uk](mailto:TeenagePregnancy.STRATEGY@dcsf.gsi.gov.uk)