Lifelong Learning And Cultural Services Scrutiny Panel

Review Of Teenage Pregnancy In Tameside

January 2006

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Tameside Metropolitan Borough Council

Lifelong Learning And Cultural Services Scrutiny Panel

Review Of Teenage Pregnancy In Tameside

1. Chair's Introduction

The Scrutiny Review of Teenage Pregnancy in Tameside as detailed in this report is the most complex and comprehensive scrutiny review undertaken by a single Scrutiny Panel in Tameside.

The Scrutiny Panel agreed to undertake this review following a suggestion made by the Cabinet Deputy (Lifelong Learning). He was very concerned about the high level of unplanned pregnancies involving teenage girls in Tameside. The Scrutiny Panel set out deliberately to avoid being judgemental and its conclusions and recommendations reflect this approach. The Panel worked with stakeholders and partners and without their help and advice, the review would not have been so detailed and comprehensive.

The role of parents in supporting their children's knowledge and approach to relationships and sexual behaviour is vital and although they have shown that they feel that they are the best people to do this, they have also indicated that they often find this difficult. The Panel was informed of an example of partnership working between a school and parents and this good practice should be disseminated widely.

The Scrutiny Panel discovered some really good work delivered by committed and enthusiastic teachers and youth workers. It was noted however, that in general there was recognition that the delivery of sex and relationship education needs to improve and the appointment of a Sex and Relationship Adviser is an example of the proactive approach that the Authority is beginning to take. This report contains many recommendations that if adopted and implemented should help improve the successful delivery of sex and relationship education. Panel members felt however, that an emphasis should be placed on the importance of relationships and I know that this view is shared by those working in this area. Panel members also felt strongly that there were many pressures upon young people to have an early experience of sexual activity and that they need to be equipped to make the right decision for them at the most appropriate time.

A recurrent theme during the review was the affect of alcohol and another key message was the need to be aware of the consequences of alcohol misuse. The need to link into the Drugs and Alcohol Strategy has been recognised by the Teenage Pregnancy Partnership and this is being followed through.

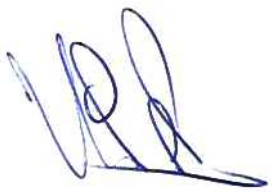
The Panel worked with young mothers from the Young Parents' Group organised by Connexions and could not fail to be impressed by the way, with some positive and practical support, they had taken control of their own lives. We would commend this support and wish those who worked with us every success for the future.

The Panel found that with sufficient support with any housing and child care issues that they may have, young parents can successfully access opportunities for education, training and employment.

The successful completion of this review would not have been possible without the assistance of many people, the Teenage Pregnancy Strategy Manager, the Young Parents' Group, the Youth Service, the Primary Care Trust, Tameside Connexions and the PSHE Co-ordinators and SRE teachers in Tameside schools. The Panel will be publishing a young people friendly version of this report that will be produced with the help of a group of young people. It will be widely disseminated in a number of formats.

I would like to personally acknowledge the hard work and commitment of Scrutiny Support who organised and undertook the extensive and innovative consultation and research without which this review would not have been possible.

Finally, I must thank the most important people of all, the young people of Tameside, who participated in this review in their hundreds and hopefully will be the main beneficiaries of this report.



Councillor Vincent Ricci
Chair of Lifelong Learning and Cultural Services Scrutiny Panel

2. Summary

This review reports on the efforts being made to prevent teenage pregnancy and to support teenage parents.

The Scrutiny Panel considered the views of key stakeholders including young people and young mothers as well as those responsible for delivering Sex and Relationship Education both in and outside of schools, providers of young people's sexual health and advice services, and those responsible for providing support to young parents.

The Panel found that Tameside, alongside the borough's statistical neighbours and neighbours in the North West region, is unlikely to meet the government's target to half the rate of teenage conceptions by 2010. Support to young mothers has improved and an increasing numbers are being helped to continue education, training or employment.

Sex and Relationship Education in schools is not compulsory. The level of provision is determined by how far individual schools consider this a priority area and the extent to which schools have the resources to deliver effective Sex and Relationship Education. The Panel recognises that schools can feel under pressure to tackle society's biggest issues without having the necessary resources. Whilst there are examples of good practice in Tameside in delivering Sex and Relationship Education in schools, the Panel concluded that this work is not widespread and young people across the borough are not receiving a standard level and quality of Sex and Relationship Education. In its report, the Scrutiny Panel has attempted to offer suggestions to help schools overcome the main constraints of time and lack of skilled teachers. These suggestions focus on the sharing of best practice and the delivery and organisation of Sex and Relationship Education based on clusters of schools.

The Panel feels that this issue would benefit greatly from better partnerships between schools and parents in order for a consistent message to be delivered both at school and in the home. These partnerships would depend on the involvement of school governors which at present appears to be minimal.

One of the strongest messages to come from young people was that whilst they may have the knowledge to keep themselves safe, putting this knowledge in to practice when faced with peer pressure (direct or perceived) and the influence of alcohol can be one of their biggest challenges. Young people say they would like more opportunities to discuss these issues and to be taught how to handle these situations should they arise.

Young people had clear ideas about how Sex and Relationship Education can be delivered effectively. These focus on the particular style of teaching and teachers ability to communicate with and gain the confidence and respect of young people. The Panel found that external providers can have this type of relationship with students more easily than permanent members of the teaching staff. The Panel found that the Balls

Project (a specialist Sex and Relationship Education project for young men run by the Youth Service) was an excellent example of how effective external providers can be.

The delivery of Sex and Relationship Education by Peer Educators who are also young mothers is expected to make an invaluable contribution to the provision of Sex and Relationship Education in schools and directly reflects the wish of many young people to be taught by people they can relate to and to learn about the realities of being a teenage parent. The Panel also sees a role for peer educators in the Youth Service and in the Young Parents' Groups whereby previous members of the group could provide peer support to new members.

There is increasing momentum around the provision of sexual health services for young people and providers are aware of continuing issues particularly around communication and marketing and consistency of provision.

The Panel is keen to ensure that schools actively support expectant parents (both mothers and fathers) in their continuing education including addressing bullying and enabling parents to meet their academic potential whilst meeting parenting needs.

The Young Parents' Group, run by Connexions Tameside, is providing excellent support to those young mothers the group can accommodate. Connexions is in contact with an increasing proportion of young mothers, and a greater proportion of these are accessing education, training or employment.

3. Membership Of Panel

Councillor V Ricci (Chair) Councillors Baines (Deputy Chair), A L Gwynne, P Harrison, W Harrison*, Highton, Meredith, Shepherd*, Warrington, Walsh, Welsby and Wild

Mrs S Marsh (Church of England)
Rev Father Walsh (Roman Catholic Church)
Mr Stephen Howse (Parent Governor)

Mr Paul Flindall (Advisory Group)

* denotes 2005/06

4. Terms Of Reference

The following Terms of Reference and objectives for the Review were approved by the Panel at its meeting held on 27th July 2004. A copy of the Panel's project plan is appended to this report as Appendix One.

Terms of Reference

" To review the extent of teenage pregnancy in Tameside, examining the Council's aims to reduce the number of conception rates of under 18's and assess the support available for school-age parents".

Objectives

A. To assess the rate of teenage pregnancy in Tameside and compare this with other local authorities, the national and European averages.

B. To examine the national and local aims for reducing teenage pregnancy for women under 18.

C. To produce information on teenage pregnancy in Tameside relating to demographics such as age profiles, levels of deprivation and the circumstances under which women below the age of 18 become pregnant.

D. To evaluate the Council's policies for preventing teenage pregnancy and consider Sex and Relationship Education within Tameside schools.

E. To evaluate the support available for teenage parents to return to education, training or employment.

5. Background

5.1 In June 1999, the Prime Minister, by Command of her Majesty, presented to Parliament a Report on "Teenage Pregnancy" drafted by the Government's Social Exclusion Unit (referred to as "SEU" hereafter). The report highlighted the factors which put young people at risk of becoming teenage parents and attempted to explain the UK's experience. The report also explained why this is such an important issue by describing the impact it has on the lives of young people and children born to teenage parents.

5.2 Following the report by the Social Exclusion Unit, the Government launched the Teenage Pregnancy Strategy. The strategy focused on the achievement of two targets:

- To reduce the rate of teenage conceptions, with the specific aim of halving the rate of conceptions among under 18's by 2010 and establish a firm downward trend for the under 16 rate.
- To increase the participation of teenage parents in education, training or work, and to reduce the risk of long-term social exclusion for teenage parents.

5.3 A downward trend for conceptions to under 16 year olds (those aged 13-15) had been evident in Tameside for some years and local rates are in line with the English average.

5.4 However, the extent of teenage pregnancy in Tameside for girls under 18 (those aged 15-17) reveals a more negative trend. The Government's national target is to halve the under-18 conception rate by 2010, with an interim target of a 15% reduction by 2004. Meeting the 2004 target will require a significant improvement in Tameside.

5.5 Tameside launched the local Teenage Pregnancy Strategy in 2001, based on local priorities.

5.6 Teenage pregnancy is also a key priority in the borough's Community Strategy and Social Inclusion Plan.

5.7 The Cabinet Deputy for Lifelong Learning suggested that the Scrutiny Panel consider the issue of teenage pregnancy during 2004/2005 with a particular focus on the effectiveness of Sex and Relationship Education in Schools and access to education, training and employment for teenage parents.

6. Methodology

6.1 The Panel met with the Tameside Teenage Pregnancy Strategy Manager who updated members on the progress of the Teenage Pregnancy Strategy and explained Tameside's position in relation to comparators.

6.2 The Panel received information on Sex and Relationship Education (referred to as "SRE" hereafter) in school, delivered in science lessons as part of the national curriculum and separate non-compulsory Personal Social and Health Education lessons.

6.3 The Panel met with the SRE Advisor to discuss the quantity and quality of Sex and Relationship Education in Tameside schools, including specialist teacher training.

6.4 The Panel met with the Regional Teenage Pregnancy Co-ordinator to discuss identified areas of weakness within the Tameside Teenage Pregnancy Strategy.

6.5 The Panel addressed areas of weakness identified by the Regional Co-ordinator with the Teenage Pregnancy Strategy Manager and Head of Education Partnerships.

6.6 The Panel received information about best practice in other local authorities.

6.7 Roman Catholic School Head Teachers provided information on the approach to SRE in their schools.

6.8 The Panel met with the Head of the Youth Service and Youth Officer responsible for the 'Balls Project' who provided information on the project and Young People Friendly Health Clinics ('SAFE' clinics).

6.9 Officers from the Scrutiny Support Unit interviewed officers from the Youth Offending Team to discuss teenage pregnancy in relation to Young Offenders.

6.10 The Panel received information on the approach in Holland, where levels of teenage pregnancy are much lower than in the United Kingdom.

6.11 The Panel met with young mothers attending a Young Parents' Group, in order to understand their experiences and to hear their views on how pregnancy could have been avoided.

6.12 A Senior Scrutiny Support Officer met with officers from the Leaving Care Team to discuss issues for Looked After Children in relation to teenage pregnancy.

6.13 The Panel met with the Teenage Pregnancy Reintegration Officer, the Personal Advisor for Young People, (Connexions) and the Young Parents' Floating Support Worker, (West Pennine Housing Association) to discuss support to young parents, the involvement of Connexions staff with pregnant teenagers and the support that was provided, including support with termination arrangements.

6.14 Members of the Scrutiny Panel visited Bridgeway Pupil Referral Unit to learn about educational support to pregnant teenagers and young parents of school age.

6.15 Members of the Scrutiny Panel attended a school governor training session on Sex and Relationship Education.

6.16 Members of the Panel visited Oldham's Brook centre to assess a peer education project delivered by young parents.

6.17 Officers from the Scrutiny Support Unit interviewed the Deputy Director of Public Health from the Primary Care Trust to discuss sexual health services for young people in Tameside.

6.18 The Connexions Manager for Connexions Tameside met with officers from the Scrutiny Support Unit to provide information of the role of Connexions in preventing teenage pregnancy and supporting teenage parents.

6.19 Questionnaires were distributed to all school governors in Tameside via the school governor newsletter seeking views on their knowledge and involvement with the development of sex education in their schools.

6.20 Representatives of the Scrutiny Support Unit attended a meeting of the Tameside Association of Secondary Head Teachers to discuss SRE provision in schools, barriers to provision and opportunities for improvement.

6.21 Discussion groups were held with Year 10 pupils in Tameside schools. The discussion groups aimed to seek the views of young people on the current provision of sex and relationship education within their schools.

6.22 Parents were consulted through the Citizens' Panel in order to gauge their involvement with their children's knowledge of sex and relationships and views on SRE in schools.

6.23 Young people in Tameside were surveyed via a questionnaire which was distributed via Personal, Social and Health Education (PSHE) teachers in all Tameside secondary schools for completion by Year 9 and 10 pupils.

6.24 Discussion groups were held with young people with disabilities to ascertain the support received to prevent early pregnancy.

6.25 A questionnaire was sent to all PSHE Coordinators in Tameside which sought information on the current practice in their schools, constraints on PSHE and SRE teaching, and suggestions for improvement.

6.26 A Young People's Conference was held as the culmination of the study. The conference involved in excess of 100 young people who discussed the results of research and consultation and were given the opportunity to feedback findings of the review and put questions to a panel comprising the Cabinet Deputies responsible, the Executive Director for Children and Young People, Head of the Youth Service and the Deputy Director of Public Health, and the Teenage Pregnancy Strategy Manager.

6.27 Full details of the consultation undertaken can be found in the consultation report appended to this report as Appendix Two.

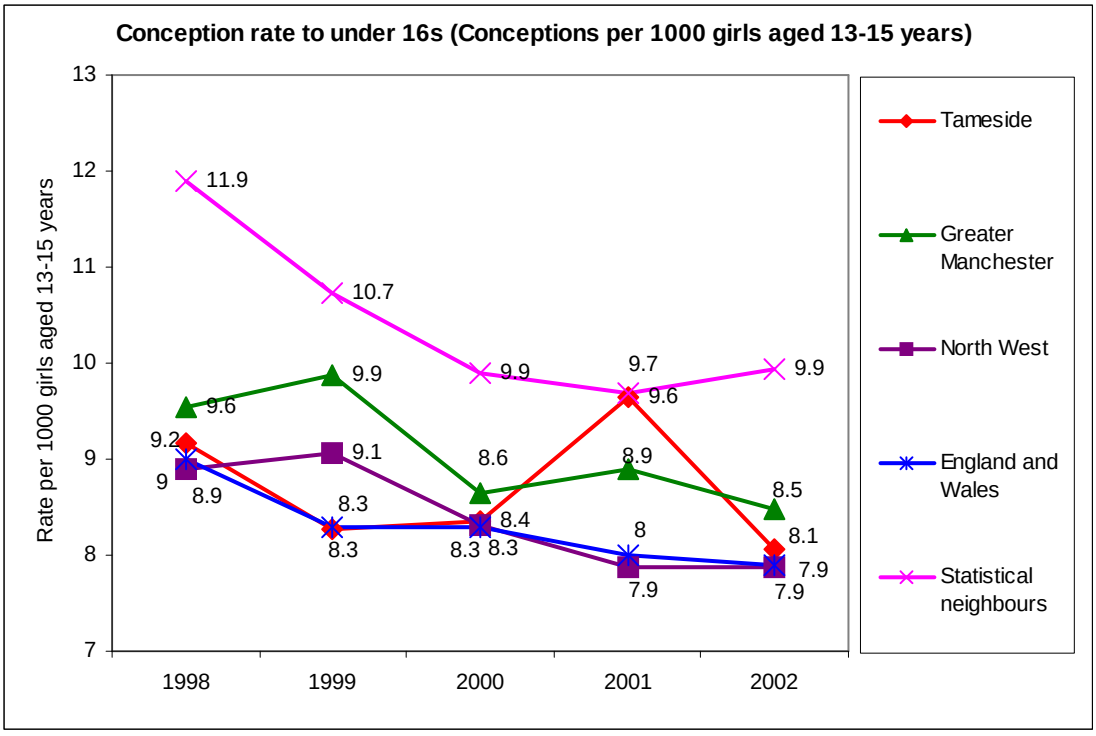
7. Teenage Pregnancy In Tameside

7.1 Official conception rates are published by the Teenage Pregnancy Unit. Due to the time taken to collect, process and verify data, the most up to date figures are always two years old.

Conceptions to under 16 year olds (girls aged 13-15 years)

7.2 The Government's aim for conceptions to under 16s is to establish a strong downward trend by 2010. Tameside has been achieving a downward trend for some years prior to 1998 and local rates are now in line with the national average (see chart below). For the period 1992-94 the Tameside rate was on average nearly 6 points higher than the national average, it is now less than one point higher.

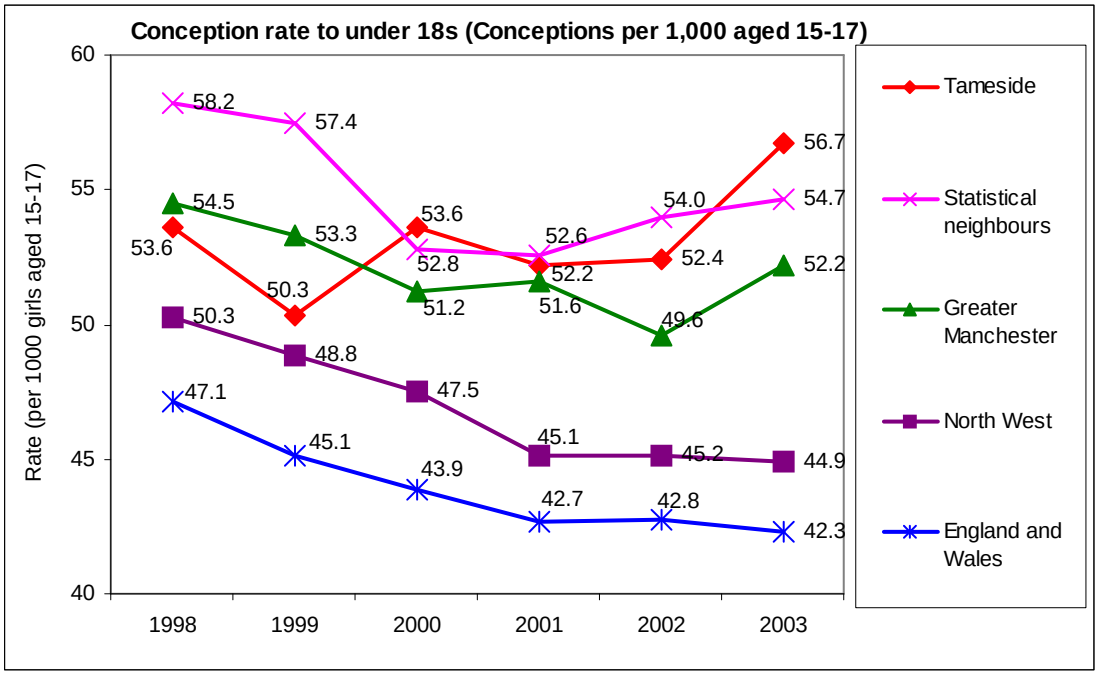
7.3 Tameside has the 2nd lowest conception rate to under 16s amongst its statistical neighbours.



Conceptions to under 18 year olds (girls aged 15-17 years)

7.4 The conception rate in Tameside to girls aged 15-17 is higher than the average for Greater Manchester, the North West, England and Wales and for the borough's statistical neighbours (see chart below).

7.5 Conception rates for England and Wales and the North West have been falling whilst rates in Tameside have been increasing since 1999.



7.6 The Government's national target, set in 1998, is to halve under 18 conception rates by 2010 with an interim reduction of 15% by 2004. For Tameside, this means reducing conception rates to 46 per 1000 girls aged 15-17 by 2004.

7.7 Overall, since 1998 Tameside has seen a 3 point increase in conception rates to under 18s. If Tameside is to achieve the interim target, conception rates must fall by a further 10 points between 2003 and 2004.

7.8 In Tameside between 2002 and 2003 the actual number of conceptions increased, as well as the rate per 1,000 girls aged 15-17.

Live births

7.9 The Office for National Statistics produces figures for live births by the age of the mother. The table below is taken from the Tameside Quality of Life Report (2005). This is only an indication of the number of teenage mothers every year as the age breakdown is slightly different for each year and for some parents this may not be their first birth.

	Tameside Live Births by Age of Mother			Under 20 Total
	11-15 years	16 years	17-19 years	
1996	14	31	226	271
1997	6	29	239	274
1998	6	15	249	270
1999	8	25	252	285
2000	10	75 (16-17 years)	174 (18-19 years)	259
2001	5 (Under 16)	62 (16-17 years)	174 (18-19 years)	241
2002	73 (under 18 years)		176 (18-19 years)	249
2003	66 (under 18 years)		170 (18-19 years)	236

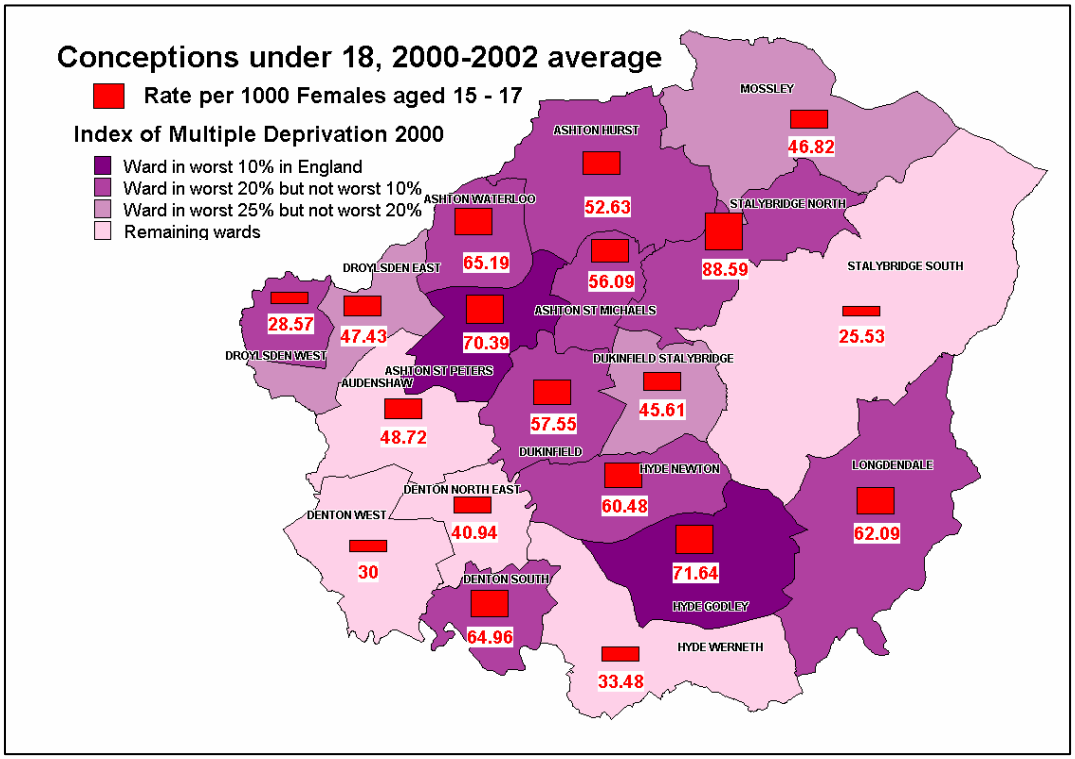
7.10 The estimate from the Department for Health for the number of mothers (up to and including 18 year olds) in Tameside in 2005 is 214, no increase from 2004.

Ward inequalities

7.11 Information about conceptions for under 18s (15-17 year olds) at ward level is contained in the Tameside Quality of Life Report 2005. Figures for the actual number of conceptions in 2000-2002 have been combined with the population data from the 2001 Census to allow for a conception rate to be calculated. Nationally a correlation is shown between levels of teenage conception and deprivation. The 2000 Index of Multiple Deprivation is shown here for context, as the 2004 Index in not published at ward level

7.12 The chart below from the Tameside Quality of Life Report (2205) shows that, overall, the areas with the most deprivation have higher conception rates than less deprived areas. According to these figures, eight wards have conception rates higher than the borough rate of 56.7 per 1000. These are:

Ward	Rate per 1000	Position on Index of Multiple Deprivation
Stalybridge North	88.59	Worst 20% but not worst 10%
Ashton St Peters	70.39	Worst 10%
Hyde Godley	71.64	Worst 10%
Ashton Waterloo	65.19	Worst 20% but not worst 10%
Denton South	64.96	Worst 20% but not worst 10%
Longdendale	62.09	Worst 20% but not worst 10%
Hyde Newton	60.48	Worst 20% but not worst 10%
Dukinfield	57.55	Worst 20% but not worst 10%



Conclusions

1. It is unfortunate that there is always a two year time lag in the official teenage pregnancy statistics. This means that the impact on conception rates of projects and initiatives aimed at prevention cannot be measured for two years.

2. It seems very unlikely that Tameside will meet the interim target of a 15% reduction in the rate of conceptions to under 18s by 2004 (the data for which is available in 2006). However, this mirrors the experience of statistical neighbours and the North West as a whole.

Recommendations

1. That the attention of the Secretary of State for Health be drawn to the difficulties caused by the two year time lag in the official teenage pregnancy statistics which makes it impossible to effectively measure the outcome of initiatives.

2. That the Teenage Pregnancy Partnership ensure that it is confident that there are sufficient local information systems in place for recording conceptions and live births to teenagers.

3. That additional emphasis be placed on the need to reduce teenage conceptions and that a clear message be sent to all partners with a role to play.

8. Addressing The Causes Of Teenage Pregnancy

The Scrutiny Panel considered the causes of teenage pregnancy in order to better understand the issues and carry out an informed evaluation of current policies in Tameside. As mentioned above, the national Teenage Pregnancy Strategy was developed out the Social Exclusion Unit's report on Teenage Pregnancy in 1999. The Scrutiny Panel considered the findings of this report and also considered local information provided by professionals, young people, parents and teenage parents.

8.1 Vulnerable groups

8.1.1 The SEU's report outlined the factors which can put young people at higher risk of becoming a teenage parent. These include being from a deprived area, being in care, being from an ethnic minority group, having mental health difficulties and being involved in crime.

8.1.2 Tameside's Teenage Pregnancy Strategy includes actions which focus on our more vulnerable young people including young people in the

borough's most deprived areas, young people in care, young offenders, and pupils attending Pupil Referral Units.

8.2 Deprived areas

8.2.1 Nationally, there is a correlation between levels of deprivation and levels of teenage pregnancy. The Teenage Pregnancy Strategy Manager, in discussion with the Scrutiny Panel, explained that Tameside's teenage pregnancy conception rates are proportional to the level of deprivation in the borough.

8.2.2 As shown above, seven wards have a higher conception rate than the borough rate.

8.2.3 The Panel was informed that the Teenage Pregnancy Partnership has identified a number of wards as hotspots for teenage pregnancy and initiatives are being particularly targeted in these areas.

8.3 Looked After Children

8.3.1 The Social Exclusion Unit report found that young people in care and those recently leaving care were at greater risk of becoming teenage parents.

8.3.2 Ensuring Looked After Children receive effective SRE was a priority for the Teenage Pregnancy Partnership in 2004/05. On behalf of the Scrutiny Panel, a Scrutiny Support Officer met with officers supporting young people leaving care.

8.3.3 There are currently around 130 young people aged 16-21 who are 'leaving care' and qualify for continuing support by the Council throughout their transition under the Children (Leaving Care) Act 2000.

8.3.4 Sexual health and relationships form a big part of each care leaver's 'pathway' plan and the support provided by their individual personal advisor.

8.3.5 Actions relating to Looked After Children (referred to as "LAC" hereafter) in the Teenage Pregnancy Strategy (to introduce an SRE policy and provide training to foster carers) are both complete.

8.3.6 The Looked After Children team carry out the following activities around sexual health and relationships:

- Foster Carer training – there is a rolling programme of SRE training for foster carers to prepare them for the responsibilities of educating young people in their care. Some young people (especially teenage boys) may have had little or no SRE prior to being fostered and can display some more extreme behaviour that foster carers need to be prepared for.

- Health assessments were extended to include 16-18 year olds two years ago by the Leaving Care Team – every Looked After child has an annual health check. Attendance at health checks used to be poor but the LAC nurse and Social Care and Health Team work hard to ensure attendance at the clinic (including payment of £35). Health assessments are carried out by school nurses for under 16 year olds.
- Group work – previous sessions included 'Men Behaving Badly' about the importance of using contraception.
- Calendar of healthy living activities in care homes – in October the theme will be Sex and Relationships.
- Looked after children attending schools will receive some SRE (this is especially important for those LAC with additional needs who attend Special Schools, particularly boys).
- LAC Nurse based at New Century House, Windmill Lane, Denton, provides specialist support for children in care around sexual health.

8.3.7 The Looked After Children team feel that progress has been made in this area:

- In the past more girls stopped taking the contraceptive pill age 17-18 because they make a decision that they either want the family they feel they had not had themselves, they feel it would help them find accommodation, they believe that they are 'grown-up', or they want the attention that being a mother brings. Care leavers are also entitled to claim benefits before they are 18 that would normally only be available post 18. Although it still occasionally happens, the team has seen a decline in this pattern of behaviour in recent years.
- Sexually Transmitted Infections are rare amongst LAC and recent care leavers, especially amongst boys.
- There are only a small number of terminations.
- Few care leavers are currently fathers (at the time of this review only one is known to have a family).

8.3.8 The team does however feel that further improvements could be made to improve sexual health services to LAC:

- The Crickets Lane Clinic in Ashton-under-Lyne is the borough's centre for sexual health. The clinic used to be more proactive but the LAC service has not had any communication with them for some time
- Although Officers feel that this area is well managed and less of concern than previous years, it is felt that the service would benefit from a full time Health Worker for LAC.

8.4 Young Offenders

8.4.1 Information presented in the Social Exclusion Unit's report showed that young people involved in crime or are known to the police are more likely to become teenage parents. The report estimated that around a quarter of 11,000 prisoners in Young Offenders Institutions were fathers.

8.4.2 Information was also received from the Operational Manager at the Youth Offending Team (referred to as "YOT" hereafter) and the Education Welfare Officer (Children's Fund Parenting Worker) attached to the YOT.

8.4.3 There are around 550 young offenders currently attached to the YOT with sanctions ranging from prison to final warnings. The average age of the young offenders is 15-16. The minimum age of criminal responsibility is 10. There are around 15 young offenders aged 10 to 11 attached to the YOT. In the last two years, 75 young offenders have been through the Youth Offending Team programme. Offenders are usually attached to the YOT for 10 months. The ratio of male to female young offenders is 8 to 1. YOT staff were not aware of how many of their male young offenders were fathers.

8.4.4 Actions in the Teenage Pregnancy Strategy relating to the YOT include effective delivery of Sex and Relationship Education to all young people in non-school setting including YOT, Pupil Referral Units and Looked After Children, and ensuring all PRUs, YOTs and services to LAC have a policy on SRE. Progress against these actions is unclear and the Operational Officer was new to the post and was unsure if the YOT has an SRE policy.

8.4.5 Previously the YOT had worked with the Balls Project to deliver SRE to young people on the programme. Recently, staffing issues had meant that this area has not been prioritised for some time. However, these issues have now been resolved and it is likely that the Balls Project will be asked to visit the YOT again in the near future.

8.4.6 The YOT and Youth Service have tried to develop an SRE project for young sex offenders but as this is a very specialist area it was felt that this could not be carried out by the Youth Service. These offenders also have Special Educational Needs. The YOT has continued to provide one-to-one rehabilitation for these young people.

8.4.7 YOT staff find that most young offenders miss out on SRE in mainstream schools as they often truant from these lessons and many do not attend school after the age of 12.

8.4.8 Anecdotally, the health visitor attached to the Youth Offending Team is concerned that these young people are putting themselves at more risk of becoming young parents or contracting sexually transmitted infections because of their attitude to contraception.

8.4.9 Around 5 years ago three projects were developed by Tameside YOT and a number of agencies including the Council, the PCT and schools.

- 'Surviving Teenagers' is primarily for parents of at risk teenagers identified by anti-social behaviour, low educational attendance and attainment and referred to the scheme by the YOT, Education Welfare Service, and Social Services. The programme is also open to any parents as well as those referred to the project although take-up has been very low for self-referrals. This project is currently being evaluated.
- Advance preparation for 'crying babies' for at risk 13 and 14 year old pupils (male and female); delivered in PSHE lessons to prepare pupils properly for their 'crying babies' (previously pupils had handed the babies over to the family).
- 'Crying Babies' scheme in which teenagers are given 'virtual babies' which simulate some of the behaviour of newborn babies.

8.4.10 The Education Welfare Officer is still involved in the 'Surviving Teenagers' project and would like to expand it by inviting guest speakers but resources are not available. The Education Welfare Officer was not aware of the 'Speak Easy' project being piloted with parents in one of Tameside's SureStart areas (see 8.10.16).

8.4.11 The Operational Manager cited the good work being carried out in Wigan by Youth Workers and Brook visiting young men in prison.

8.4.12 The priority for the YOT is the young offender's rehabilitation – not sexual health and sexuality. Sexual health and relationships are generally only a focus for sex offenders.

8.5 Young People attending Pupil Referral Unit

8.5.1 Effective delivery of Sex and Relationship Education to young people in Pupil Referral Units, as well as mainstream schools, was a priority for the Teenage Pregnancy Partnership in 2004/05.

8.5.2 Pupil Referral Units provide part time alternative education provision for a range of young people who are unable to attend school due to illness, behavioural difficulties or pregnancy.

8.5.3 There are three Pupil Referral Units in Tameside:

- Bridgeway Pupil Referral Unit, Dukinfield
- Ashton Pupil Referral Unit
- Hyde Pupil Referral Unit

8.5.4 All three of Tameside's PRUs are now part of the Healthy Schools Scheme. To achieve the Healthy Schools Standard, the PRUs must provide evidence of effective SRE provision.

8.5.5 The Pupil Referral Units use the model SRE policy development by the Sex and Relationship Advisory Teacher which aims to standardise SRE across the borough (more information about the model policy is available at 10.3.7).

8.6 Young people from black and minority ethnic groups (BME)

8.6.1 The Tameside Strategy also aims to ensure Sex and Relationship Education takes into account the needs of BME students and that young people from the BME community are aware of contraceptive services.

8.6.2 Anecdotal evidence from the Head Teacher at Droylsden High School for Girls suggests that parents from ethnic minority groups rarely choose to withdraw their children from SRE classes. Parents from the Jehovah's Witness religion had withdrawn children from some lessons.

8.6.3 In consultation with BME students involved in the discussion groups were as likely, or unlikely, to talk to their parents as their white peers.

8.6.4 In addition to SRE provision in schools, between June 2003 and September 2004, the Balls Project, based in the Youth Service and providing specialist SRE to boys and young men, has carried out sessions in a number of Tameside schools including Hartshead High School, Stamford High School (both in Ashton-under-Lyne), and Hyde Technology School which all have a higher proportion of BME students than other schools in Tameside.

8.6.5 Just under 6% of the total population of Tameside is from an ethnic minority group. Recent Ofsted reports for these schools report that between 12% and 25% of pupils at these schools are from BME communities. According to the 2001 Census, Ashton wards all have a BME population of between 9% and 22% of the ward population; Hyde wards have a BME population of between 3% and 14% of the ward population.

8.6.6 The Balls Project also delivered three sessions at the Indian Community Centre, Ashton-under-Lyne, in the same period.

8.7 Young People with Disabilities

8.7.1 In 2001, the Teenage Pregnancy Partnership identified work with young people with learning difficulties as an area of weakness which needed further co-ordination and development.

8.7.2 Consultation carried out on behalf of the Scrutiny Panel at the Disabled Young People's Youth Club found that young people were well informed about sexual health issues and had well established and mature views on sex and relationships.

8.7.3 Young people were very knowledgeable about contraception, sexually transmitted infections, the impact of teenage parenthood, and sources of information and advice. A lot of this information had been given to them at the Youth Club.

8.7.4 Young people who are disabled had similarly mixed experiences of sex and relationship education in schools to those of pupils in mainstream schools. Some thought lessons had been effective, particularly those lessons which included photographs of the symptoms of STIs and lessons which used a quiz as a teaching aid. Some of the girls thought that lessons had been 'boring' and felt that the teacher was not comfortable with teaching SRE.

8.7.5 The young people were particularly pleased with the information they received at the Youth Club about sex and relationships. The Balls Project had delivered a session to the boys group which they were extremely positive about. The girls had enjoyed the information sessions they had had at the Youth Club and many found it preferable to lessons in school and felt that they were getting enough information about sexual health and relationships.

8.8 Alcohol and peer pressure

8.8.1 Throughout the consultation for this review, one consistent message heard from young people and young parents was the role that alcohol and peer pressure played in motivating sexual activity and increasing the risk of teenage pregnancy.

8.8.2 Part of the discussion between Scrutiny Panel Members and young women from the Young Parents' Group focused on the background to their pregnancy. The majority of the young women said that alcohol was linked to their becoming pregnant.

8.8.3 When Panel Members visited the Bridgeway Pupil Referral Unit, staff explained that it is estimated that around 70% of teenage pregnancies are linked to alcohol consumption and that this is reflected in the experiences of Bridgeway pupils who are young parents.

8.8.4 In each discussion group with Year 10 students in schools, pupils were asked what they felt to be the main reasons young people have sex and sometimes become teenage parents. By far the biggest reasons mentioned were alcohol and peer pressure. Pupils talked about the effect of alcohol on inhibitions and risk taking. Groups felt that peer pressure, from both the same and the opposite sex, can be direct, but often young people have a perception that they should be sexually active in order to 'fit in'.

8.8.5 Young people consulted in the discussion groups were very knowledgeable about sexual health issues and many had very mature and developed attitudes. However, participants were concerned that for

many young people putting this knowledge into practice can be a challenge when alcohol and direct or perceived pressure is involved.

8.8.6 In the survey with Year 9 and 10 pupils, the top two reasons pupils thought girls start to have sex is because of pressure from partners and being under the influence of alcohol. The top two reasons young people thought boys start to have sex is pressure from friends and being under the influence of alcohol.

8.8.7 At the Young People's Conference participants also cited alcohol and peer pressure as explanations for sexual activity and increasing the risk of pregnancy, alongside lack of and poor sex education, lack of free, easily available contraception, and the desire to experience sex.

8.8.8 The Scrutiny Panel met with the Alcohol Co-ordinator, Advisory Teacher for Drug and Alcohol Education, Teenage Pregnancy Strategy Manager and the Advisory Teacher for Sex and Relationship Education to discuss links between alcohol and drug consumption and teenage pregnancy.

8.8.9 Joint work which addresses teenage pregnancy and alcohol misuse has been emerging. It is recognised that there is a need to build on the examples of good practice and strengthen the message about the links between alcohol misuse and teenage pregnancy.

8.8.10 The Advisory Teacher for Drug and Alcohol Education provided the Scrutiny Panel with information about the level of alcohol consumption amongst young people. Nationally the number of young people drinking has not changed since the late 80's however young people are drinking larger amounts and more often.

8.8.11 The latest Tameside Young People's Survey in 2003 found that 50% of young people drink alcohol at least once a week or more frequently. However, another study carried out by the Advisory Teacher for Drug and Alcohol Education and with more pupils found that just over a quarter (27%) of young people said they drank at least once a week or more, with 57% saying they only drank at weekends and 16% said they never drank alcohol.

8.8.12 In a report to the Scrutiny Panel, the Teenage Pregnancy Strategy Manager explained that every secondary school in Tameside includes alcohol awareness and education in their PSHE curriculum at Key Stage 3 and 4. OFSTED evaluates each school's curriculum for the inclusion of SRE with reference to alcohol and drug misuse.

8.8.13 The main role of the Advisory Teacher for Drug and Alcohol Education is to advise teachers on the two key targets of reducing drug use and reducing alcohol harm.

8.8.14 The Advisory Teacher had also been directly involved in the work carried out in schools in December 2004 as part of the borough-wide 'Think Safe, Drink Safe' campaign.

8.8.15 This school-based work involved a series of targeted 'one-off' presentations to Year 10 and 11 pupils on the effects of alcohol consumption including unprotected sex and the consequences, alcohol and cars, alcohol related crime and legal consequences, impact on health, risk of accidents and assaults, and attitudes towards alcohol. The Scrutiny Panel was informed that some schools have asked for these presentations to be repeated and it is expected that the programme will include even more schools.

8.8.16 In these sessions students considered the effects of alcohol including how they appear to their friends, since feeling embarrassed in front of friends has been found to deter excessive alcohol consumption. The Advisory Teacher found that young people in these sessions said they find themselves much more intoxicated than they would have wished.

8.8.17 Other initiatives in 2005 around drug and alcohol awareness in secondary schools have included performances by a theatre group to Year 8 pupils in 10 schools of a play called 'Smashed' which explores alcohol related issues. Schools were provided with resources to build elements of the play in to subsequent PSHE lessons.

8.8.18 Every year 10 pupils are chosen from each secondary school and special school to take part in the 'It's Your Life' project, an activity day organised by Education, the Police, Branching Out (alcohol support service), the Fire Service and schools. Through workshops, drama and presentations from parents who have lost their children, participants learn about the consequences of drug and alcohol misuse.

8.8.19 At the time of this report the Advisory Teacher for Sex and Relationship Education was currently undertaking research with pupils who attended the Hyde Pupil Referral Unit. The research aimed to ascertain the risks young people would take including alcohol consumption.

8.8.20 Consultation on sex and relationship education, alcohol and drugs was required as part of the ethos of the Healthy Schools Scheme.

8.8.21 Although different services had previously been linked, it was reported that there was more focus on joint working with pooled resources.

8.8.22 In 2005, a pilot project called 'SAUCE' (Sex and Alcohol Under Close Examination) was piloted in one of the Pupil Referral Units with a view to rolling this out across all three PRUs.

8.8.23 Alcohol awareness and education has been introduced in primary schools to Year 5 and 6 pupils through a three-day cross-curricular arts project. Alcohol related themes are explored through arts activities

(including sessions from a theatre company, dance, music and ceramics), PSHE, literacy, numeracy, and design. Teachers are given training in advance of the three day project and the tools to continue these messages throughout and beyond the project.

8.8.24 The Alcohol Co-ordinator informed the Panel of the Tameside Alcohol Strategy, which had been published in November 2003, in conjunction with the Tameside and Glossop Primary Care Trust. She informed the Panel of the resultant Action Plan to address the needs of Tameside. A new strategy was currently being prepared to reflect new government requirements.

8.8.25 One of the four main areas of the Strategy included young people and aimed to promote alcohol awareness through both schools and targeted education, for example, the Youth Offending Team. Links have been made with the Teenage Pregnancy Strategy although it was agreed that there was more work to be done in this area.

8.8.26 It was reported that at present, success of initiatives was measured by conception rates and pupil response on lesson evaluation. However, more meaningful targets were to be introduced.

8.9 Young people's knowledge and attitudes

8.9.1 The Scrutiny Panel explored young people's knowledge and attitudes towards sex and relationships as a possible explanation for teenage pregnancy.

8.9.2 In the discussion groups with Year 10 pupils, the predominating opinion on the 'right' age to start having sexual intercourse was around 16 although they felt that it was a matter of choice and people develop at different rates.

8.9.3 In the survey to Year 9 and 10 pupils 56% of respondents agreed that "young people should be in a long term relationship before they have sex with someone" (23% disagreed, 15% did not know, and 7% gave no response). However, 18% agreed that young people are usually in a long-term relationship when they have sex (65% disagreed, 10% did not know, and 6% gave no response).

8.9.4 The Social Exclusion Unit's report found evidence from previous studies that whilst the average age of first sex in the UK is similar to other developed countries, the use of contraception is lower, as is the level of abortion. This may be part of the explanation for higher rates of conceptions and births to teenagers.

8.9.5 In discussion groups with young people in schools, participants knew a lot about contraception and sexually transmitted infections. Both boys and girls knew where condoms were available from (clinics, shops, and pub vending machines were mentioned) and what the different types of

contraception protected against. Groups also demonstrated knowledge of the different types of STIs and the risks of different types of sexual activity. From the discussion groups, it appeared that embarrassment and cost were the main inhibitors to young people going to clinics or shops for condoms rather than not knowing where they were available.

8.9.6 Two boys' groups expressed confusion over the ability to buy condoms under the age of 16 when the legal age for sexual intercourse is 16.

8.9.7 Young people completing the survey in schools demonstrated clear knowledge of contraception and STIs when presented with a series of statements and asked to judge if they were true or false.

8.9.8 Generally the view from young people in the discussion groups and results of the survey in schools show that young people think that both boys and girls should carry condoms if they were sexually active, although in the discussion groups it was seen as a particularly important that boys carry condoms.

8.9.9 Participants in the discussion groups (both boys and girls) felt that there was an issue over girls carrying condoms as being perceived (both by boys and other girls) as promiscuous and having a bad reputation. This could deter girls from carrying condoms.

8.9.10 Consultation with Year 9 and 10 pupils through the self-completion survey revealed that young people thought the top three reasons young people don't use contraception are "they haven't got any and don't want to wait", "they're drunk at the time and don't think about using it", and "they don't care about using it".

8.9.11 A lack of free, accessible contraception was one of the explanations for teenage pregnancy offered by young people consulted at the Young People's Conference and better access to contraception and sexual health services was offered as something that would 'definitely work' to help prevent teenage pregnancy.

8.9.12 At the conference, the possibility of condoms being available in schools was discussed and the question was posed to the panel of decision makers. The Assistant Director of Public Health replied that this was an area that is being considered and will require close consideration with all stakeholders.

8.9.13 In the discussion groups, Year 10 pupils also discussed the possibility of condoms being available in schools. Whilst pupils generally thought this was a good idea and would be easier than having to go to a shop or find a clinic, they were concerned that this may also encourage underage sex and had to be considered very carefully. Discreet provision to Year 10 and 11 with a discussion with the provider was one suggestion of how this could be done more carefully.

8.9.14 40% of Year 9 and 10 pupils surveyed in schools disagreed with the statement “being able to get contraception encourages young people to have sex too early” although a similar number agreed (36%); 17% did not know, and 7% gave no response.

8.9.15 In the survey 56% of pupils said “making contraception more easily available even to under 16s” would ‘probably work’, and 26% said it would ‘definitely work’ to prevent teenage pregnancy (joint second highest score with improved Sex and Relationship Education in schools). When asked what would ’work best’ this was the second most popular response (after giving young people a realistic idea of being a teenage parent).

8.9.16 In the discussion groups both girls and boys demonstrated awareness of the realities of being a teenage parent. Their views concentrated on the negative impact of being a young parent. Girls mentioned how it can “mess up your life” by reducing social life, experiencing post-natal depression, and the tendency for young parents to be lone parents. Boys noted the financial demands on being a father and limits on further education and access to training.

8.9.17 Boys’ knowledge of the realties of being a young parent varied. One boys’ group said that they had no information about the consequences of pregnancy; another group was aware of the risk to an unborn baby of the mother smoking or drinking alcohol.

8.9.18 All groups talked about the stereotype of a teenage parent (which some pupils believed and others were reflecting on society’s perception) that young mothers can be regarded as promiscuous and irresponsible and that young fathers are irresponsible and generally do not support the mother and child. Some female pupils however felt that it is a matter of choice and some young mothers are capable of raising a child.

8.9.19 Some young people at the conference also had a negative view of girls who become pregnant and used quite offensive language.

8.10 Learning about sex and relationships

8.10.1 The Social Exclusion Report found that those who learn about sex at school are less likely to become sexually active under 16 than those who learn about it purely from family and friends.

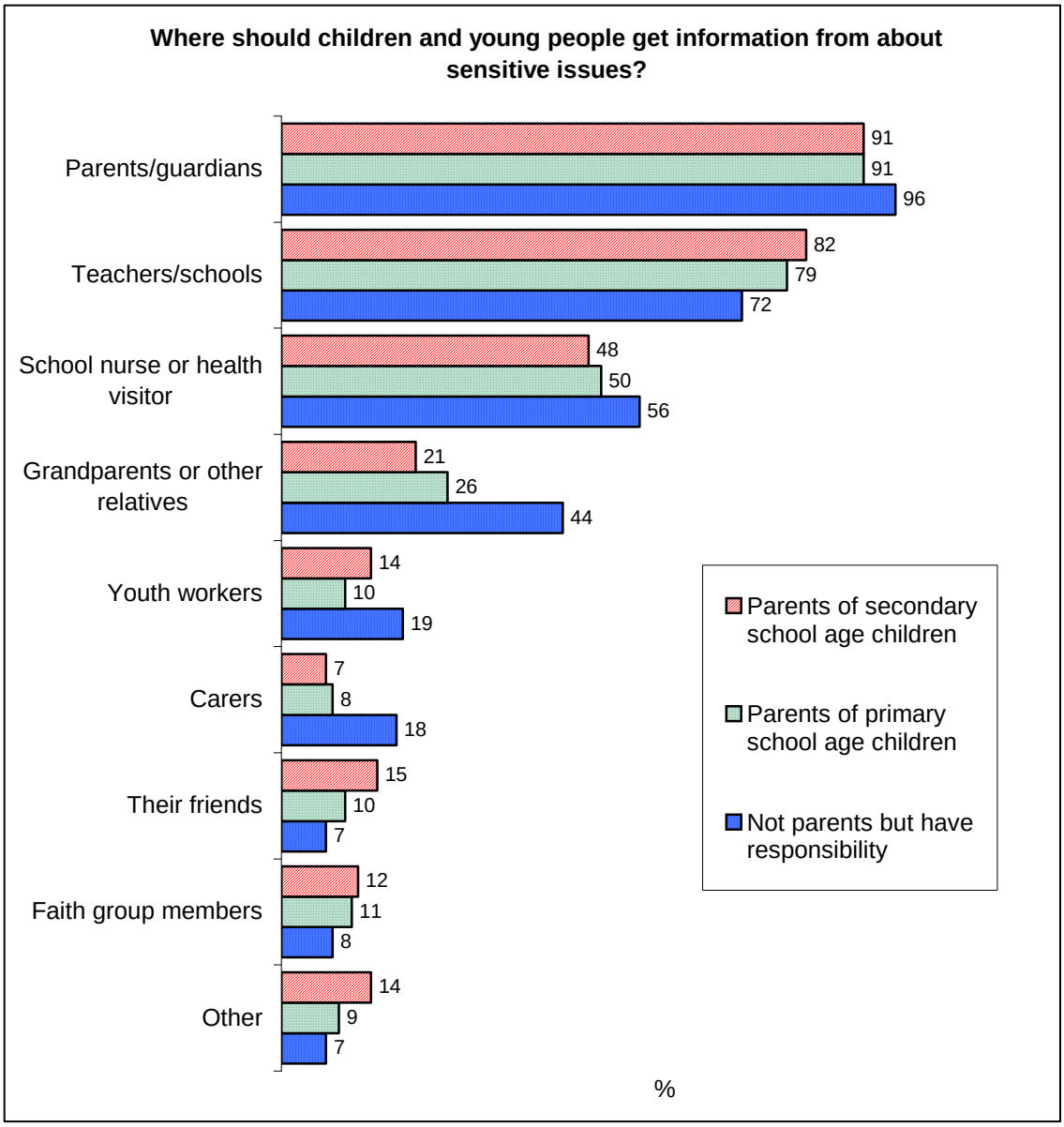
8.10.2 The Social Exclusion Unit’s report (and more recent reports) found that nationally sex education is often under resourced in schools in terms of time, teaching aids and teacher training.

8.10.3 SRE in Tameside schools was a major focus of this review and is dealt with fully in section 10 of this report.

8.10.4 The Scrutiny Panel also considered how far young people learn about sex and relationships at home.

8.10.5 The Scrutiny Panel consulted parents and those responsible for children (carers, grandparents etc) to establish their views on sex and relationship education and teenage pregnancy. The Panel received 432 replies to the survey.

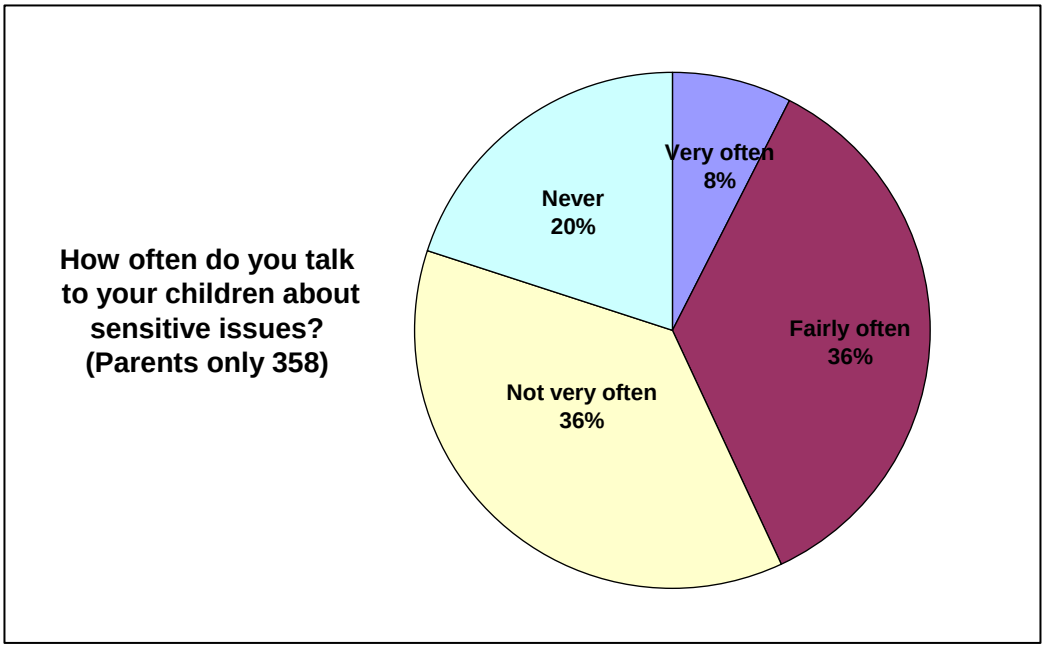
8.10.6 Parents and guardians feel that they are the most appropriate source of information. Citizens' Panel members were asked where they think children and young people should get information about sensitive issues relating to their sexual health and relationships. Even considering the differences between parents of primary or secondary school age children and those who are not parents but have responsibility, it is clear that the preference is for this information to come from parents or guardians; second choice being teachers in schools (see chart below).



8.10.7 Respondents were asked what they thought was the *best* place for children and young people to get information and advice about sensitive issues. Two thirds (66%) said parents/ guardians. One in five (21%) said teachers/ schools.

8.10.8 Although parents and guardians are by far the most preferred source of information, over two-thirds of panel members with responsibility for children and young people do not talk to them about sensitive issues.

8.10.9 Over half of parents say they never or do not often talk to their children about sensitive issues (see chart below).



8.10.10 Parents of secondary school age children are far more likely to talk about these issues (only 7% say never, compared with 33% of parents of primary school aged children who said they never talk to their children about sensitive issues).

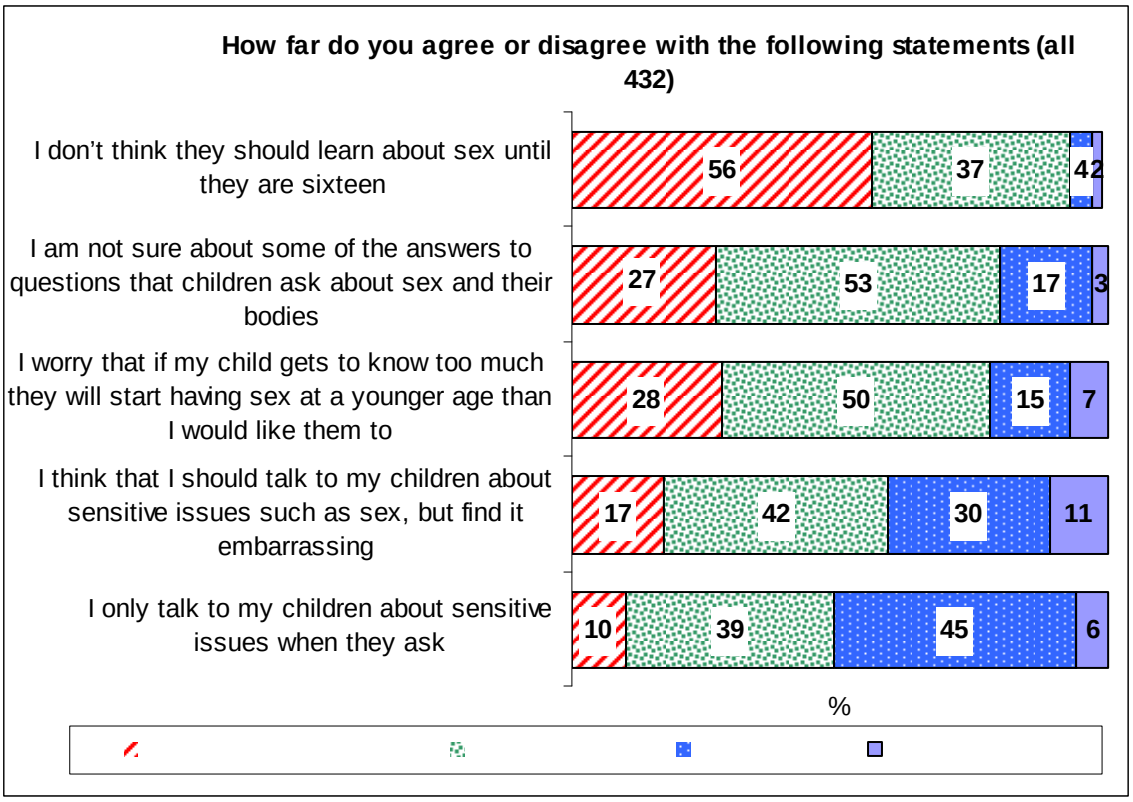
8.10.11 In the survey with Year 9 and 10 pupils in schools, 2 out of 3 said they never or don't very often talk to their parents about sex and relationships.

8.10.12 Parents were asked how far they agree or disagree with a series of statements (see chart below).

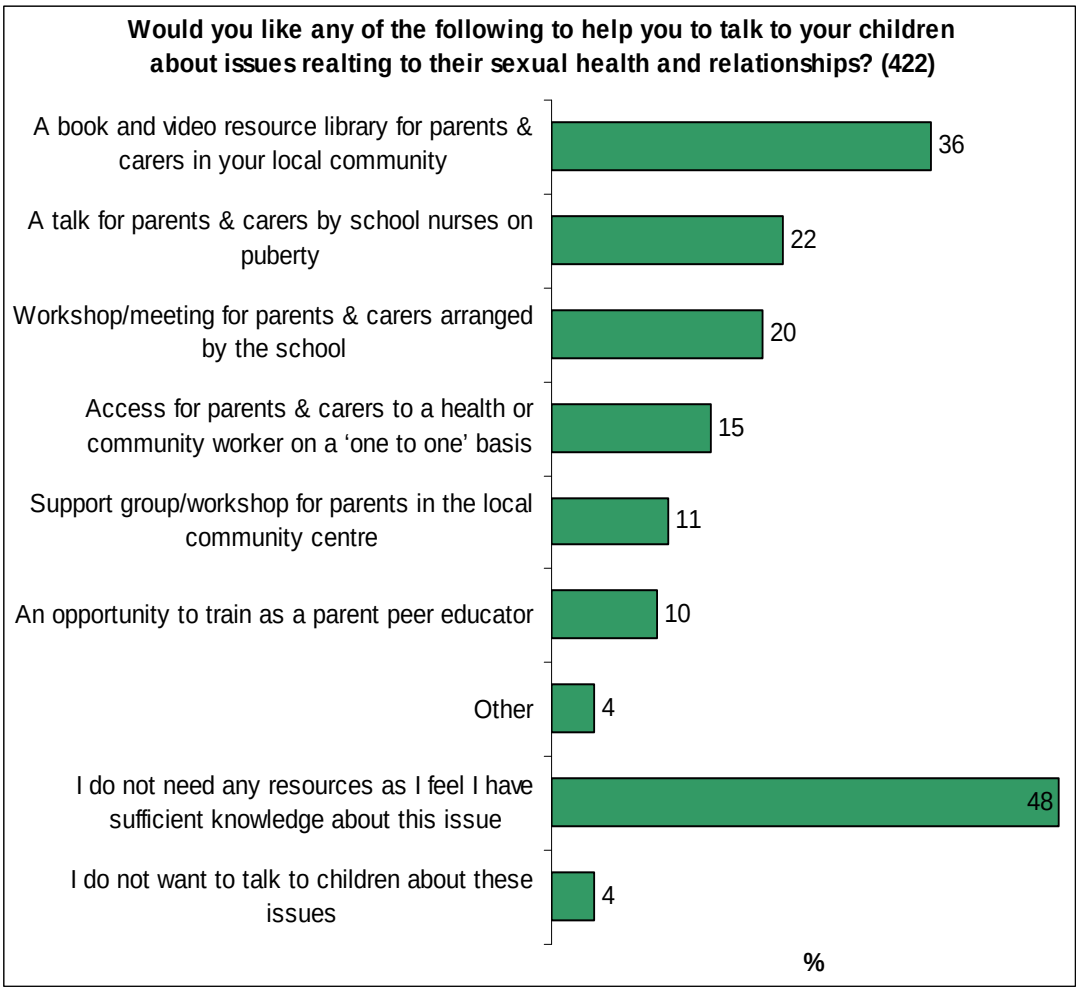
8.10.13 Although parents may not be proactive in talking to children about sensitive issues – half of respondents said they only talk to their children about sensitive issues when they ask – this is not generally because they are embarrassed or unable to answer these questions. Six out of ten disagreed with the statement "*I think that I should talk to my children*

about sensitive issues such as sex, but find it embarrassing" and only 2 out of 10 worry that they may not be able to answer questions their children have. Also, when asked what would help them talk to their children about sex and relationships, half said they already had sufficient knowledge.

8.10.14 Respondents also feel that young people should learn about sex and relationships and are not worried about the effect this may have. Eight out of ten parents are *not* worried that if their children know too much, their children will start having sex at a younger age than they would like (85% of parents of secondary school age children disagree with the statement, and 80% of parents of primary school age children disagree). The vast majority of those with responsibility for children/young people believe their children should be receiving information about sex before they are sixteen (95% of parents of secondary school age children and 92% of parents of primary school age children disagree with the statement).



8.10.15 The chart overleaf shows the resources respondents would like to help them talk to their children about sensitive issues. For those who earlier expressed uncertainty about knowing all of the answers to their children's questions about sex and their bodies, the top four resources would be a book and video resource library (39% of those who agreed with the appropriate statement say this would help), a talk on puberty given by school nurses (36%), access to a health or community worker (31%) and a workshop/meeting arranged by the school (31% also).



8.10.16 The Tameside Teenage Pregnancy Strategy recognises the potential contribution parents can make to preventing teenage pregnancy. The partnership is piloting a 'Speakeasy' project with parents through Sure Start programmes and Children's Centres. This project is aimed at providing parents with the skills they need to be able to talk to their children about sensitive issues. Another element of the project is to train parents to mentor other parents and so making the project self-sustainable.

8.10.17 The involvement of parents in school policies is dealt with in section 10.3 of this report.

8.10.18 Young people involved in the discussion groups talked about where they get information and advice about sexual health and relationships.

8.10.19 Most pupils mainly go to parents although this depends on the relationship they have with their parents. There was generally some level of embarrassment or apprehension about talking to parents because of the perceived negative response.

8.10.20 School was also seen as a major source of information and advice, especially where pupils had a trusted teacher they could easily approach for advice. Others were unwilling to talk to teachers in this context

because they would be embarrassed seeing them in school and they feel the teachers' opinion of them could change.

8.10.21 Pupils also got a lot of information and advice from friends, although they were aware that this might not always be the right or best information.

8.10.22 Few pupils in the discussion groups used clinics as a regular source of help and advice although most were aware of some form of health service (Family Planning Clinic, Young People's Information Shop, Connexions etc), but none were aware of the Young People Friendly Clinics across the borough. One school, however, was near a clinic which had a particular time set-aside just for students from the school to visit the clinic.

8.10.23 Many pupils mentioned that they would be too embarrassed to go to a clinic where staff may recognise them, where the atmosphere was intimidating, and because they were unsure how confidential the service would be. Most pupils said that clinics would probably be one of the last places they would go for help and advice.

8.10.24 Some groups mentioned the school nurse as a source of advice although the nurses are not in school very often.

8.10.25 Pupils also got a lot of information from the media and internet. Realistic TV dramas were felt to be useful because they demonstrated what could be involved in different situations including teenage pregnancy and young people contracting STIs. Pupils who favoured magazines and the internet said that this was because it was anonymous. Some pupils also mentioned using an anonymous helpline.

8.11 International comparisons

8.11.1 Panel Members were interested in exploring further the perception that countries which experience lower conception rates and birth rates to teenage parents have a more open culture and better sex and relationship education provision in schools.

8.11.2 The Scrutiny Panel chose to consider teenage pregnancy in Holland.

8.11.3 The Netherlands has one of the lowest teenage pregnancy rates in Europe (6.2 per 1,000 girls aged 15-19) and the UK has the highest (30.8 per 1,000 girls aged 15-19).

8.11.4 Throughout most of Western Europe, teenage birth rates fell during the 1970s, 1980s and 1990s, but the UK rates have remained at the early 1980s level or above[1].

[1] Report of the Social Exclusion Unit on Teenage Pregnancy (1999)

8.11.5 In 2001 it was estimated that 13% of 20 year old women in the UK had already given birth, compared to 3% in the Netherlands[2].

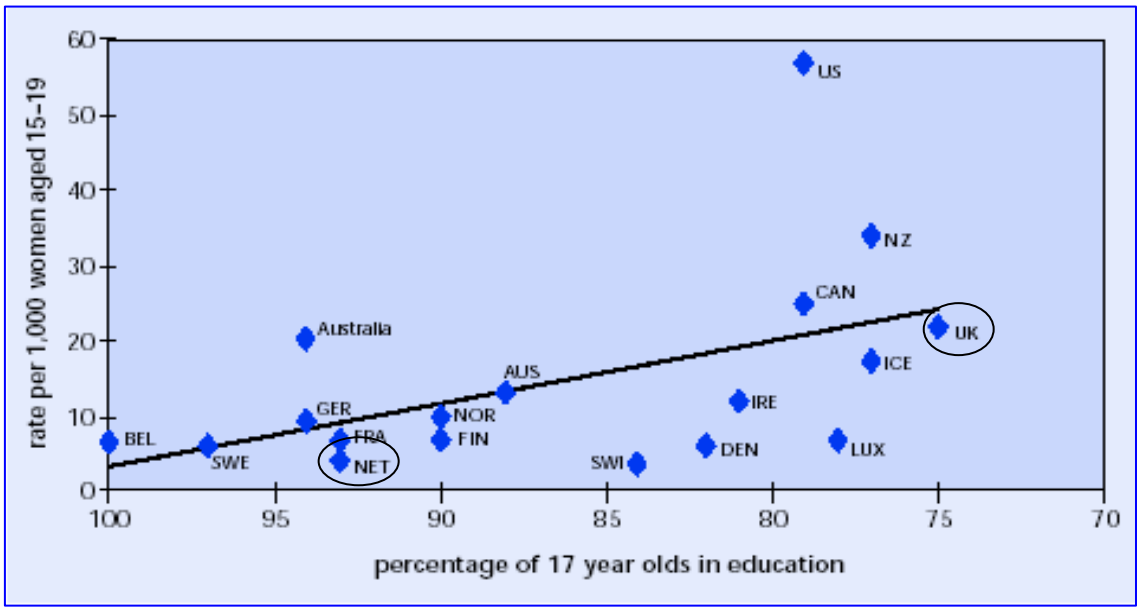
8.11.6 Not only does the Netherlands have one of the lowest teenage birth rates it also has one of the lowest abortion rates amongst teenagers.

8.11.7 Holland has gone through the same social and economic changes as other developed countries, including the UK, but has reduced teenage births by 72% in 30 years (other countries have achieved similar results but have higher abortion rates).

8.11.8 Research has found that if young people see that there are advantages to delaying parenthood then they will try harder to prevent this. They are also more able to do this because of the greater availability of contraception.

8.11.9 There are more young people in further education in Holland than in the UK which might indicate that young people in the UK have lower aspirations than young people in Holland. The Social Exclusion Unit's report in 1999 found that the UK has more young people who see no prospect of a job and prepare for a future on benefits[3].

8.11.10 This graph shows that the more young people there are in further education, the lower a country's teenage pregnancy rate[4].



[2] 'A League Table of Teenage Births in Rich National' Innocenti Report Card, Unicef (2001) cited in Socila Exclusion Unit Report
[3] Report of the Social Exclusion Unit on Teenage Pregnancy (1999)
[4] Source: Eurostat, Centre for Sexual Health Research, Southampton and OECD; all figures 1995 except Canada 1994 cited in Social Exclusion Unit Report

8.11.11 The Social Exclusion Unit's report shows that young people in Holland are more likely to use contraception than young people in the UK even though contraception is equally available in both countries.

	UK	Holland
Proportion of young people using contraception	50% of sexually active under 16s; 66% of 16-19s	85% of 'young people'

8.11.12 On average young people in Holland start having sex a year later than young people in the UK. The average age of first sex in the UK is 17, although it is estimated that 40% of 15 year old girls in the UK have already had sex.

8.11.13 Young people in Holland are more knowledgeable about sexual health than their peers in the UK.

8.11.14 Low use of contraception in the UK indicates a high level of ignorance not only about the risk of pregnancy but also about the realities of being a parent and about sexually transmitted infections (STIs).

8.11.15 Young people in the Netherlands are more likely to use both oral contraceptives and condoms which explains why Holland has low and falling numbers of incidents of STIs.

8.11.16 Sex education in the Netherlands is taught more openly. However research has found that there is no standard across Holland for sex education.

8.11.17 There is as much difference in the level of sex education between Dutch schools as there is between schools in the UK. In addition, although schools in the Netherlands are requested by government to give sex education a high priority, it is not mandatory unlike in the UK[5].

8.11.18 The Dutch culture is more open about sex, sex education and particularly contraception than UK culture.

8.11.19 Researchers have found that sexual relationships are talked about from an early age. Boys in the Netherlands are 2 or 3 times more likely to discuss contraception with their sexual partners than their UK peers and Dutch parents are twice as likely to discuss sex with their children than parents in the UK[6].

8.11.20 In conclusion, although sex education is clearly significant in helping young people make informed choices about their sexual health, Dutch society's attitude towards sex and particularly contraception enable this teaching to be more effective.

[5] 'Deconstructing the Dutch Utopia' J. Van Loon, Family Education Trust (2003) cited in Social Exclusion Unit Report

[6] 'A League Table of Teenage Births in Rich National' Innocenti Report Card, Unicef (2001) cited in Social Exclusion Unit Report

8.11.21 Young people's aspirations influence the choices they make once armed with this education. Use of contraception is evidence that young people are taking more control over their choices.

Conclusions

3. The Partnership has rightly been targeting the borough's most deprived areas where teenage pregnancies have been highest. However, recent data indicates that there are additional geographical areas of concern.

4. Good practice can be found in the work of the Looked After Children Team which has produced positive results.

5. Progress in relation to young offenders in unclear.

6. The achievement of the Healthy School Standard by the Pupil Referral Units will be a significant reassurance that these groups of vulnerable young people are receiving effective sex and relationship education.

7. There is evidence that the Balls Project has successfully targeted schools with high proportion of students from black and minority ethnic communities and delivered at least one session in a non-school setting.

8. There is evidence of effective work being carried out with young people with disabilities at their Youth Club.

9. The young people with disabilities consulted by the Panel demonstrated good knowledge and mature attitudes.

10. Young People with disabilities shared the views of their peers in mainstream schools about the mixed picture of sex and relationship education in schools and preference for SRE to be delivered by external providers or outside of school.

11. Young people consider the proliferation of alcohol use amongst young people to be one of the biggest influences on unsafe sex.

12. Peer pressure (direct or perceived) combined with alcohol consumption are amongst young people's biggest challenges.

13. There appears to have been many individual initiatives which have taken place across the borough focusing on alcohol use amongst young people. However, it is unclear how these have been effectively programmed and coordinated to ensure they complement each other and deliver a consistent message to young people, and whether any learning has been collected and disseminated.

14. Many young people are very knowledgeable and have mature and developed attitudes and personal beliefs but there are still others whose awareness is less developed.

15. It appears that embarrassment and cost (or perceived cost) can prevent young people accessing clinics or shops for contraception even if they are aware of where contraception is available.

16. For many young people, being able to access condoms in school, in a controlled and discreet manner, would help prevent teenage pregnancy although they are aware of related issues.

17. There appears to be an issue of gender inequality in terms of who should carry condoms. This was seen as a responsibility of young men rather than young women.

18. Although it is important for young people to be aware of the impact of early parenthood, many have very negative attitudes towards young parents and to young mothers in particular. This is damaging to young people's respect for others. It could also damage their own self-image if they find themselves in the same situation and could deter them from seeking immediate help because of perceived negative reaction from others.

19. Stereotypes could lead to complacency because young women do not recognise themselves in the stereotypes and could believe that it would not happen to them.

20. The majority of parents indicated that they were the most appropriate source of information and advice for their children. However in reality the majority do not talk to their children about sensitive issues.

21. Although it is positive that almost two thirds of parents are not embarrassed about talking to their children about sensitive issues, this means that over a third still find the subject embarrassing.

22. Although sex and relationship education is not compulsory in the Netherlands, teenage conception rates are amongst the lowest in Europe. What appears to be the significant difference between the UK and the Netherlands is the more open culture in which society is more at ease with talking about sexual health and relationship issues. This has resulted in young people having greater awareness and knowledge and taking a more successful approach to preventing teenage pregnancy.

Recommendations

4. That the Teenage Pregnancy Partnership clarify the hotspot areas based on recent data.

5. That the Looked After Children Team share good practice with others working with parents, carers and young people.

6. That the Youth Offending Team consider prioritising sexual health and relationship education, or at the very least ensure that the Team has a Sex and Relationship Education policy in place, make further use of the Balls Project and make provision for female young offenders.

7. That the Youth Offending Team record data about the number of young offenders who are parents to enable better targeting of resources for both prevention initiatives and parenting support.

8. That the Pupil Referral Units receive targeted support to help them achieve the Healthy Schools Standards.

9. That the Balls Project continue to access target groups and be supported in negotiating access to these groups.

10. That a compendium of good practice taking place across Tameside with young people be compiled as a resource for all those working with young people so that it can be duplicated or adapted in other environments.

11. That the influence of alcohol and peer pressure is included as part of Sex and Relationship Education where appropriate and continue to share best practice in this area.

12. That coping strategies are included in Sex and Relationship Education lessons to equip young people with the ability to handle peer pressure and avoid alcohol misuse.

13. That alcohol awareness initiatives are programmed and coordinated to provide the best coverage to young people and that learning is recorded and disseminated.

14. That the Young People Friendly Clinics are extensively promoted to all young people as a safe and comfortable environment to access contraception and advice about sexual health and relationships.

15. That the particular issue of gender inequality in relation to carrying condoms be addressed in order to ensure that young people are able to take equal responsibility.

16. That the possibility of making condoms available in schools be considered.

17. That those promoting the impact of early parenthood ensure that they tackle any negative stereotypes of young parents, especially young mothers.

18. That schools should be encouraged to welcome the young parents soon to be peer educators to ensure that young people meet and learn from young parents.

19. That the consultation carried out by the Scrutiny Panel with parents on the Citizen 2000 Panel be followed up by focus groups with those parents who responded in an attempt to further explore the current and potential role of parents in helping to prevent teenage pregnancy.

20. That those resources indicated by parents to be of use to them in talking to their children about sensitive issues be considered for implementation.

21. That a visible campaign to encourage parents to communicate with their children about sex and relationships be considered in an effort to create a more open culture in which young people feel able to talk about sex and relationship issues.

9. The Tameside Strategy

9.1 The Teenage Pregnancy Unit is a cross Government unit located within the Department of Health. The Unit was established to implement the targets set out in the report of the Social Exclusion Unit as outlined in Section 5 of this report.

9.2 A National Action Plan was developed and included:

- A national campaign to improve understanding and change behaviour
- Joined up action through the national unit and local co-ordination
- Better prevention focusing on better education in and out of school, access to contraception, targeting at-risk groups such as youth offenders
- Better support for teenage parents around education, childcare and housing

9.3 Government called for local strategies to be drawn up which would be expected to:

- Identify a local profile of the picture of parenthood and groups and areas with high rates of teenage pregnancy, particularly focusing on those groups that are known to be high risk nationally.
- Conduct an audit of services to include preventative services, Personal Social and Health Education (PSHE) in schools, advice and contraception and sexual health services, as well as availability of suitable child care provision, housing, education, training and employment opportunities.
- Consult and involve local communities by establishing local advisory groups (including all key local stakeholders, community groups, parents, young people, media and faith groups) to meet with and advise statutory agencies to promote community involvement and help develop and implement action plans towards the national goals.
- Take forward the Government's wider proposals for Personal, Social and Health Education and link to Healthy Schools Initiatives and link to other local plans and initiatives

9.4 In line with government requirements, Tameside has in place a 10-year strategy for tackling teenage pregnancy.

9.5 The original version of the action plan was divided into four sections which mirrored the themes of the national action plan:

- Better Communications through publicity, media and campaigns
- Better Prevention through Sex and Relationships Education
- Better Prevention through contraception advice and information services, such as the SAFE Clinics service, provided by Youth Service, Primary Care Trust with support from Teenage Pregnancy Grant.
- Better Support for Teenage Parents, through initiatives such as Young Parents' Group, a joint initiative with Connexions and the Youth Service with support from Teenage Pregnancy Grant.

9.6 The Teenage Pregnancy Partnership Board manages Tameside's teenage pregnancy strategy. The role of the board is to plan and deliver work to reach the national teenage pregnancy targets. The Board comprises of representatives from Health Services, Social Services, Education, Connexions, Sure Start, Early Years, Neighbourhood Renewal, and Housing Services, Youth Service, Youth Offending Team and the voluntary sector.

9.7 The Teenage Pregnancy Partnership Board reports to the Children and Young Peoples Partnership Board. Four task groups ensure the day-to-day delivery of the Strategy. The task groups are responsible for Media, Support to Teenage Parents, Contraceptive Services and Sex and Relationship Education.

9.8 The primary role of the Teenage Pregnancy Strategy Manager is to implement the Tameside Teenage Pregnancy Strategy and to be a local champion for actions and services to prevent teenage pregnancy and support teenage parents.

9.9 The Teenage Pregnancy Strategy Manager undertakes specific tasks around information gathering and needs assessment, the development of local stakeholders, and the promotion of the development and provision of co-ordinated local services and support.

9.10 The Teenage Pregnancy Strategy Manager is supported by the Teenage Pregnancy Partnership Board and North West Regional Teenage Pregnancy Co-ordinator based in Regional Government Office, Manchester.

9.11 It is the role of the Regional Teenage Pregnancy Coordinator to assess the annual reports and action plans submitted to the Teenage Pregnancy Unit by the Partnership Board in March every year. The Scrutiny Panel met with the Regional Teenage Pregnancy Co-ordinator to discuss the progress of the Tameside Teenage Pregnancy Strategy and Action Plan 2004/05.

9.12 The Panel considered the value of current methods of measuring achievement which, at the time, were limited to recording whether or not an action has been completed.

9.13 The Regional Teenage Pregnancy Co-ordinator addressed this issue in a six monthly review in November 2004 and felt that the Partnership could improve the way it measures the success of its activities and that there should be more evidence of evaluating the effectiveness of the work being done.

9.14 The Scrutiny Panel was informed that the Partnership recognises that an action within the Action Plan can be completed but in fact have little or no impact on its intended objective. The Panel was presented with examples of ways in which the Partnership has evaluated the impact of its work include:

- Evaluation by participants of the training provided
- Ofsted reports on SRE in schools
- Evaluation of the Balls Project
- 2003 evaluation of the provision of SRE in schools
- Review of young peoples' sexual health

9.15 In Spring 2004, an external evaluation of the Tameside Strategy was commissioned from an external consultant. This evaluation informed the

Action Plan 2004/05 and resulted in a shift in funding towards a more coherent approach to the delivery of sexual health services.

9.16 Tameside has established good working relationships with Rochdale. The Rochdale Teenage Pregnancy Co-ordinator facilitated the Tameside Partnership's work in drawing up the 2004/05 Action Plan and 2005/06 Action Plan.

9.17 The Regional Co-ordinator identified Liverpool as an example of best practice in measuring success.

9.18 The Liverpool Teenage Pregnancy Co-ordinator felt that evaluating the effectiveness of projects can be the most challenging aspect of delivering the local Strategy. The Liverpool strategy includes methods of evaluating projects. For example, an evaluation report was produced for the successful theatre and education project in Liverpool schools. The Healthy Schools Evaluation Resource is felt to be a useful way of evaluating the impact of SRE in schools. The Liverpool Co-ordinator also cited an evaluation tool used by a private company which is found to be very useful in assessing the outcomes of local projects.

9.19 Since commencing the scrutiny review the Panel is aware of an improved Action Plan with clearer performance indicators and outcomes. The themes of the Action Plan 2005/06 are based on the government's new approach to the well being of children and young people Every Child Matters – Change for Children.

9.20 Teenage Pregnancy Partnerships receive a Local Implementation Grant (LIG) from central government. The Tameside Teenage Pregnancy Partnership received a LIG of £162,000 in 2004/05. This has been specifically for carrying out targeted work on tackling teenage pregnancies and supporting teenage parents.

9.21 The Regional Co-ordinator explained that this funding was always intended to 'pump-prime' the initial activities of the developing partnerships.

9.22 From April 2006, this budget will no longer be 'ring-fenced' for tackling teenage pregnancy and supporting teenage parents.

9.23 At the time of this review the Regional Co-ordinator explained that throughout 2005 the Tameside Partnership should be preparing for this change in funding. Alternative funding arrangements need to be in place to ensure that actions can be delivered and the long-term targets for reducing conception rates and supporting parents can be achieved.

9.24 Possible ways forward include joint funding of posts with other agencies, reorganising and using resources creatively, or directing more mainstream funding in to tackling teenage pregnancies and supporting teenage parents.

9.25 The Teenage Pregnancy Strategy Manager stated in a report to the Scrutiny Panel that the main approach in Tameside has been to secure the strategy within the work of the Tameside Children and Young People Partnership. The Local Education Authority and Primary Care Trust are conscious of the need to mainstream SRE education and sexual health services. Teenage Pregnancy, Health, Education and Connexions currently share funding and resources for two full-time posts.

Conclusions

23. The new action plan for 2004/05 is much improved and has measurable and meaningful targets and outcomes. It demonstrates clear links to the outcomes of 'Every Child Matters'.

24. Mainstreaming actions in the Teenage Pregnancy Strategy into service delivery is crucial and to be encouraged. However since conception rates for under 18s have increased according to latest figures teenage pregnancy will continue to be a priority in Tameside and will require sustained additional resources

Recommendations

22. Tameside Council should not reduce current levels of funding to tackle teenage pregnancy after the ring-fenced funding ends in 2006.

23. That an internal ring-fence should be placed on funds in support of reducing teenage pregnancy and supporting teenage parents.

24. Partners should continue to look for opportunities to mainstream activity in to service delivery.

10. Prevention Activity In Schools

10.1 Research shows that the level of awareness about sex impacts on the likelihood of young people becoming teenage parents. The Social Exclusion Unit report 1999 found that those who learn about sex from school are less likely to become sexually active under 16 than those who learn about it from family and friends; Good sex education does not mean that young people will be sexually active at a young age, in fact it can delay it and make the use of contraception more likely.

10.2 Sex and Relationship Education in the National Curriculum

10.2.1 Aspects of sex and relationship education are delivered through the statutory science national curriculum. Other elements are taught through

non-statutory Personal, Social and Health Education lessons. The content and design of these lessons are determined by individual schools but guidance states that SRE should address puberty, contraception, abortion, safer sex, HIV and AIDS, sexually transmitted infections.

10.2.2 As well as giving particular consideration to relationships and sexual identity, schools are advised by the DfES to consider the needs of particular groups of young people when delivering SRE, including boys and young men, students from BME communities, and students with Special Educational Needs and learning difficulties.

10.2.3 It is nationally recognised that the quality of sex and relationship education in schools in the UK is very mixed. During the review the Panel has seen examples of schools in Tameside doing very good work and are clearly committed to this aspect of pupils' education, but also examples of schools which do not place SRE amongst the school priorities and do minimal work in this area.

10.2.4 From January 2000 Ofsted inspectors have reported on the spiritual, moral, social and cultural development of pupils and evaluate schools' SRE policies. At a meeting with the Chair of the Teenage Partnership Board, the Scrutiny Panel were informed that the Chair reviews Ofsted reports for schools' performance in SRE and at that time no schools had been rated as 'poor', and many schools were considered 'average' in this area.

10.3 School Policies for Sex and Relationship Education

10.3.1 Schools are required to have an SRE policy, the content of which is determined by schools although, as noted above, guidance requires schools to cover puberty, contraception, abortion, safer sex, HIV and AIDS, sexually transmitted infections.

10.3.2 Primary schools must provide and keep up to date a written statement of their policy on sex education and made it available to parents and pupils.

10.3.3 Secondary schools must also have a policy for providing sex education for their pupils. It must include teaching about AIDS, HIV and other sexually transmitted infections and be given in such a way as to encourage pupils to have due regard to moral considerations and the value of family life.

10.3.4 The detailed content and nature of sex education is for schools to decide but schools' policies should:

- Be up to date
- Include a definition of SRE
- Show how SRE is provided and by whom
- Show how SRE is monitored and evaluated

- Include information on parental rights to withdraw children from lessons
- Be reviewed regularly and have a review date

10.3.5 One of the first tasks of the new Advisory Teacher for Sex and Relationship Education who was appointed in 2004 has been to audit secondary schools' policies for SRE and ensure they are in line with the DfES guidance published in 2000. In addition, Tameside commissioned a survey of SRE provision across schools in April 2003 in order to provide a picture of where and how SRE was being delivered.

10.3.6 The Advisory Teacher for Sex and Relationship Education found a mixed picture of SRE and it was agreed that a policy be developed to standardise SRE policies across the borough. The framework was available from March 2005 and training sessions on using the framework have been arranged by the SRE Advisory Teacher.

10.3.7 The Scrutiny Panel undertook consultation with PSHE Co-ordinators via a self-completion survey mailed to all PSHE Co-ordinators in Tameside schools. The survey included questions related to school's SRE policies. Twenty-two completed forms were returned (15 from primary schools, 5 from secondary schools, 2 from special schools and 1 from a Pupil Referral Unit). Due to the low number of responses the results of the survey are representative of the views of those who responded and not representative of the views of PSHE Coordinators in Tameside.

10.3.8 Co-ordinators were asked if they had used the new framework for SRE policies, developed by the LEA. Of the 23 schools who responded, 8 had said they had already used the framework and 6 intended by July 2006 at the latest. Five schools said that they were not aware of the framework, Four Coordinators (2 primary, 1 secondary and one secondary special school) said that they did not intend to use the framework because their school did not have an SRE policy, or that policies were already in place and were felt to be up to date.

10.3.5 19 of the 23 schools said their SRE policy was on a regular review cycle. Of those who specified, 10 were reviewed annually, 6 reviewed every 2 years and one was reviewed every 4 years. Two of the 4 schools which do not have a review cycle said that they did not have an SRE policy in place (these 4 schools were all primary schools).

10.3.6 Guidance states that SRE policies should reflect the views of teachers and pupils and be developed in consultation with parents and governors. Since 2000, Ofsted inspectors have commented on partnerships with parents.

10.3.7 70% of Year 9 and 10 pupils responding to the self-completion survey reported that they had not been asked what they would like to learn in terms of SRE; 14% said they had been asked, the remainder did not know or gave no response.

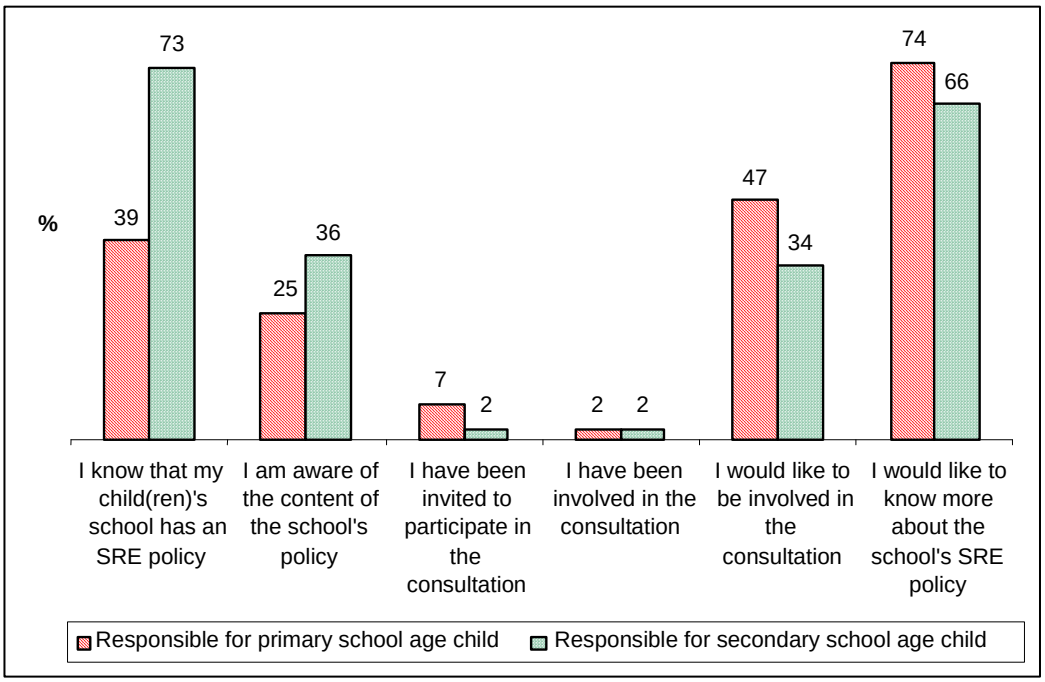
10.3.8 The PSHE Co-ordinators who responded to consultation felt that those most involved in the development of SRE policies in the past have been the PSHE Co-ordinator, the Head Teacher, other teaching staff and School Governors. Parents, pupils the SRE Advisory Teacher, and outside agencies/professionals have been less involved in the past. The school nurse had also been involved at one school.

10.3.9 In the future, respondents indicated that Head Teachers, PSHE Co-ordinators, other teaching staff, Governors and the SRE Advisory Teacher would be less involved whereas parents, pupils and outside professionals might become more involved. The Deputy Curriculum Co-ordinator and school nurse were also mentioned as being involved in the future.

10.3.10 The Scrutiny Panel undertook consultation with all 1300 Tameside school governors via a short survey. Of the 17 school governors who responded to consultation, half have low awareness of the schools SRE policy and half have a good level of awareness and have been involved in the development of the SRE policy.

10.3.11 When asked to identify their level of understanding of how to develop an effective SRE policy, 8 said 'not at all' or 'not very well'; 4 said 'fairly well'; 4 said 'very well' or 'fully'.

10.3.12 The survey with parents on the Citizen 2000 Panel included a question on the awareness of and involvement in the development of schools' SRE policies and views on the level of SRE in schools (see chart below).



10.3.13 Those responsible for children in secondary schools are much more likely to say they know that the school has an SRE policy (73% compared with 39% of those with children at primary school). They are also more likely to say they are aware of its content (36% compared with 25%).

10.3.14 Those with children at primary school are more likely to say they have been invited to participate in the consultation to draw up the policy although actual participation is on the same level irrespective of whether their child is at primary or secondary school.

10.3.15 Those with children at secondary school are less likely to express an interest in being involved in the consultation (although a third say they would like to be) and less likely to want to know more about the SRE policy (although two thirds do want to know more about it).

10.3.16 Given the low level of awareness amongst parents of primary school age pupils, it is no surprise that 55% of these parents don't know how appropriate the level of SRE being taught is, compared with 28% of parents of secondary school age children.

10.3.17 The main reason parents give for not knowing about the level of SRE being taught is that they have not communication or do not receive any information from the school.

10.3.18 Half of parents of secondary school age children and a third of parents of primary school age children say the amount is about right.

10.3.19 6% of parents of secondary school children and 2% of parents of primary school children say there is too much but more say there is not enough. (20% and 8% respectively)

10.3.20 Half of parents of secondary school age children who say that there is not enough cite the continued existence of pregnant teenagers as proof that there should be more SRE in schools.

10.3.21 Although parents can choose to withdraw their children from all or part of sex education which is not part of the science national curriculum, the Scrutiny Panel heard that this was not an issue in Tameside.

10.4 The National Healthy School Standard

10.4.1 Schools are able to address SRE provision by taking part in the Healthy Schools Standard. Sex and relationship education is one of a number of specific themes which make up the Standard.

10.4.2 The National Healthy School Standard (NHSS) was introduced by the government in 1999. The overall aim is to help schools to achieve good physical and emotional health. LEAs develop an accredited Local Healthy Schools Scheme which all schools in the area then work towards.

10.4.3 Schools must be able to demonstrate that their SRE policy is developed with teachers, pupils and parents; that the school has a planned sex and relationships programme; that staff have a sound basic knowledge of sex and relationships issues and understand the role of schools in helping to reduce unwanted teenage conceptions and promote sexual health.

10.4.4 The Tameside Teenage Pregnancy Action Plan includes actions for assisting schools in achieving the NHSS as a way of ensuring adequate SRE policies are in place.

10.4.5 73 schools in Tameside (out of a potential 98), including 5 special schools and the three Pupil Referral Units, are signed up to the National Healthy Schools Scheme.

10.4.6 The Tameside target is to have 50% of schools achieving the NHSS definition of a Healthy School by December 2006.

10.4.7 The Tameside Teenage Pregnancy Partnership has strong links with the Healthy Schools Program through the Sex and Relationship Advisory teacher who is a member of the Healthy Schools Team. The Healthy Schools Standards have been used to evaluate the effectiveness of SRE in schools.

10.5 Teaching Sex and Relationship Education

10.5.1 A key action in the Teenage Pregnancy Strategy is to ensure a specialist Personal Social and Health Education (PSHE) teacher in every secondary school by September 2006. Teachers choose to specialise in either Drug and Alcohol Education or Sex and Relationship Education. The scheme is open to all schools including primary but is not compulsory.

10.5.2 In the two years that the scheme has been available, the full quota of 16 teachers have taken part in the first year and to date 12 had signed up to the second round of the scheme. Eight teachers from the first scheme have achieved accreditation specialising in SRE (these were Fairfield High; Astley High; Two Trees High; Manchester Road Primary; Hollingworth Primary; Arlies Primary; RidgeHill Primary and Oakdale Special School).

10.5.3 Part of the Local Implementation Grant (£6,000) is used to support teachers through the Personal, Social and Health Education Accreditation Scheme and specialise in Sex and Relationship Education. However, after 2005/06 funding will no longer be ringfenced.

10.5.4 At the time of the review the Partnership had not made a decision about continuing to fund the accreditation scheme beyond 2006 and will be considering value for money and impact of the training.

10.5.5 The Regional Co-ordinator felt that central to improving SRE in Tameside schools is meeting the target of one specialist PSHE teacher in every school and as many as possible for those specialising in SRE (the alternative being Drug and Alcohol Education).

10.5.6 Teachers also receive SRE training as part of the Annual Professional Development Programme and attend a Network group twice a term, one for primary and one for sencondary. However from consultation with PSHE Coordinators, 16 out of 23 respondents said that no staff had taken part in SRE training in the last 12 months because of not being aware of the training available, (even though it is in the programme of support for school improvement and e-mail reminders are sent to schools), SRE not being a priority for the school, and time constraints. Fourteen Coordinators said they never or only occasionally attend the PSHE Network meetings.

10.5.7 The Regional Co-ordinator also felt that Tameside schools would benefit from working with more outside agencies to deliver SRE to pupils. The Regional Co-ordinator gave Liverpool, Rochdale, Salford , Oldham and Manchester as examples of good practice for using theatre groups and drama workshops in schools.

10.5.8 There are a number of examples in Tameside of schools employing outside agencies and non-teaching professionals to deliver SRE on schools including the Ball's Project and a theatre production called 'Emma' about unprotected sex (accessed by 8 high schools).

10.5.9 Feedback from young people supports the use of external agencies in delivering SRE and this is explored more fully in section 10.7.

10.5.10 An alternative method of teaching SRE in schools is to use Peer Educators, particularly young parents, to provide sex and relationship education and provide a first-hand view of young peoples experiences.

10.5.11 Feedback from young people supports the use of peer educators, particularly young parents. In the survey with Year 9 and 10 pupils 77% thought that peer educators were a god idea (9% said they did not think it was a good idea, and the remainder did not know or gave no response).

10.5.12 Also in the survey, 46% of pupils said "giving young people a realistic picture of what it's like to have a baby and be a parent" would 'definitely work' in preventing teenage pregnancy (highest score). When asked what would 'work best' this was also the most popular choice.

10.5.13 Members of the Scrutiny Panel and officers from the Scrutiny Support Unit visited the Brook service in Oldham. The service existed to enable all young people to make informed choices about their personal and sexual relationships.

10.5.14 The purpose of the visit was to discuss the Peer Education Project run by the Brook service and to meet with current and trainee peer educators. The Peer Education project is part of the Education Outreach service.

10.5.15 At the time of this review Brook had trained 10 young parents to be educators/mentors and 8 south Asian women training to be peer educators. The team had run 93 workshops reaching 1128 young people.

10.5.16 Workshops include 'A Day in the Life' with and without a baby.

10.5.17 There is a high demand from schools in Oldham for the workshops. Schools have changed timetables to accommodate the peer educators. Teachers have observed classes and are reassured that volunteers have had formal training, which is reinforced on an ongoing basis.

10.5.18 The Teenage Pregnancy Unit speaks highly of Peer Education because messages delivered to young people by their peers has been shown to be more effective. Feedback from young people in Tameside confirms this and is presented more fully in Section 10.7.

10.5.19 Since the visit Tameside has commissioned Brook Oldham's proposal for providing peer education in Tameside. At the time of this report, 12 young women from the Tameside Young Parents' Group were undergoing training to become Peer Educators and they will be qualified to deliver SRE from March 2006.

10.6 Engaging Schools

10.6.1 In her feedback to the Scrutiny Panel, the Regional Co-ordinator identified Tameside engagement of schools in SRE as an area that needs improvement.

10.6.2 The Teenage Pregnancy Partnership is attempting to increase the knowledge and awareness of schools' Senior Management Teams (SMT's), governors and parents as groups which influence the content of SRE teaching in schools. Schools with the greatest proportion of free school meals are being targeted through Healthy School Standard.

10.6.3 The Regional Co-ordinator explained to the Scrutiny Panel that the challenge is to find a way of encouraging schools to direct more effort in to SRE whilst recognising the other demands on schools.

10.6.4 The number of schools involved in the healthy school standard could be seen as a measure of the level of engagement and commitment of schools. The majority of schools with more than 20% FSM are taking part.

10.6.5 Evidence of engagement of schools can also be found in the take-up of the specialist PSHE (SRE) teaching courses. For the two years that the accredited course has been available, the full quota of trainees has been reached.

10.6.6 Coordinators who responded to the consultation were generally positive about the support they received from the Local Education Authority in signposting them to information relevant to different age groups and abilities, in developing SRE policies and in the support they received overall.

10.6.7 Schools were less aware of good practice in other schools and of good practice in procedures for working with external providers although many had used or were aware of which agencies were available.

10.6.8 Coordinators suggested the following improvements to the way the LEA improved support to schools:

> *"More practical ideas/resources that could be used; good visiting experts; peer education".*
>
> *"More training of staff (with supply cover) because there is a clash of meetings after school; provide a school nurse per schools / per cluster of schools; knowledge of 'what's going on'; organise Tameside school events to raise profile".*
>
> *"By sending more resources e.g. schemes, into schools; by funding leaflets and posters for all schools".*
>
> *"Much of this is geared to secondary school – very different in primary; training for teachers for actual lesson delivery would be most useful to us".*
>
> *"Provide more training sessions; tell schools of its importance; provide resources".*
>
> *"More availability from health professional and/or other experts; demonstration lessons".*
>
> *"Training for staff needs to take higher priority. It needs greater funding – as in supply cover paid! More teachers therefore would have access to the excellent training on offer".*
>
> *"Is there an LEA video about Growing Up that schools could use, instead of relying on the one that school nurses use?"*

10.6.9 The biggest influences on SRE delivery according to these Coordinators are timetable pressures and lack of trained staff.

10.6.10 The Regional Co-ordinator felt that the engagement of school governors in particular is an area Tameside needs to improve on. School governors' statutory responsibilities include:

- Overall responsibility for SRE policy development
- Making sure parents have access to the policy and that there is a clear mechanism for withdrawing children from lessons
- Making sure policies acknowledge what is in DfES guidance

10.6.11 It is also considered best practice that governors take an active role in reviewing the school policy, identify a lead governor, make sure SRE is in

the school development plan, find adequate resources, support staff training, involve parents, support pupil participation and use Ofsted recommendations for SRE.

10.6.12 The Deputy Chair of the Scrutiny Panel and a Scrutiny Support Officer attended a School Governor training session delivered by the SRE Advisory Teacher.

10.6.13 Governors attending the course were already engaged in the subject and had chosen to take part in more training. These governors represented 8 of over 1000 school governors. Take-up of the training was low; the morning session was cancelled due to low numbers.

10.6.14 Governors received a pack of information explaining their role and best practice examples of how they can meet their obligations. Governors found the short video of interviews with governors, teachers and head teachers particularly useful for providing a clear message about the importance of SRE and how it can be done successfully. One attendee suggested that it be shown to all other governors. Although attendees talked about raising this issue at governor's meetings it was not clear how other governors would receive this very useful information and become more involved in SRE.

10.6.15 Records of governor attendance at training sessions show that, in Summer 2001, six school governors attended training on Positive Guidance on Sex & Relationship Education. 6 governors attended training on new guidance on Sex and Relationship Education in Spring 2004 and 17 governors attended training on Sex and Relationship Education in Spring 2005.

10.6.16 The Regional Co-ordinator felt that the message about teenage pregnancies and young people's sexual health needs to be constantly repeated to school governors at every opportunity. Placing articles about facts and events in the governors' newsletter was felt to be a good way of doing this.

10.6.17 It was noted that the Balls Project had carried out a demonstration lesson to school governors at one of the borough's boys' schools prior to the project delivering a session to pupils.

10.6.18 The Panel was informed that work to engage school governors is to be targeted in the 2005/06 action plan. Discussions have taken place around identifying an SRE link governor. Training for governors will continue to be part of the Governor Training Programme.

10.6.19 In July 2005, officers of the Scrutiny Support Unit attended a meeting of the Tameside Association of Secondary Head Teachers (TASH).

10.6.20 The purpose of the discussion was to discuss SRE provision in schools (both strengths and weaknesses), barriers to provision, and opportunities for improvement.

10.6.21 Head Teachers felt that although SRE is important they are faced with 'curriculum overload' and SRE can sometimes fall down the list of priorities. Another constraint was identified as being the quality of teaching of SRE. Head Teachers also recognise that school governors are already short of time and have other priorities.

10.6.22 The Teenage Pregnancy Strategy Manager explained to the Scrutiny Panel that SRE in faith schools continues to be an area for development where the moral teachings of the religion influence all aspect of school life, particularly Personal, Social and Health Education. However, one of the best examples the Panel had encountered of involving parents in SRE was in a Roman Catholic High School.

10.7 Sex and Relationship Education lessons in Tameside schools

10.7.1 The Panel heard from SRE Advisory Teacher that Sex and Relationship Education is very mixed across Tameside in terms of quality and quantity although there are examples of good practice.

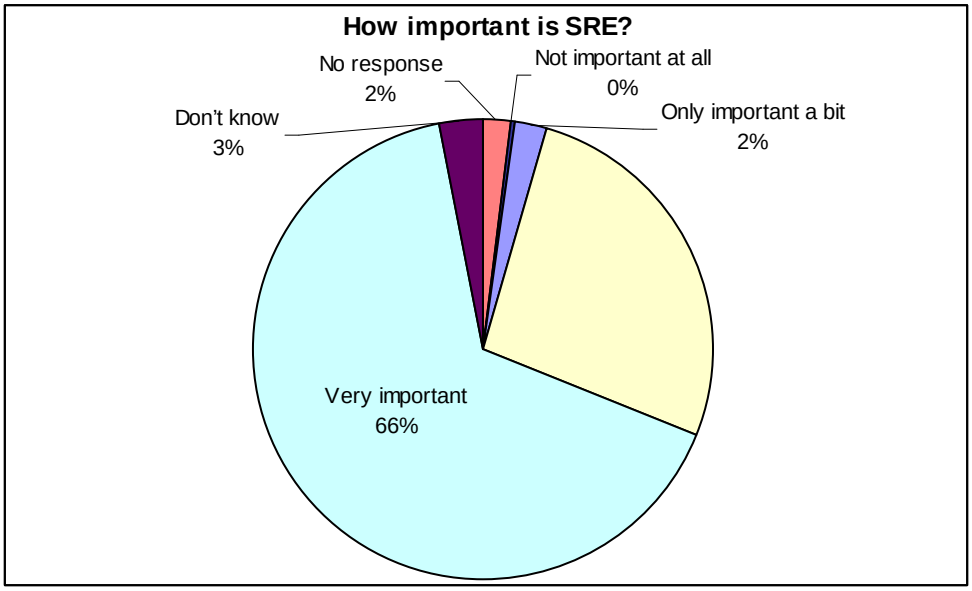
10.7.2 The SRE Advisory Teacher delivers some demonstration SRE lessons to pupils which are observed by teachers. Whilst these lessons include a lot of information about contraception and STIs, the Advisory Teacher is keen to explore 'relationships' in these lessons as she feels that this is just as important, if not more so, than information about sexual activity.

10.7.3 The Advisory Teacher explained to the Scrutiny Panel that she focuses on, and encourages teaching staff to focus on, the '3Rs' – Respect for self, Respect for others, and Responsibility for your own actions.

10.7.4 The Advisory Teacher also explained that the main message that she gives to young people in these lessons is to delay first sex and to say 'no'. Young people are told that this is the only 100% protection against STIs and pregnancy.

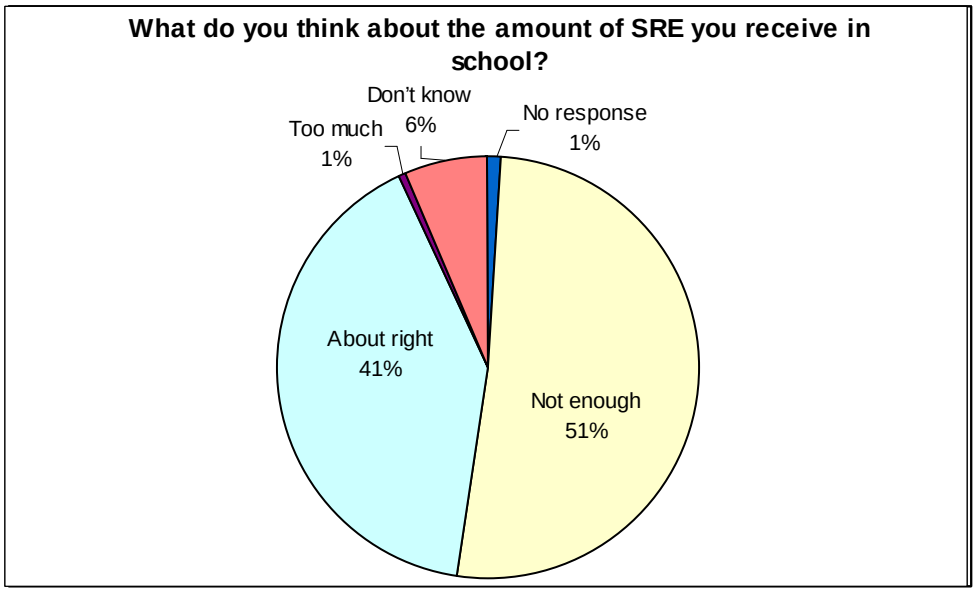
10.7.5 In the survey with Year 9 and 10 pupils, 64% felt that they had SRE lessons 'not very often', 26% said 'quite often', 4% said 'quite often', 3% said 'never' and 2% did not know or gave no response.

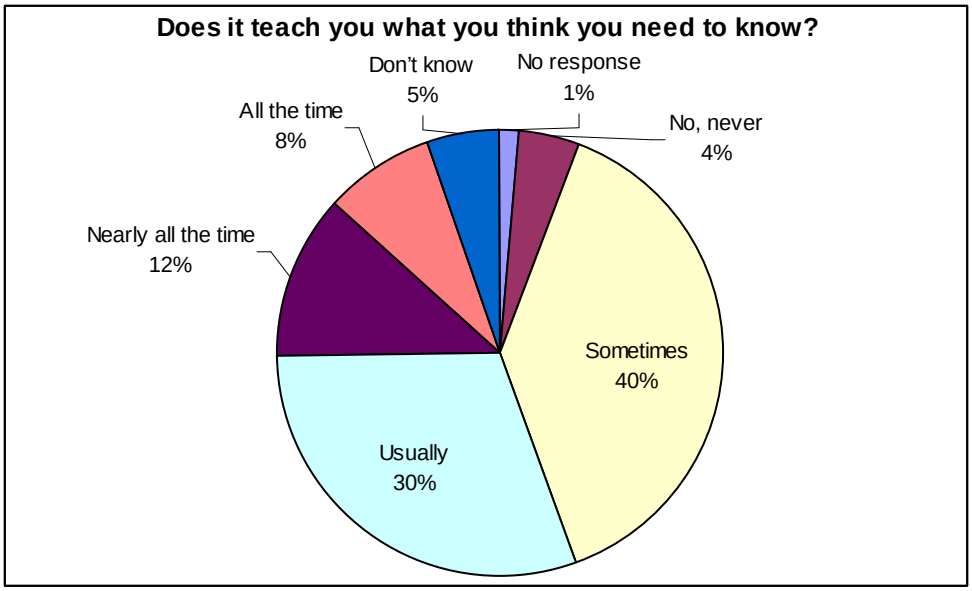
10.7.6 The chart below shows how important respondents felt SRE to be.



10.7.7 In the survey 47% of pupils said "making sex education in schools better" would 'probably work', and 26% said it would 'definitely work' in helping to prevent teenage pregnancy (joint second highest score with availability of contraception).

10.7.8 The charts below shows respondents views on the amount of SRE they currently receive in school and how useful it has been to them. This shows that young people may not be completely satisfied with the amount of SRE they receive. Respondents were generally, although not not overwhelmingly, positive about the content of the lessons.





10.7.9 Discussion groups with Year 10 pupils for the Scrutiny Review included young people's views on SRE lessons. Groups considered teaching styles, content and effectiveness of their lessons as well as suggestions for improving SRE in schools.

10.7.10 The most preferred teaching style in SRE lessons was through discussion, whether or not this was already happening in the school. Pupils mentioned the opportunity for discussion as one of the best things about the lessons if this was already happening; conversely, the lack of discussion was a major criticism by pupils in schools where this was not happening.

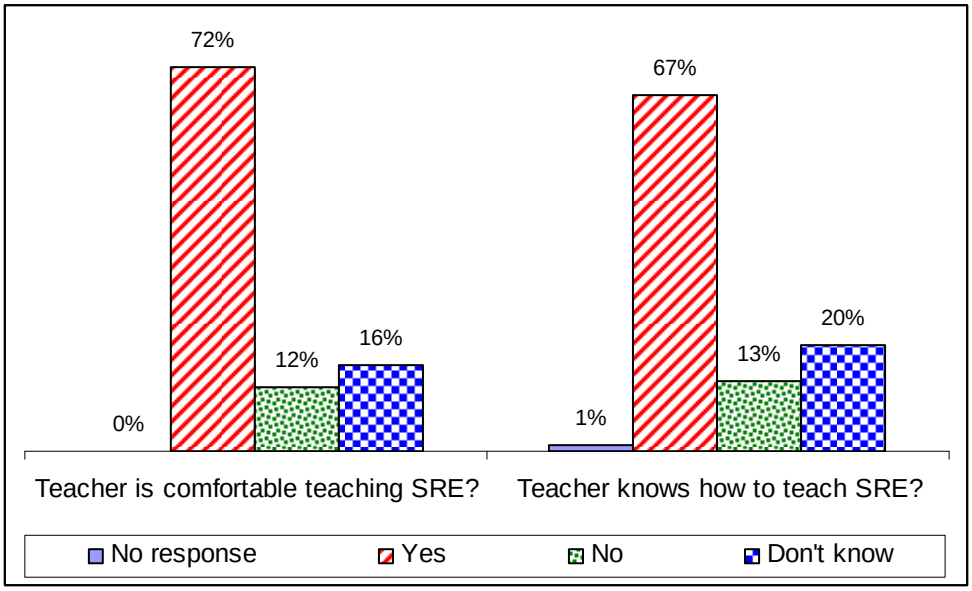
10.7.11 In some schools, pupils were critical of the formal and 'lecturing' style of some teachers and the use of worksheets. Pupils preferred and suggested more active lessons including role-play, drama and being shown how condoms should be used.

10.7.12 Although a number of groups mentioned videos/DVDs as a good way of delivering SRE some pupils were critical of films that were poor quality and out of date. One group of boys group warned against relying on videos and DVDs too much.

10.7.13 Pupils felt that effective SRE is delivered by teachers who are comfortable, open, can speak 'on their level' and use humour where appropriate and the gender of the tutor was less important if they had these qualities. In some schools this was the experience of pupils. However, in others form tutors continue to teach SRE and pupils said they were embarrassed, unwilling or unable to be open. Female pupils in one school in particular found it embarrassing that their male form tutor taught SRE lessons. Pupils also found it embarrassing if their form tutor

taught SRE because they would see them in other contexts around school.

10.7.14 Pupils responding to the survey were positive about their SRE teachers as shown in the chart below.



10.7.15 In the discussion groups, SRE lessons delivered by external organisations were felt to be particularly effective and were recommended by all groups, even in schools where pupils were positive about current PSHE tutors. Pupils felt that they could (or would be more likely to) talk openly with external professionals. A number of boys' groups remembered the 'Balls Project' visiting the school and said this was one of the best lessons they had had because the lesson was 'fun' but informative and they felt comfortable speaking to the facilitator. More information regarding the Balls Project can be found at section 11.3.

10.7.16 Across the board, groups felt that single sex lessons were probably the best way to teach SRE but there were advantages to having mixed lessons so that both boys and girls could discuss shared issues and learn more about the issues that affect them. Girls in one school said they would have liked to have had the lesson provided by the Balls Project so that they were more informed about issues facing boys.

10.7.17 A common suggestion from all groups was for SRE lessons to be more realistic including learning from teenage parents the realities of having children at a young age. Most groups suggested some form of peer education by young parents, including teenage fathers, as a way of improving the style and content of SRE lessons.

10.7.18 In terms of the content of SRE lessons, all pupils had learned about the biological aspects of sex (pregnancy, sexually transmitted infections etc) either in SRE lessons or in science lessons. In some schools pupils felt that SRE did not go beyond this. Pupils at these schools would like to

learn more about the emotional aspect of relationships and the realities of dealing with situations. Being able to talk about 'feelings', was valued by pupils who had this opportunity, and suggested it be included in SRE lessons.

10.7.19 Students would prefer to talk about relationships, responsibilities, respect and coping with peer pressure which are issues they feel are more relevant to them.

10.7.20 Girls in particular felt that the content of lessons was repetitive and did not teach them anything they did not already know. One group of girls said that information they had received about menstruation was too late for some girls and this should be given in Year 7.

10.7.21 A number of groups felt that girls should learn about issues and opinions facing boys and vice versa. This was particularly felt by pupils at the Boys' School who felt that it was difficult for them to get a female perspective on issues relating to sex and relationships.

10.7.22 Although pupils did not always enjoy it, because the photographs and information used was quite graphic, most groups remembered the lesson on STIs and it appeared to make impression.

10.7.23 As stated previously in the report 70% of Year 9 and 10 pupils responding to the self-completion survey reported that they had not been asked what they would like to learn in terms of SRE. This was echoed by young people in the discussion groups.

10.7.24 Two young people who act as special advisers to the Connexions Service have been asked to feedback their views about SRE in schools to the Connexions Board. Their views echoed the general view that provision is mixed and has in the past been relatively poor and ineffective.

Conclusions

25. The Panel recognises that as long as Sex and Relationship Education in school is not statutory it will compete with schools' other priorities.

26. The Sex and Relationship Policy framework should go a long way to ensuring consistency in the level of SRE in the borough and help schools through the process.

27. The Panel is concerned that there is evidence that schools are not involving parents, pupils and governors as effectively as they should be in the development of Sex and Relationship Education policies.

28. The achievement of the Healthy Schools Standard, particularly by those schools with greater than 20% free school meal eligibility, will

be a significant achievement in ensuring adequate provision of Sex and Relationship Education in the borough.

29. The Panel recognises that it would be beneficial to have a specialist Personal Social and Health Education teacher in each school, however it does not appear likely that the will be achieve by 2006 given the limited number places and that the course is not compulsory.

30. Whilst it would be beneficial to have a specialist Personal Social and Health Education teacher in every school, the evidence gathered by the Scrutiny Panel indicates a preference for lessons to be delivered by external providers and peer educators.

31. There is strong evidence from the recipients of Sex and Relationship Education that this is most effectively delivered by specialists from outside school who not only have the knowledge but who can also have an alternative relationship to the traditional pupil-teacher relationship which appears to be key to successful delivery of these lessons.

32. An inhibiting factor for the effective delivery of Sex and Relationship Education is the lack of engagement of school Governing Bodies and the fear of Secondary School Head Teachers of overload in the curriculum.

33. Consultation with Secondary School Head Teachers indicated that there was a feeling that this is another example of schools being expected to tackle one of society's perceived problems without sufficient funding, time and skills.

34. The Scrutiny Panel is aware of some excellent teaching and use of agencies and professionals.

35. Young people clearly benefit from the opportunity to talk about their views and concerns with teachers who are able to communicate openly and with whom they have built a rapport.

36. Sex and Relationship Education lessons may be more effective if young people were given the opportunity to determine the subjects and level of discussion.

37. The Panel supports the message to delay first sex, delivered and promoted by practitioners in schools.

Recommendations

25. The Panel recognises that Sex and Relationship Education in school is not statutory but that schools should be strongly encouraged to make adequate provision for SRE in the curriculum and seek the support available to them.

26. That all schools, Pupils Referral Units, and the Youth Offending Team should be strongly encouraged to adopt the SRE policy framework as soon as possible if they have not already done so.

27. That the Sex and Relationship Policies already produced using this new framework should be circulated via the Personal Social and Health Education Network to schools which have yet to formulate a policy to share good practice.

28. That the good practice found at All Saints Roman Catholic High School in making parents aware of Sex and Relationship Education being delivered at the School be disseminated via the Personal Social and Health Education Network and schools strongly encouraged to pilot sessions as a way of building better partnerships with parents.

29. That the Personal Social and Health Education Network take an active role in sharing, developing and implementing strategies for effectively involving parents in developing schools' Sex and Relationship policies and communicating with parents.

30. That the proposal to introduce a link governor for Sex and Relationship Education be supported.

31. That the proposed link governor should have specific responsibility for ensuring governor input in to the Sex and Relationship Education policy and be a champion for Sex and Relationship Education in the school.

32. That governors be strongly recommended to attend the training session provided in order to improve their knowledge of young people's sex and relationship issues, of the importance of Sex and Relationship Education, and models of delivery.

33. That all schools with greater than 20% free school meal eligibility commit to the Healthy Schools Scheme as soon as possible.

34. That schools with greater than 20% free school meals achieve the Healthy Schools Standard as soon as possible.

35. That schools which have already achieved the Healthy Schools Standard be encouraged to actively share their learning, policies

and procedures, particularly with those schools yet to achieve the Standard, via the Personal Social and Health Education Network

36. That, following the value for money review, should the Partnership decide not to continue to fund the accredited course for Personal Social and Health Education teachers, mechanisms should be put in place to ensure that schools have adequate access to specialist teaching support, and that the skills of teachers completing the course could be used to the benefit of other schools.

37. As a means of achieving best value, sharing costs and overcoming limited resources in the specialist teaching field of Sex and Relationship Education and in order to provide better co-ordinated, consistent and programmed provision in schools and the more effective engagement of governors and parents, schools and the LEA should investigate this resource being procured by clusters of schools.

38. That schools be strongly encouraged to access the support and resources available from the Advisory Teacher for Sex and Relationship Education.

39. That schools be strongly encouraged to attend the PHSE Network and to use the Network to actively promote, share, and develop good practice.

40. That opportunities for discussion, in both same sex and mixed sex classes, should be promoted as good practice in delivering Sex and Relationship Education.

41. That young people are given the opportunity to take a more active role in determining what is to be covered in the limited time available for Sex and Relationship Education in schools.

42. That all schools should ensure Sex and Relationship Education provision relating to respect and relationships commences in the first year of secondary school and continues throughout a pupil's school career.

43. That practitioners continue to promote the message to delay first sex and that this be supported by the reasons why this is beneficial and strategies for its achievement.

11. Prevention Activity In Non-School Settings

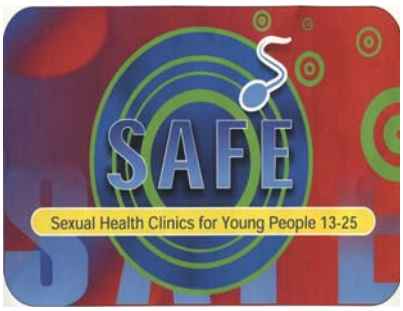
11.1 Sexual Health Services for Young People

11.1.1 The Tameside and Glossop Primary Care Trust has used the recommendations from the 'Local Teenage Pregnancy Service Analysis Report' commissioned by the Teenage Pregnancy Partnership in 2004, and the 'Review of Young People's Sexual Health Services' carried out by the PCT in 2004, to develop a new Local Enhanced Young People's Sexual Health Service (LES).

11.1.2 The LES aims to put in place confidential, non-judgemental and geographically accessible sexual health services for young people which will reduce STIs, reduce unintended pregnancy rates and improve young people's access to contraceptive services and advice.

11.1.3 Since 2000, the Tameside and Glossop PCT, in partnership with Tameside Youth Service, has been developing clinic provision for young people in Tameside by building on existing services and establishing new venues.

11.1.4 The concept of SAFE clinics (SRE and Advice For Everyone) was the result of large scale consultation with young people in Tameside. The logo and name were designed by young people and aim to provide a consistent image for young people.



11.1.5 Eight young people friendly clinics currently operate in the borough and provide confidential health services to young people, including sexual health services, in a way which is comfortable and accessible to young people. The eight clinics provide altogether ten sessions per week.

11.1.6 In a report to the Scrutiny Panel, the Head of the Youth Service and Health Development Manager outlined the characteristics of the SAFE clinics:

- Confidential and professional service for young people in Tameside
- All clinic staff are sexually health trained and locally qualified youth workers
- Policies and procedures in place to ensure safe service delivery which is monitored
- Contraception provided in a clinic setting to adhere to the requirements of the PCT.

11.1.7 Young People Friendly Clinics are run by a bank of nurses working 1 to 10 hours per week and youth workers (the Panel heard from the Head of

the Youth Service and Health Development Manager that this limits the range of contraception available).

11.1.8 There are eight SAFE venues across the borough providing ten clinic sessions; the Denton venue also hosts the young men's clinic. There is no provision in Mossley (clinic closed due to lack of take-up) or Droylsden (clinic closed during the time of this review).

11.1.9 The priority areas are Ashton, Stalybridge, Hyde and the Hattersley.

11.1.10 The aim of the service is to have at least one clinic available every day of the week (not including weekends). Provision in outlined below:

Day	Area	Venue	Open	Condoms	Advice	Pregnancy Testing	Emergency Contraception	Combined Oral Contraceptive	Depo provera (contraceptive injection)
MONDAY	Denton	Duke Street Young People's Centre	2:30-5:30pm	✓	✓	✓	✓	✓	✓
	Dukinfield	Blocksages Youth Centre	3-5pm	✓	✓	✓	✓		
	Ashton	Information Shop for Young People	3-5pm	✓	✓	✓	✓	✓	
	Stalybridge	Keyhole Centre, Ridge Hill	3-5pm	✓	✓	✓			
TUESDAY	Ashton	BASE Youth Centre (Broadoak and Smallshaw Estate)	3-5pm	✓	✓	✓	✓	✓	
	Hyde	Bennett Street Youth Centre, Newton	3-5pm	✓	✓	✓	✓		
WEDNESDAY	Haughton Green	Lancaster Road Youth Centre	3-5pm	✓	✓	✓			
	Ashton	Information Shop for Young People	3-5pm	✓	✓	✓	✓	✓	
THUR	Denton (young men only)	Duke Street Young People's Centre	2:30-5:30pm	✓	✓				
FRI	Hattersley	Hattersley Health Centre	2:30-5pm	✓	✓	✓	✓	✓	✓

(Provided by the Young People's Sexual Health Development Manager)

11.1.11 Initiatives have received financial support from Single Regeneration Budgets, Neighbourhood Renewal Fund, joint finance, Teenage Pregnancy Fund, patient participation fund, Positive Fund, HIV Services and the Primary Care Trust.

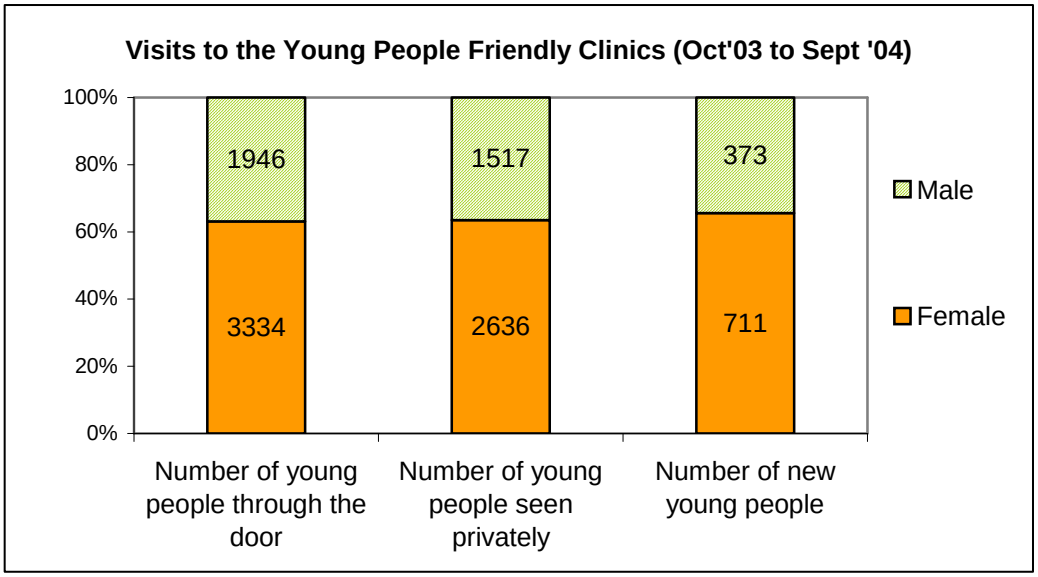
11.1.12 All clinics implement a standard monitoring process and quality assurance.

11.1.13 Young people are asked to complete a history sheet and talk through their needs in a private interview with a member of staff. The Scrutiny Panel was concerned that this level of formality would deter young people. However, the Head of the Youth Service and Health Development Managers explained that they were not aware of any young person who had not completed the interview and that staff were trained to be sensitive and professional.

11.1.14 The Health Development Worker informed the Panel that a key message that staff communicate to young people is that it is acceptable not to have sex and that it is important to be able to say no.

11.1.15 In the year October 2003 to September 2004 the clinics have recorded 5280 visits by young people (of which some would have been repeat visits) and 4153 young people seen privately. Of these the service recorded 1084 new young people visiting the service for the first time.

11.1.16 In total, more girls than boys use the clinics:



11.1.17 The clinics have seen an increase in visits and in the number of condoms distributed.

11.1.18 The Panel was informed that a positive link has been established between the fall in teenage pregnancy rates and the opening of the Duke Street Young People's Centre and the Hattersley Clinic.

11.1.19 The SAFE clinics are advertised through swatch cards (collection of information cards) at every opportunity, at Youth Centre, in magazines directed at young people in Tameside, through school nurses, and at night clubs. The SRE Advisory Teacher also encourages schools to advertise the clinics to pupils. At the time of the review the Scrutiny Panel was informed that the service would be launching a CDRom designed by young people for schools and youth centres containing information about sexual health services.

11.1.20 Through consultation, the Scrutiny Panel found that pupils were not fully aware of the SAFE clinics as a complete service but were aware of individual venues such as the Duke Street Young People's Centre and the Information Shop.

11.1.21 Few young people in the discussion groups and survey reported using the clinics as a regular source of help and advice although most were aware of some form of health service (Family Planning Clinic etc). One school was near a clinic (not a designated SAFE clinic) which had a particular time set-aside just for students from the school to visit the clinic.

11.1.22 Many pupils in the discussion groups mentioned that they would be too embarrassed to go to a clinic where staff may recognise them, where the atmosphere was intimidating, and because they were unsure how confidential the service would be. Most pupils said that clinics would probably be one of the last places they would go for help and advice.

11.1.23 This is of concern since the SAFE clinics were designed to overcome these issues.

11.1.24 The main reason young people completing the survey said they had not used some services is because they hadn't needed to use them, or they hadn't heard of them.

11.1.25 Some Year 10 pupils in the discussion groups were not sure about what help or advice they can get from different places.

11.1.26 When asked, 71% of pupils completing the survey felt that young people could get the help they needed with sex and relationship issues, although 22% did not know.

11.1.27 In the summer of 2005, a new post of Young People's Sexual Heath Services Manager was created based at Crickets Lane Clinic, Ashton-under-Lyne. The role of the Manager is to develop further services, policies and procedures and to provide co-ordination to the service as a whole.

11.1.28 The Development Manager undertook a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) of the current Young People's Clinics provision. The Development Manager found that the staff are

broadly doing excellent work, although there are inconsistencies. The staff are generally very committed, and the partnership of the clinical and Youth Services bring a holistic view to the service. There are good links to education in that many of the nurses are also school nurses and many of the youth workers work in the Balls project.

11.1.29 However, the Development Manager was concerned about the following observed weaknesses:

- Inconsistencies in provision and staffing
- Some lack of co-ordination and communication
- Confusion over monitoring responsibilities
- Reduced clinical leadership capacity due to competing demands on services
- No or sporadic STI testing and no treatments available
- Variations in funding arrangements
- High rate areas not covered sufficiently
- Identification with SAFE logo not always shared
- No manager at the Information Shop and uncertainty about its future
- Need for greater publicity and profile among other service and agencies.

11.1.30 The Development Manager considered future funding and an inability to demonstrate progress as the two main threats to the service.

11.1.31 Opportunities for the service to improve are presented by the new senior post of the Development Manager, funding connected to Local Enhanced Services, the proposed Greater Manchester chlamydia screening programme, and further funding for the Information Shop.

11.1.32 The Development Manager's immediate objectives have been to improve consistency, system of supplies allocation, and monitoring arrangements; secure additional sites in priority areas; to secure provision of free emergency contraception in selected pharmacists; and to establish Chlamydia screening as part of a national programme.

11.1.33 The Deputy Director for Public Health felt that Tameside has made great improvements after being slow off the ground with its Teenage Pregnancy Strategy in common with other authorities.

11.1.34 The Deputy Director feels that there is still a need for more operational posts in the Sexual Health Service. Opportunities for further provision may present themselves in the Building Schools for the Future programme in Tameside whereby schools may consider having health services on site.

11.2 Mystery Shopper Project

11.2.1 In March 2005, the Tameside and Glossop PCT and partners tested sexual health services for young people in Tameside and Glossop.

11.2.2 Over a 2-3 week period in March 2005, 18 young people who had been recruited from youth projects in Tameside and Glossop and trained as mystery shoppers, visited a number of sexual health clinics, family planning clinics, GPs and pharmacies to test these services' responses to three types of service request: contraception, information and advice, and emergencies. The mystery shoppers tested services for the accuracy and clarity of information, the approachable nature of staff, and how far services clearly explained the issue of confidentiality to clients.

11.2.3 The project was funded and managed by the Tameside and Glossop Primary Care Trust with a sub-group of key professionals from children and young people's services, including the Youth Services, Youth Offending Team, Connexions, Groundwork and the Teenage Pregnancy Strategy Manager.

11.2.4 Mystery shoppers visited 30 locations of 9 different types of service and made 55 service requests either in person or by telephone.

11.2.5 The main findings of the project were that:

- Overall visits to all services were considered "good", however phone requests where rated "poorly".
- Contacts for emergencies across all service provision were rated as "good".
- Services dedicated to young people were rated highly for all request types.
- GPs were less accessible to young people.

11.2.6 The Young People's Sexual Health Service Development Manager for Tameside and Glossop PCT is to ensure that the conclusions of the project will form part of the Local Enhanced Service Action Plan.

11.3 The Balls Project

11.3.1 The Balls Project began in July 2000 and is aimed at meeting the needs of boys and young men in Tameside.

11.3.2 The project is one part of a two pronged approach to improving sexual health in young men with the other being the Young Men's Clinic based at the Duke Street Young People's Centre, Denton.

11.3.3 The Balls Project delivers Sex and Relationship Education to boys and young men which takes account of peer pressure, alcohol, dealing with anger, masculinity, confidence and self-esteem, and making choices. Young people are told that to delay first sex is the only 100% protection

against sexually transmitted infections. As well as schools and special schools, the project is also delivered in a number of other settings.

11.3.4 Between June 2003 and September 2004, the Balls Project carried out work in 12 schools (with between 1 and 11 sessions at each school), worked with 6 other organisations and agencies (including the Indian Community Centre and Groundwork), and been part of 5 other projects (including World AIDS Day and the Young Men's Camp).

11.3.5 In this period, the Balls Project delivered 108 sessions and worked with 1559 young men (and 188 young women in non-school settings).

11.3.6 The Balls Project is funded on an annual basis by the Local Implementation Grant for Teenage Pregnancy. At the time of the Panel's review, funding to continue part of the work of the Balls Project has been provided beyond the end of December 2004.

11.3.7 Young men in the discussion groups and the conference organised by the Scrutiny Panel praised the work of the Balls Project. Girls were also aware of the good reputation of the Project.

11.3.8 The Head of the Youth Service and Health Development Manager outlined the aspirations for the Balls Project which included:

- Establishing links with schools not yet visited
- Working with black and minority ethnic communities
- Accessing funding in order to develop a young women's education project alongside the Balls Project
- Securing long-term funding for temporary clinincs

11.4 Events and Initiatives

11.4.1 The Scrutiny Panel was informed of other events and initiatives aimed at reducing teenage pregnancy.

11.4.2 Young people in Tameside have been involved in producing media materials which were then distributed to schools. These included:

- A Sexual Health Messages Calendar
- SWATCH card containing information about services
- Teenage Pregnancy Reintegration Service – posters and card
- Pill Teach resource pack
- 'Tell a Friend' card
- Valentine card with information on local clinics.

11.4.3 Events have been organised around Valentines Day and the 'Summer of Love' – both with a message to young people to love themselves and be confident in making choices that are the right ones for them, including

delaying sex. These events were carried out in partnership with drug and alcohol services.

11.4.4 The Panel was made aware that, as in schools, the message from the Youth Service and at events orgainsed around sexual health was that young people should delay sex until they were completely ready.

11.4.5 In considering best practice in other authorities, the Panel learned that a peer education project has been running in Blackburn since 2002. This is funded through the LIG and a short-term funding from the Neighbourhood Renewal Fund. In partnership with the Brook organistation, 37 young people aged 16 and above were recruited and trained over a over a 12 month period (of which 16 are still part of the project) to deliver SRE in schools, at youth clubs, in other projects, and at events. Peer educators were committed to providing 3 sessions per week. This has been positively received by young people. The Panel has been informed that Brook Oldham has recently been commissioned to provide training and organise this service.

11.4.6 Young women who asked to give further information following the young people's conference suggested that through the Youth Service, with training, older girls in their later teenage years could act as mentors on relationship and sex and sexual health matters to younger children. This would be especially applicable on residential sessions where the opportunity existed to win trust and confidence of the young people involved. All of the young women thought that they would be prepared to participate in such a scheme.

11.5 Connexions

11.5.1 Connexions was launched in Tameside in 2002 and holds the vice-chair of the Teenage Pregnancy Partnership.

11.5.2 The purpose of the service is to help young people aged 13-19 make decisions about their lives and help them prepare for the future. The ultimate aim of Connexions is to remove any barriers to education, training and employment.

11.5.3 Connexions provides confidential advice, support and information services for 13-19 year olds on a range of subjects including careers, employment, money, relationships, health, housing, rights, leisure, and travel.

11.5.4 Whilst the Connexions service is available for 13-19 year olds, Personal Advisor resources pre-16 are targeted at Year 11 students and those Year 9 and 10 pupils identified by the school to receive targeted support. These pupils may be identified because the school feels they are particularly at risk of not fulfilling their potential or being disengaged for a variety of reasons.

11.5.5 For young people who have left compulsory education, the Connexions Service provides targeted support to young people in continuing education and training, who are unsure of their next step or are at risk of discontinuing their courses. All young people who are not in education, training and employment are supported by PAs towards securing appropriate positive opportunities, jobs and training and personal development options, through the public access Connexions Centres and other community venues in the Borough.

11.5.6 The role of Connexions is to work with young people on an individual basis to remove any barriers to education, training and employment which may include concerns about sexual health or relationships. To this end, Personal Advisors respond to the individual needs of the young person and will signpost, provide advocacy, or make arrangements to put in place any support required.

11.5.7 Through the Personal Advisors and general information in the Connexions Centre, Connexions can signpost young people to specialist information and advice services for issues relating to sexual health and relationships.

11.5.8 The Connexions Service in Tameside has developed a Sex and Relationship Education Policy and provided training for all Personal Advisors in delivering the policy in order to help them be more confident in talking to young people about sexual health and relationships. These are both actions included in the Action Plan for the Teenage Pregnancy Strategy.

11.5.9 The Connexions Service was included in the 'mystery shopper' exercise. Connexions received positive feedback and as a result there were no improvement actions for the Connexions service were suggested by the report resulting from the 'mystery shopper' exercise.

Conclusions

38. Overall, individual SAFE clinics have been shown by the Mystery Shopping exercise to be providing good services to young people.

39. Although contraception and advice is available from a young person friendly clinic somewhere in Tameside, Monday to Friday, young people would have to travel to access provision, and there is no provision during the weekend. Currently the only source of condoms and advice in a SAFE clinic on Thursdays is in Denton and this is a clinic for young men only.

40. The Primary Care Trust and the Young People's Sexual Health Development Manager have recognised there are problems in the provision of sexual health services for young people and efforts are being made to address the issues highlighted.

41. In particular, it has been recognised by the Primary Care Trust that the provision of SAFE clinics is inconsistent and uncoordinated, that there is no clear identity for the service, and there is a need for greater efforts around communication and information.

42. It is recognised that the SAFE clinics are not the only source of help and advice, although the purpose of the SAFE clinics was to address issues identified by young people in accessing sexual health services.

43. GPs services are unlikely to be a service chosen by young people for accessing contraception since they are felt to be less accessible and family connections can be an inhibitor.

44. The Scrutiny Panel was very impressed with the effective delivery of Sex and Relationship Education by the Balls Project which was set up to provide value for money. Members regard the service provided by the Balls Project to be the most effective delivery of Sex and Relationship Education currently available in the borough.

45. The effectiveness of the Balls Project was confirmed during consultation with young people who not only requested the continuation of the project but also that similar provision be made for young women.

46. The approach to the subject by the facilitators from the Balls Project was commended by all who had taken part in the sessions, and should be regarded as an example of good practice to be followed.

47. It is recognised that innovative events have been organised not only to provide information about sexual health issues and services, but also to promote positive messages relating to self-respect and a responsible attitude towards sexual behaviour.

48. Given that young people often find it more helpful to talk to people of their own age or slightly older, peer educators working in various venues could be a useful source of information and advice for young people and another source of positive messages.

49. Connexions is an important point of contact for all young people aged 13-19, particularly those targeted in Years 9, 10 and 11. However, it is felt that not all young people are aware that Personal Advisors can help them with issues relating to relationships and sexual health and can help them access specialist sexual health and advice services.

Recommendations

44. That, when the Primary Care Trust has developed a marketing strategy it should be launched with maximum publicity and in the meantime the information about current provision should be made available at every opportunity, to young people directly and to services and agencies working with young people.

45. That funding for the Balls Project be secured on a permanent basis and the service extended to include a similar project for girls.

46. That all schools be encouraged to invite the Balls Project to deliver the service to their pupils at least once, preferably prior to Year 10 so that teachers can build on these messages for the remaining schools years.

47. That innovative events aimed at providing information and delivering positive messages continue to receive funding.

48. That the possibility of recruiting and training peer educators to work with young people in Tameside be considered.

49. That Connexions takes steps to ensure that all young people are aware that they can access sexual health and relationship advice services through their Personal Advisor.

12. Supporting Teenage Parents

12.1 The second element of the National Teenage Pregnancy Strategy is to support teenage parents in accessing and maintaining education, training and employment and reduce the risk of long-term social exclusion.

12.2 To better understand the experiences of young parents the Scrutiny Panel met with young mothers from the Young Parents' Group, professionals, and also considered the findings of the Social Exclusion Unit.

12.3 The Social Exclusion Unit's Report found that teenage mothers face a number of barriers to returning to education or finding employment:

- They are more likely to have a background of poor attainment and possibly exclusion from school during pregnancy
- Accessing education, training and employment is made difficult due to stresses related to having a baby, finding childcare, resolving any family and relationship issues, and resolving accommodation issues.

- Some local authorities do not see education, training and employment as an option for young mothers and in the past have not made this a priority.
- More positive experiences can be found at Specialist Pupil Referral Units for teenage mothers which can offer other support mechanisms such as a crèche and personal attention. Some further education colleges also provide a crèche although this is not a requirement.

12.4 As a result of these barriers, young mothers are less likely to achieve their potential and more likely to experience the effects of social exclusion including lower income, poorer health and poorer housing.

12.5 The Scrutiny Panel heard from young mothers and professionals working with teenage parents that young women can become more motivated about their education and their future when they become a parent. Many of the young women the Panel met had ambitions to continue in to further education or pursue a career.

12.6 Responsibilities of Local Education Authorities

12.6.1 In 2001 the Department for Education and Skills and the Department for Health jointly published guidance for the education of school age parents.

12.6.2 The guidance provides information for Local Education Authorities and schools for supporting school age parents.

12.6.3 LEAs have no specific statutory powers or duties relating to the education of teenage parents over and above those they already owe to children of compulsory school age.

12.6.4 LEAs have a statutory duty to provide suitable education for all pupils for whom they are responsible. In the case of school age parents 'suitable education' must be provided which is tailored to the particular abilities and needs of each individual school age parent; one policy does not fit all. This provision may be found outside of school.

12.6.5 If a pupil with a Statement of Special Educational Needs becomes a parent this statement should be reviewed to reflect new circumstances and ensure provision is adequate.

12.6.6 Each LEA must have a nominated official for teenage pregnancy. If a Reintegration Officer exists the Officer will take this role. This is the case in Tameside.

12.6.7 The Reintegration Officer supports the education of pregnant young women of school age but will also support their continued education post 16. In Tameside the Reintegration Officer is based at the Connexions Service and works closely with the Personal Advisor for Teenage Parents thus providing some consistency of service to young parents.

12.6.8 The Government introduced the Teenage Pregnancy Standards Fund grant in April 2000. £10m over two years (2002-02) helped enable LEA's with the highest levels of teenage pregnancies to employ specialist Reintegration Officers. After 2002 these posts were funded out of the Vulnerable Children Grant available to all LEAs, including Tameside.

12.6.9 The aim of the Reintegration Officer, and the policy of the LEA, is to ensure pregnant pupils or mothers remain in mainstream education as long as possible.

12.6.10 The role of the Teenage Pregnancy Reintegration Officer is to work with the Teenage Pregnancy Strategy Manager to:

- Establish procedures for the referral of pregnant schoolgirls to the Reintegration Officer.
- Raise awareness with the LEA of their obligations towards pregnant schoolgirls and young mothers.
- Support pregnant schoolgirls and young mothers in overcoming barriers to reintegration.

12.6.11 The Reintegration Officer helps statutory and voluntary agencies contribute to the success of the local Teenage Pregnancy Strategy. These include Tameside schools, colleges, the Pupil Referral Units and non-mainstream education projects in the voluntary and statutory sector.

12.6.12 Since 1999, LEAs have had to collect monitoring data for all children not in schools, which may include school age parents. It is also regarded as good practice to keep monitoring data for teenage parents attending school and to continue to monitor progress beyond statutory education in to further education or employment.

12.6.13 The LEA can provide some financial assistance with childcare provision and provide, or contribute to, home-school transport for any pupils, including pregnant teenagers or teenage mothers, if it is needed for them to attend school.

12.7 Responsibilities of Schools

12.7.1 The guidance states that schools should not use pregnancy as a reason for excluding a female pupil from school nor should health and safety be used as a reason.

12.7.2 The school should aim to continue the education of pregnant pupils or pupils who are mothers. Schools should:

- Keep the pupil on the school register (even if she is being educated outside of school)

- Remain aware of progress and aim to reintegrate pupils back in to school
- Work with the pupil, her parents, the LEA and the pupil's Connexions or Sure Start Plus Personal Adviser to decide the best type of education provision if a mainstream school is no longer suitable.

12.7.3 If the school becomes aware that a pupil is pregnant:

- If a pupil has informed the school that she is pregnant and has asked the school to keep this confidential there are very limited circumstances where the school may choose to breach this confidentiality, for example a child protection issue, however in all cases the school should take advice from the School's designated Child Protection Officer or the Council's Borough Solicitor.
- The member of staff who finds out that a pupil is pregnant should ensure that the pupil receives full information about services in her local area, knows how to access them and has the opportunity to talk through with professional advisors the options available to her. These should include support services for girls who have decided not to continue with the pregnancy or to seek adoption for the baby.

12.7.4 If the pupil continues with the pregnancy:

- The headteacher and nominated LEA officer must be informed.
- The headteacher should respect the young woman's wishes on confidentiality and make sure that the pregnancy is dealt with sensitively by teachers and pupils within the school.
- A member of school staff should be identified to take particular responsibility for the education of the pupil and make sure the pregnant pupil has access to the appropriate local Health or Social Services.
- Learning should continue as long as possible up to and beyond the birth, including making alternative arrangements or sending work home and being more flexible with the national curriculum if this helps maintain continuity of learning.
- Support should continue within the 18 weeks authorised absence immediately before and after the birth and help provided to encourage the young mother to return to school as soon as possible.
- Beyond the 18 weeks authorised absence the only absence allowed is for ante-natal classes or if the baby is ill. Otherwise, the school should adopt its normal absence policy.
- Bullying should be dealt with by the school as it would with other instances. PSHE lessons could be used to develop better understanding of the situation of young parents.
- If a girl not attending school becomes pregnant the school should meet with her and her parents and the LEA to discuss how her educational needs are to be met.

- Young girls in care who are pregnant should have their care plan reviewed to make sure her educational needs continue to be met.
- All pupils, including young mothers, who have had time outside of school should have a reintegration plan and panel.
- School age fathers will also have additional needs and the same response applies to fathers-to-be as expectant mothers including offering flexible learning and access to a counsellor.

12.7.5 In Tameside, school's implementation of the guidance is monitored by the Co-ordinator of the Pupil Referral Service.

12.7.6 The Reintegration Officer was of the view that the education of pregnant school girls or teenage mothers of school age is very mixed. There are examples of very supportive schools and individual teachers who are committed to pupils continuing education and will do everything possible to support them.

12.7.7 Some of the young mothers the Scrutiny Panel interviewed reported having very good experiences at school when they were pregnant. Schools were flexible with lessons and reacted strongly to any bullying or negative behaviour by other pupils.

12.7.8 However the Reintegration Officer felt that some schools have not been helpful to pregnant mothers in their school by, for example, not being flexible over Physical Education lessons or school uniform, or reducing the number of GCSEs being taken by the student despite the wishes of the pupil and her parents.

12.7.9 Young mothers in the group reported some negative experiences at school including bullying.

12.7.10 The Reintegration Officer reported that the response of other pupils and the reaction of the school to this has been mixed. Where schools promote a supportive attitude to all pupils, pregnant mothers have a more positive experience. Pregnant pupils or mothers are less likely to leave these schools and find alternative educational provision. One of the young women who met with the Scrutiny Panel explained that she had made the decision to transfer to the Pupil Referral Unit because of the way she was being treated at school.

12.8 Education out of mainstream school

12.8.1 Although schools may be seen as the best way for school age parent to access a full curriculum, the LEA can find alternative education provision for a pregnant pupil or a pupil who is a mother. These include Pupil Referral Units, home tuition, further education, e-learning or voluntary sector provision.

12.8.2 Pupils being educated out of school remain on the school roll. Schools should continue to oversee the education of a pregnant pupil or a pupil who is a mother if they are being educated outside of school and who have not made other alternative arrangements acceptable to the LEA by setting and marking work while she is away.

12.8.3 Reintegration Officers, the Connexions Service and Sure Start Personal Advisers work to re-engage school age mothers who have dropped out of the system altogether.

12.8.4 If a pregnant pupil or a pupil who is a mother attends a Pupil Referral Unit ultimately schools and the PRU should work together to enable the pupil to return to mainstream education (unless the girl became pregnant in Year 11, and may therefore no longer be of school age when they are ready to return to mainstream education; at this stage further education should be encouraged).

12.8.5 The Reintegration Officer reported that the response of schools to meeting their responsibilities to pregnant pupils or mothers has been mixed. Some schools do not fulfil their responsibility to maintain contact and oversee the continued learning of pupils.

12.8.6 LEAs will normally arrange education for teenage mothers aged between 16 and 18 if they are a year behind in their schooling and need to complete courses or have shown a commitment to education before the period of absence from school.

12.8.7 Pupil Referral Units provide part time alternative education provision for a range of young people who are unable to attend school.

12.8.8 There are three Pupil Referral Units in Tameside:

- Bridgeway Pupil Referral Unit, Dukinfield
- Ashton Pupil Referral Unit
- Hyde Pupil Referral Unit

12.8.9 The Panel visited Bridgeway Pupil Referral Unit, which specialises in educating young people who are unable to attend school because of illness, injury, or pregnancy (plus some children waiting for Statement of Special Educational Need or mainstream provision).

12.8.10 The key objective of the provision is to ensure that pupils continue to have access to as much education as their condition allows so that they are able to maintain the momentum of their education and to keep up with their studies.

12.8.11 There are currently 40-50 part-time places at the unit for children aged 14-16 years. The Unit is looking to expand provision to provide nearer to full-time provision for Key Stage 4 pupils as recommended by Ofsted.

12.8.12 A recent Ofsted report commented that much progress had been made in a short period of time and highlighted the quality of education and support available to young mothers.

12.8.13 In January 2005, sixteen pregnant teenagers or expectant mothers attended the Pupil Referral Unit. Seven pupils were still attached to mainstream schools with a view to returning to school following the birth of the baby and a short time back at the Unit. Although still on the school roll six pupils were the responsibility of the PRU. Two pupils were not accessing any educational provision.

12.8.14 More pregnant and expectant teenage mothers now attend the PRU although staff at the PRU explained that this was because of better referrals, not necessarily growth in the need for the PRU. Referral systems have been extended to include referrals from the Education Welfare Service, midwives and GP's. The PRU now has no free places because the referral system is improved.

12.8.15 The Scrutiny Panel was informed that the Unit would prefer to be able to offer a further 12 or 14 places to teenage mothers to meet demand for the service.

12.8.16 Girls usually stay in school until they are 7 months pregnant when they start to attend the PRU for around three afternoons per week.

12.8.17 Pupils' attendance at the PRU is better than their previous attendance at school (34%-78% school attendance compared to 78%-100% Pupil Referral Unit attendance). Pupils receive childcare costs through Care to Learn.

12.8.18 It is felt by staff at the Bridgeway PRU that attendance would further improve if there was a provision of on-site childcare which would also ensure new mothers have the opportunity to bond with their babies.

12.8.19 Pupil Referral Units must teach Sex and Relationship Education to children of secondary school age and can determine whether it is appropriate to teach children of primary school age.

12.8.20 Every three weeks pupils have 'enrichment sessions' which aim to provide them with information and skills they need as a young parent. Subjects include healthy living and benefits.

12.8.21 Although the remit of the PRU is the education of young mothers not fathers, attempts are made to involve and work with fathers. The initial meeting with school and parents is open to fathers and the PRU is considering inviting fathers to the enrichment sessions.

12.8.22 To improve provision, staff at the PRU would like to have more time with the teenage mums (as opposed to other pupils), have more space and be

able to provide childcare on site. The PRU has a number of actions in place for April 2005 – April 2006.

12.8.23 Bridgeway Pupil Referral Unit takes part in the Healthy Schools Standard, which includes the provision of Sex and Relationship Education. This element of the Healthy Schools Standard is broader at the Pupil Referral Unit than at mainstream schools. Work is undertaken with the SRE Advisory Teacher, Drugs and Alcohol Advisory Teacher and midwives.

12.9 Training and Employment

12.9.1 The national target is to see 60% of teenage mothers in education, training or employment by 2010. The figures for Tameside are collected by the Connexions services and are as follows.

	2004	2005	2010 target
Percentage of teenage mothers known to Tameside Connexions in education, training or employment	10%	27%	60%

12.9.2 The Connexions Service takes a lead role in supporting young parents in education, training and employment. Connexions works with young parents to ensure that parenthood does not become a barrier to young parents accessing education, training and employment.

12.9.3 The Connexions Manager for Connexions Tameside explained that Tameside had made the decision to appoint a specialist Personal Advisor for Teenage Parents. The Connexions Personal Advisor for Teenage Parents has a special responsibility for supporting young parents who are no longer of school age (post-16). The LEA's Reintegration Officer is also based at Connexions and works closely with the Personal Advisor.

12.9.4 The role of the Personal Advisor for Teenage Parents is to provide tailor made support and advice for pregnant teenagers and teenage parents, raise the aspirations and achievements amongst these young people and to help remove barriers to personal development and education, training and employment.

12.9.5 The PA for Teenage parents will work on a one-to-one basis with a caseload of young people who present themselves to Connexions or who are engaged by the Connexions service after being identified as in need of support.

12.9.6 The PA helps pregnant teenagers to consider the options for the pregnancy and to discuss future and long-term goals as a young parent.

12.9.7 The PA provides impartial advice, guidance and advocacy to this group of young people on issues of further education, careers, health and social care, and financial situation.

12.9.8 Attempts have been made to secure work experience and training positions for young parents but difficulties have arisen over the flexibility needed for the young mothers to meet their parenting responsibilities. The Teenage Pregnancy Partnership, through Connexions, continues to work with the Learning and Skills Council to develop training and education that meets the needs of young parents.

12.9.9 The service signposts young parents to the recognised young people friendly midwives in the borough. A midwife used to be available at the Connexions Centre in Ashton-under-Lyne for one hour each week, but there was no demand for the service.

12.9.10 Connexions measures performance through the proportion of young parents in contact with the service. The number of potential clients is provided by statistics from the Department of Health. This is an estimate of the number of live births to under 18 year olds in Tameside. According to these figures, Connexions estimates that it is in contact with almost three quarters of teenage mothers in Tameside (158 out of an estimated 214 teenage mothers). However, this is only an estimate used to give a basic picture of the level of contact.

12.9.11 Although referrals from midwives are improving as a way of signposting young parents to Connexions, the Connexions Manager for Connexions Tameside felt that this mechanism could be improved to ensure greater take-up of the service.

12.9.12 The Connexions Manager for Connexions Tameside felt that the service has three particular challenges:

- To recognise, and to help others recognise, that education, training and employment is not always preferable for young parents and there is a need to balance the benefits of education, training and employment with the demands of parenthood (particular lone parenthood) and the benefits of full-time parenting.
- Connexions is able to commit to the actions in the Teenage Pregnancy Strategy although additional resources depends on how far this is seen as a priority for the Connexions service as a whole (for example, the creation of the post of specialist PA for teenage parents was a local decision).
- Despite good progress to date, Tameside is unlikely to meet the target for achieving 60% of teenage mothers in education, training or employment by 2010 and this is likely to be the experience of other areas nationally.

12.10 Tameside Young Parents' Group

12.10.1 Connexions leads the Young Parents' Group which is aimed at young parents and pregnant mothers aged 16-19. The group has places for 20 young parents/pregnant mothers and is supported by two PAs from Connexions (including the PA for teenage parents), a Floating Housing Support Worker from West Pennine Housing Association and a Youth Worker from the Youth Service.

12.10.2 The group provides developmental opportunities for these young people to help them become more independent and confident about making choices in life and ultimately help the young parents access education, training and employment.

12.10.3 Activities arranged by the group look at different aspects including health and well-being (including sexual health), parenting skills, and housing advice.

12.10.4 Tameside Young Parents' Group is the result of a multi-agency approach between Connexions, West Pennine Housing Association and the Youth Service and was set up with funds from the Teenage Pregnancy Partnership Board.

12.10.5 Young parents attending the project are able to embark on project work leading to accreditation enabling young parents to gain new skills and knowledge to improve their self confidence and esteem and help them to increase their chances of securing employment when they are ready to return to work or further education. All participants are embarking in National Youth Achievement Awards and accreditation.

12.10.6 The young parents receive support around sexual health and contraception; positive parenting; relaxation; healthy eating; smoking cessation and leisure and specialised subjects delivered by multi agency facilitators. The group have also been involved in developing a directory of services for young parents.

12.10.7 Sessions are run once a week for four hours. Participants can access Care to Learn funding for women to place their babies in a registered crèche allowing them time to learn and study.

12.10.8 The Connexions Manager for Connexions Tameside felt that ideally this group would expand but currently resources do not allow for this.

12.10.9 The young women from the group were extremely positive about their experiences at the group and those who were in a position to leave the group were sad to be leaving. As well as receiving invaluable help with the practicalities of being a young parent, they felt that they had developed as individuals and had been provided with many opportunities they may not otherwise have had. New members of the group had

benefited in particular from the help and advice of young women already part of the group.

12.11 Housing and Childcare

12.11.1 One of the barriers to continuing with education or gaining employment identified by the young parents interviewed by the Scrutiny Panel was obtaining housing. For many this is their first concern. The help provided by the Floating Support Officer in helping them to access accommodation if they need it was for many the first step towards real independence.

12.11.2 The Panel met with the Floating Support Officer, employed by West Pennine Housing Association to support young parents in seeking social housing. The post is funded by the Supporting People Programme.

12.11.3 The Supporting People Programme was launched in April 2003 to offer vulnerable people, including teenage parents, the opportunity to improve their quality of life by providing a stable living environment which enables greater independence. The programme provides housing related support to prevent problems that can often lead to hospitalisation, institutional care of homelessness and can help the smooth transition to independent living for those leaving an institutionalised environment.

12.11.4 The role of the Support Officer is to help young parents up to the age of 25 (although the focus in the future will be 16 and 17 year olds) obtain and sustain tenancies both in the social housing and private housing market. The Officer helps young parents to understand and complete the various forms required for accessing housing and benefits. Young people are also supported in developing budgeting skills and handling utilities bills.

12.11.5 They are also taught how to communicate with landlords and other tenants to ensure that they can remain in the property. Much of this work is done through the Young Parents' Group.

12.11.6 The Support Officer works with a maximum caseload of 14 teenage parents and provides assistance, advice and advocacy, which can include help accessing the correct benefits and developing the skills to maintain a tenancy.

12.11.7 Over a 22 month period the Floating Support Officer had worked with 37 young parents and has a waiting list of 14 young people.

12.11.8 The Floating Support Officer will encourage the young mothers to stay in the family home as long as possible if this is a supportive environment and many choose to do so.

12.11.9 For many young mothers and professionals in the sector, the absence of a mother and baby unit for teenage mothers has been a significant drawback in Tameside. These units combine accommodation with other

support services until the young parent is able to move in to independent accommodation. One of the young mothers who had been working with the Scrutiny Panel had a very positive experience at a mother and baby unit outside the borough.

12.11.10 The development of a specialist supported housing project has been a priority within the Supporting People Strategy and the Teenage Pregnancy Partnership. A potential site has been identified and following an earlier failed bid, the Council has submitted a second bid to the Housing Corporation for funds to establish a specialist housing unit.

12.11.11 The PA for Teenage Parents and Reintegration Officer have encountered difficulties in helping young people in Tameside access benefits. The awarding of benefits is not always consistent at Job Centres in particular. Officers have had to involve Welfare Rights Officers from the Council in each case.

12.11.12 During the time of this review the Job Centres have standardised their procedures although the Panel has since been informed that this was not to the benefit of the young mothers as regulations appear to be interpreted with less flexibility.

12.11.13 Lack of childcare provision can act as a major barrier to young parents receiving education. Advice nationally about childcare providers is available from Reintegration Officers, Connexions Personal Advisers and Sure Start Plus Personal Advisers (although the latter do not exist in Tameside).

12.11.14 Financial assistance with childcare may be available from the following sources:

- Working Families Tax Credit – if both parents of the young parent work, or a lone parent works, then they can apply for Working Families Tax Credit for childcare for their grandchild.

- Children in Need – Local authorities are required to provide appropriate day care for 'children in need' in their area. If the mother or baby are assessed as 'children in need' by Social Services provision must be made to safeguard and promote the welfare of mother or baby or if one of them is disabled. Local Authorities may provide and/or fund this provision.

- Care to Learn – Since the 2001 guidance for the education of school ages parents was published, the DfES has launched 'Care to Learn', financial assistance for parents aged under 19 to help pay for childcare and travel costs. Grants are paid directly to the chosen childcare provider and educational institutions to fund additional travel costs.

12.11.15 The Teenage Pregnancy Regional Co-ordinator expressed concern at the lack of take-up in Tameside of the Care-To-Learn fund for childcare provision for young parents accessing education or training. Connexions feels that the level of take-up is proportional to the number of potential applicants and is confident that all staff are aware of and promote the fund.

12.11.16 Concerns were raised by the Reintegration Officer and Connexions Personal Advisor for teenage pregnancy that the method of recording applicants for Care-To-Learn based on postcode may have lead to some applicants being incorrectly recorded as a neighbouring authority.

12.11.17 In January 2005, the Scrutiny Panel received updated figures from the Care to Learn team, based at Manchester City Council. Care to Learn reported that there were 20 applicants at various stages of the application process on the database. The Reintegration Officer feels that this is an accurate number for Tameside in terms of the proportion of teenage parents in need of the grant.

12.11.18 Since the commencement of this review, the Teenage Pregnancy Strategy Manager has started to receive this data and can now highlight any inaccuracies or report any applicants who have not been recorded.

12.11.19 The Regional Co-ordinator feels that Tameside should focus on how the grant is advertised and how young parents can get help completing forms. The Connexions Manager for Connexions Tameside is confident that all Connexions PAs are aware of the grant.

12.11.20 The Reintegration Officer, Connexions PA for Teenage Parents and the Floating Support Worker spoke very highly of the support provided by the Tameside Options Service (TOPS) which put parents in touch with childcare providers. Amongst the services provided, TOPS has equipped young mothers with questions to ask childcare provides to help them make better choices.

Conclusions

50. The Panel were informed that in practice support available from schools for pregnant pupils is varied.

51. The quality of education and provision at the Bridgeway Pupil Referral Unit has improved and this is reflected in the observations of Ofsted and the success of pupils as demonstrated to the Scrutiny Panel. Young mothers perhaps would be further encouraged to attend the Unit if on-site crèche facilities were available.

52. Excellent support and development opportunities are provided by the Young Parent's Group.

Recommendations

50. That schools continue to be encouraged to support expectant mothers to continue their school careers.

51. That schools should also continue to support expectant fathers to encourage and enable them to meet their responsibilities and parenting needs if necessary.

52. That consideration be given to the feasibility of making on-site crèche facilities available in the Bridgeway Pupil Referral Unit.

53. The Scrutiny Panel worked closely with the Young Parents' Group and recognises the contribution it makes to helping develop confidence and achieve qualifications. The feedback from the young women attending the group was very positive and supportive. There is a clear demand and waiting list for the group but resources are limited and funding only approved on an annual basis.

54. That the excellent work of the Tameside Young Parents' Group be recognised and that adequate funding continue to be made available.

55. The provision for young parents in their own supported accommodation appears to have been successful and should be encouraged.

56. That the Young Parents' Group maintain links with previous members of the group in order to offer peer support to new members of the group.

57. The provision of a mother and baby unit in Tameside would help young mothers who are unable to continue living in the family home or are not as yet equipped to cope with their own accommodation.

58. That consideration be given as to whether the take-up of Care to Learn is inhibited by the capacity of the Young Parents' Group to be able to meet the demand for places.

13. Borough Solicitor's Comments

It is extremely important that Scrutiny of this issue is undertaken, particularly in light of statutory duty on Members and Officers alike as set out in the Children Act 2004, because where there is inter-agency responsibilities it is vital that there are coordinated strategies to prevent duplication and omissions. The Children Act 2004 places a statutory duty on Local Authorities including Members and Officers individually and personally to ensure that when discharging its functions of the need to have regard to safeguard and promote the welfare of children (this includes all young people under 18 and Looked After Children until they are 21).

There are a number of legal issues that I would like to amplify on:

1. **Schools Duty to Educate Pregnant School Pupils and Child Mothers under age of 16 -** paragraph 12.7.1 - the consequences of a school excluding a pupil from school owing to her pregnancy or any related matters or treating her in a less favourable way would be to expose the Governing Body and the Headteacher or any other person who actually excludes potentially liable to a claim for damages under the Sex Discrimination Act 1975 (as amended) together with breaches of the Human Rights Act 1998.
2. **Legal position re Medical Treatment (Contraception and Abortion) -** Under English Law, the capacity of those under 16 to consent to their own treatment is governed by what is known as "Common Law" i.e. cases made in courts. The Leading case (currently being challenged) remains the 1985 House of Lords Decision Gillick v West Norfolk and Wisbech Area Health Authority. In that case the House of Lords held that the law did not recognise any rule of absolute parental responsibility until a fixed age, and as such had to be determined upon a judgement of what was best for the welfare of the particular child and that Children had rights to make their own decisions in relation to their bodies in respect of medical/surgical/dental treatment when they reached a sufficient understanding and intelligence to be capable of making up their own mind on the matter requiring a decision.

   Gillick was concerned with a mother seeking an assurance from the Health Authority that her daughters whilst under 16 would not receive contraception or abortion treatment without her consent. The Lords held that a Doctor had discretion to give contraceptive advice or treatment to a girl under 16 without her parent's knowledge or consent, provided the doctor was satisfied that

- that the young person had reached an age where she had sufficient understanding and intelligence to enable her to understand fully what was proposed in respect of the moral, social and emotional implications.
- that the doctor could not persuade the young person to inform their parents or allow the doctor to do so
- the young person is having unprotected sex whether they receive advice or not
- their physical or mental health is likely to suffer unless they receive advice or treatment
- it is in the young person's best interests to receive contraceptive advice or treatment without parental knowledge or consent

With the advent of the Human Right's Act 1989, the only time a GP is likely to breach that confidentiality is when he strongly believes that the advice or medical treatment is being sought as a consequence of sexual abuse and exploitation in which case the doctor is under a duty to report to the relevant child protection authorities in accordance with child protection procedures.

This legal position is enshrined in The Children Act 1989 Guidance and Regulations volume 3 where it states:

"Children who are judged able to give consent cannot be medically examined or treated without their consent. The responsible authority should draw the child's attention to his or her rights to give or refuse consent to examination or treatment if s/he is 16 or over or if s/he is under 16 and the doctor considers him or her of sufficient understanding to understand the consequences of consent or refusal"

Consequently, it is an imperative that young people are made aware of their rights in order that they can access without fear the necessary advice and treatment from professionally qualified persons including doctors, nurses etc in order that they are able to make fully informed choices and act responsibly should they decide to consent to sexual intercourse.

It is particularly important, as a consequence of the confusion that arises because the law of the land makes it an offence for a male person to have sexual intercourse with a girl under the age of 16 and consequently it is believed like that it is unlawful to obtain/seek contraception in the same way that the legislation seeks to protect the Health and Welfare of Young People by making it unlawful to sell tobacco, alcohol and knives

14. Borough Treasurer's Comments

The Local Implementation Grant ceases to be ring-fenced from April 2006. No additional resources will be available from Council sources after that date but the Children's Service will be free to continue to use the grant for dealing with teenage pregnancies if it wishes to.

Any service development proposals made by the Panel would require funding by diversion of resources from elsewhere within the service. No new growth money is being allocated in the 2006/07 budget.

15. Recommendations

1. That the attention of the Secretary of State for Health be drawn to the difficulties caused by the two year time lag in the official teenage pregnancy statistics which makes it impossible to effectively measure the outcome of initiatives.

2. That the Teenage Pregnancy Partnership ensure that it is confident that there are sufficient local information systems in place for recording conceptions and live births to teenagers.

3. That additional emphasis be placed on the need to reduce teenage conceptions and that a clear message be sent to all partners with a role to play.

4. That the Teenage Pregnancy Partnership clarify the hotspot areas based on recent data.

5. That the Looked After Children Team share good practice with others working with parents, carers and young people.

6. That the Youth Offending Team consider prioritising sexual health and relationship education, or at the very least ensure that the Team has a Sex and Relationship Education policy in place, make further use of the Balls Project and make provision for female young offenders.

7. That the Youth Offending Team record data about the number of young offenders who are parents to enable better targeting of resources for both prevention initiatives and parenting support.

8. That the Pupil Referral Units receive targeted support to help them achieve the Healthy Schools Standards.

9. That the Balls Project continue to access target groups and be supported in negotiating access to these groups.

10. That a compendium of good practice taking place across Tameside with young people be compiled as a resource for all those working with young people so that it can be duplicated or adapted in other environments.

11. That the influence of alcohol and peer pressure is included as part of Sex and Relationship Education where appropriate and continue to share best practice in this area.

12. That coping strategies are Included in Sex and Relationship Education lessons to equip young people with the ability to handle peer pressure and avoid alcohol misuse.

13. That alcohol awareness initiatives are programmed and coordinated to provide the best coverage to young people and that learning is recorded and disseminated.

14. That the Young People Friendly Clinics are extensively promoted to all young people as a safe and comfortable environment to access contraception and advice about sexual health and relationships.

15. That the particular issue of gender inequality in relation to carrying condoms be addressed in order to ensure that young people are able to take equal responsibility.

16. That the possibility of making condoms available in schools be considered.

17. That those promoting the impact of early parenthood ensure that they tackle any negative stereotypes of young parents, especially young mothers.

18. That schools should be encouraged to welcome the young parents soon to be peer educators to ensure that young people meet and learn from young parents.

19. That the consultation carried out by the Scrutiny Panel with parents on the Citizen 2000 Panel be followed up by focus groups with those parents who responded in an attempt to further explore the current and potential role of parents in helping to prevent teenage pregnancy.

20. That those resources indicated by parents to be of use to them in talking to their children about sensitive issues be considered for implementation.

21. That a visible campaign to encourage parents to communicate with their children about sex and relationships be considered in an effort to create a more open culture in which young people feel able to talk about sex and relationship issues.

22. Tameside Council should not reduce current levels of funding to tackle teenage pregnancy after the ring-fenced funding ends in 2006.

23. That an internal ring-fence should be placed on funds in support of reducing teenage pregnancy and supporting teenage parents.

24. Partners should continue to look for opportunities to mainstream activity in to service delivery.

25. The Panel recognises that Sex and Relationship Education in school is not statutory but that schools should be strongly encouraged to make adequate provision for SRE in the curriculum and seek the support available to them.

26. That all schools, Pupils Referral Units, and the Youth Offending Team should be strongly encouraged to adopt the SRE policy framework as soon as possible if they have not already done so.

27. That the Sex and Relationship policies already produced using this new framework should be circulated via the Personal Social and Health Education Network to schools which have yet to formulate a policy to share good practice.

28. That the good practice found at All Saints Roman Catholic High School in making parents aware of Sex and Relationship Education being delivered at the School be disseminated via the Personal Social and Health Education Network and schools strongly encouraged to pilot sessions as a way of building better partnerships with parents.

29. That the Personal Social and Health Education Network take an active role in sharing, developing and implementing strategies for effectively involving parents in developing schools' Sex and Relationship policies and communicating with parents.

30. That the proposal to introduce a link governor for Sex and Relationship Education be supported.

31. That the proposed link governor should have specific responsibility for ensuring governor input in to the Sex and Relationship Education policy and be a champion for Sex and Relationship Education in the school.

32. That governors be strongly recommended to attend the training session provided in order to improve their knowledge of young people's sex and relationship issues, of the importance of Sex and Relationship Education, and models of delivery.

33. That all schools with greater than 20% free school meal eligibility commit to the Healthy Schools Scheme as soon as possible.

34. That schools with greater than 20% free school meals achieve the Healthy Schools Standard as soon as possible.

35. That schools which have already achieved the Healthy Schools Standard be encouraged to actively share their learning, policies and procedures, particularly with those schools yet to achieve the Standard, via the Personal Social and Health Education Network

36. That, following the value for money review, should the Partnership decide not to continue to fund the accredited course for Personal Social and Health Education teachers, mechanisms should be put in place to ensure that schools have adequate access to specialist teaching support, and that the skills of teachers completing the course could be used to the benefit of other schools.

37. As a means of achieving best value, sharing costs and overcoming limited resources in the specialist teaching field of Sex and Relationship Education and in order to provide better co-ordinated consistent and programmed provision in schools and the more effective engagement of governors and parents, schools and the LEA should investigate this resource being procured by clusters of schools.

38. That schools be strongly encouraged to access the support and resources available from the Advisory Teacher for Sex and Relationship Education.

39. That schools be strongly encouraged to attend the PHSE Network and to use the Network to actively promote, share, and develop good practice.

40. That opportunities for discussion, in both same sex and mixed sex classes, should be promoted as good practice in delivering Sex and Relationship Education.

41. That young people are given the opportunity to take a more active role in determining what is to be covered in the limited time available for Sex and Relationship Education in schools.

42. That all schools should ensure Sex and Relationship Education provision relating to respect and relationships commences in the first year of secondary school and continues throughout a pupil's school career.

43. That practitioners continue to promote the message to delay first sex and that this be supported by the reasons why this is beneficial and strategies for its achievement.

44. That, when the Primary Care Trust has developed a marketing strategy it should be launched with maximum publicity and in the meantime the information about current provision should be made available at every opportunity, to young people directly and to service and agencies working with young people.

45. That funding for the Balls Project be secured on a permanent basis and the service extended to include a similar project for girls.

46. That all schools be encouraged to invite the Balls Project to deliver the service to their pupils at least once, preferably prior to Year 10 so that teachers can build on these messages for the remaining schools years.

47. That innovative events aimed at providing information and delivering positive messages continue to receive funding.

48. That the possibility of recruiting and training peer educators to work with young people in Tameside be considered.

49. That Connexions takes steps to ensure that all young people are aware that they can access sexual health and relationship advice services through their Personal Advisor.

50. That schools continue to be encouraged to support expectant mothers to continue their school careers.

51. That schools should also continue to support expectant fathers to encourage and enable them to meet their responsibilities and parenting needs if necessary.

52. That consideration be given to the feasibility of making on-site crèche facilities available in the Bridgeway Pupil Referral Unit.

53. The Scrutiny Panel worked closely with the Young Parents' Group and recognises the contribution it makes to helping develop confidence and achieve qualifications. The feedback from the young women attending the group was very positive and supportive. There is a clear demand and waiting list for the group but resources are limited and funding only approved on an annual basis.

54. That the excellent work of the Tameside Young Parents' Group be recognised and that adequate funding continue to be made available.

55. The provision for young parents in their own supported accommodation appears to have been successful and should be encouraged.

56. That the Young Parents' Group maintain links with previous members of the group in order to offer peer support to new members of the group.

57. The provision of a mother and baby unit in Tameside would help young mothers who are unable to continue living in the family home or are not as yet equipped to cope with their own accommodation.

58. That consideration be given as to whether the take-up of Care to Learn is inhibited by the capacity of the Young Parents' Group to be able to meet the demand for places.

Lifelong Learning And Cultural Services Scrutiny Panel

Review Of Teenage Pregnancy In Tameside

th July 2004
(Revised September 2005)
Project Plan 27

Aim Of The Scrutiny Review Exercise

To review the extent of teenage pregnancy in Tameside, examining the Council's aims to reduce the number of conception rates of under 18's and assess the support available for school-age parents.

Objectives

A. To assess the rate of teenage pregnancy in Tameside and compare this with other local authorities, the national and European averages.

B. To examine the national and local aims for reducing teenage pregnancy for women under 18.

C. To produce information on teenage pregnancy in Tameside relating to demographics such as age profiles, levels of deprivation and the circumstances under which women below the age of 18 become pregnant.

D. To evaluate the Council's policies for preventing teenage pregnancy and consider Sex and Relationship Education within Tameside schools.

E. To evaluate the support available for teenage parents to return to education, training or employment.

Timescale
This Review will be ongoing until September 2005.

APPENDIX 1

Detailed Action Plan (in broadly chronological order)

Action	Objective met	Timescale	Lead Scrutiny Panel member(s) and/or Scrutiny Support Officer(s)
(1) Meet the Cabinet Deputy for Lifelong Learning, Councillor Ged Cooney, to discuss teenage pregnancy	All	Scrutiny Panel Meeting 17th August 2004	Scrutiny Panel Alison Davies
(2) Meet Michelle Eastwood (Teenage Pregnancy Strategy Manager) and Jill Saunders (Chair of the Teenage Pregnancy Partnership)	All	Scrutiny Panel Meeting 7th September 2004	Scrutiny Panel Alison Davies – coordination Sarah Challoner– briefing paper
(3) Meet Regional Teenage Pregnancy Coordinator	All	Scrutiny Panel Meeting 9th November 2004	Scrutiny Panel Alison Davies – coordination Sarah Challoner– briefing paper
(4) Attend Teenage Pregnancy Management Board Meeting	All	18th November 2004	Alison Davies – coordination Chair and other Panel Members to attend
(5) Meet with Young Mums Group	C, D, E	1st December 2004	Alison Davies - co-ordination with Lisa Spencer Sarah Challoner – design consultation
(6) Meet with Sue Nathan and Gary Hall (Youth Service) and Gwynneth Johnson (Advisory Teacher, SRE) to discuss prevention activity.	D	Scrutiny Panel Meeting 7th December 2004	Scrutiny Panel Alison Davies – coordination Sarah Challoner– briefing paper
(7) Meet with Maddie Monoghan (LEA Reintegration Officer), Sue Atkinson (Connexions Personal Advisor for young parents), Hazel Clarke (West Pennine Housing Association Floating Support Worker) to discuss support activity.	E	Scrutiny Panel Meeting 18th January 2005	Scrutiny Panel Alison Davies – coordination Sarah Challoner– briefing paper
(8) Consult young people (self-completion survey; discussion groups, including at disabled young people's youth club; conference)	C, D	January – July 2005	Scrutiny Panel Alison Davies – coordination Sarah Challoner – consultation design and analysis
(9) Consider areas of good practice	D, E	January – July 2005	Alison Davies – coordination Sarah Challoner – to identify areas
(10) Meet Michelle Eastwood (Teenage Pregnancy Strategy Manager) and Jill Saunders (Chair of the Teenage Pregnancy Partnership) to discuss the response to the recent report by the Regional Coordinator	All	Scrutiny Panel Meeting 1st March 2005	Scrutiny Panel Alison Davies – coordination Sarah Challoner– briefing paper

Action	Objective met	Timescale	Lead Scrutiny Panel member(s) and/or Scrutiny Support Officer(s)
(11) Consult parents through the Citizen's Panel	D	February – March 2005	Sarah Challoner
(12) Meet with Primary and Secondary Headteachers	C,D, E	Scrutiny Panel Meeting 12th April 2005	Scrutiny Panel Alison Davies – coordination Sarah Challoner– briefing paper
(13) Consult school governors	D	April – May 2005	Alison Davies – coordination Sarah Challoner – consultation design and analysis
(14) Consult Personal, Social and Health Education Coordinators	D	June – July 2005	Sarah Challoner – consultation design and analysis
(15) Meet with Michelle Eastwood (Teenage Pregnancy Strategy Manager), Shonagh Camacho-Duran (Alcohol Coordinator), and Shelagh Walton (Drugs Education Advisory Teacher)	C, D	Scrutiny Panel Meeting 7th June 2005	Scrutiny Panel Alison Davies – coordination Sarah Challoner– briefing paper
(16) Meet with Looked After Children Team	C, D	July 2005	Sarah Challoner
(17) Meet with the Tameside Association of Secondary Headteachers	C, D, E	July 2005	Sarah Challoner and Howard Boots
(18) Meet with Youth Offending Team	C, D	August 2005	Sarah Challoner and Howard Boots
(19) Meet with Sheila Piazza, Connexions Manager for Connexions Tameside	D, E	October 2005	Sarah Challoner and Howard Boots

Appendix 2

Lifelong Learning & Cultural Services Scrutiny Panel

Review of Teenage Pregnancy in Tameside

Consultation Report

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1. Purpose of consultation

1.1 The Scrutiny Panel devised a programme of consultation to gather the views of different stakeholders on the issues and policies relating to teenage pregnancy.

2. Methodology

2.1 The consultation programme included the following exercises:

- Self-completion survey to all school governors in Tameside
- Self-completion survey to Personal, Social and Health Education Co-ordinators
- Survey to parents through the Tameside Citizens' Panel
- Discussion groups with Year 10 pupils in schools
- Discussion group at the Disabled Young People's Youth Club
- Self-completion survey to Year 9 and 10 pupils in schools
- Young People's Conference

2.2 As far as possible the Scrutiny Panel used existing consultation and communication channels to reach stakeholders. For example the Panel commissioned consultation with parents through the Citizen's Panel, distributed the survey to governors through the Governors' Newsletter, and officers attended one of the regular meetings of the Tameside Association of Secondary Head Teachers.

2.3 Where more innovative approaches were required, the Scrutiny Panel, through the Scrutiny Support Unit, worked closely with partners in schools and the Youth Service to access other groups. For example officers from the Scrutiny Support Unit were able to use schools' PSHE lesson time to hold discussion groups with Year 10 students and the Youth Service recruited participants for the Young People's Conference through local Youth Clubs.

2.4 At the suggestion of the Tameside Youth Service, a Consultation Planning Group was created to develop meaningful consultation with young people. The group consisted of young women from the Tameside Young Parents' Group, their support workers (from Connexions, the Youth Service and the West Pennine Housing Association) and Scrutiny Support Workers. Other professionals (including the

Teenage Pregnancy Strategy Manager, Sex and Relationship Advisory Teacher, Reintegration Officer and Youth Workers) were invited to contribute to the group where appropriate. Members of the Scrutiny Panel also met with the Planning Group.

3. School Governors

3.1 A short survey was sent to all 1300 Tameside school governors via the governors' newsletter with instructions to return the form in a prepaid envelope provided.

3.2 A short article about the Scrutiny Panel Review was also included in the newsletter to encourage governors to return the form.

3.3 The survey covered the following areas relating to teenage pregnancy and schools' policies for Sex and Relationship Education (SRE):

- Views on SRE in general and effectiveness in particular
- Factors affecting the design and delivery of SRE
- Involvement of governors and parents in the development of their school's SRE policy
- Existence and awareness of a link Governor for PSHE (which includes SRE)
- Governor's understanding of their responsibilities for SRE, how to develop an effective SRE policy, and sex and relationship issues faced by young people, and the support they receive to help them with these issues.
- Suggestions for further support in relation to SRE.

3.4 Response to the survey was very low with only 17 completed forms returned out of 1300 distributed (10 from primary school governors, 3 from secondary school governors, and 4 unspecified). One form was completed collectively by a group of 6 governors at a separate meeting. Therefore the results of the survey are not representative of the views of governors in Tameside and only the views of those 23 governors who responded.

3.5 Results are shown in actual numbers.

3.6 The majority of responses came from primary school governors and this will also have an impact on the results.

3.7 The low response rate to the short, well publicised survey, and the frequency of responses given as 'don't know' appears to confirm the Regional Coordinator's conclusion that engaging governors on this subject is a challenge for Tameside. This is also evidenced by the very low take up by governors of the training sessions available.

3.8 Governors were asked how they rated the SRE being taught in their schools and how effective they felt it to be. Those governors responding collectively did not know how to rate the SRE being taught in their school or its effectiveness.

Overall, how do you rate the SRE being taught in your school?	
Very good	*1*
Good	*1*
Fair	*3*
Poor	*5*
Very poor	*4*
Don't know	*3*

How effective is the SRE being taught in your school?	
Extremely ineffective	*1*
Generally ineffective	*2*
Generally effective	*6*
Extremely effective	*2*
Don't know	*6*

3.9 All three governors at secondary schools said that SRE at their schools was generally or extremely effective.

3.10 Governors were asked how far various factors affected SRE in their schools. For most factors, governors seemed unable to comment and entered 'don't know' as a response; this in itself is revealing of the level of awareness of governors of the design and delivery of SRE in their schools.

Do the following affect SRE in your school?	Not at all	Yes, but only a little	Yes, quite a lot	Yes, fully	Don't know	Collective response from 6 governors
Any particular needs of pupils (e.g. age group, ethnic heritage, faith, special needs)	*1*	*1*	*4*	*5*	*6*	*Don't know*
The views of pupils	*1*	*4*	*4*	*1*	*7*	*Not at all*
The views of governors	*2*	*2*	*4*	*4*	*4*	*Yes, quite a lot*
The views of the PSHE/SRE Co-ordinator	*2*	*0*	*5*	*4*	*5*	*Yes, quite a lot*
The views of the Head Teacher	*2*	*0*	*6*	*4*	*5*	*Yes, quite a lot*
The views of teaching staff	*2*	*0*	*6*	*4*	*5*	
The views of parents	*0*	*3*	*8*	*1*	*5*	*Yes, quite a lot*
Budget pressures	*7*	*1*	*5*	*0*	*6*	*Yes, quite a lot*
Teachers lacking skills in SRE	*4*	*3*	*2*	*1*	*7*	*Yes, quite a lot*
Timetable pressures	*2*	*7*	*2*	*0*	*6*	*Yes, quite a lot*
Other	*1*	*0*	*0*	*0*	*3*	

3.11 Governors were asked to identify their level of awareness of and involvement in the development of the schools SRE policy. Responses from this small group of governors show that half have low awareness and half have a good level of awareness and/or have been involved in the development of the SRE policy. Those governors responding collectively felt that the second statement reflected their experience.

3.12 Of 17 individual governors who responded to this question, 10 felt that parents have no or very little involvement in the development of the SRE policy for their school.

Which of the following statements about your school's SRE policy is true for you?	
I did not know we had an SRE policy	*5*
I know that we have one but I'm not sure what is says	*3*
I know that we have one and I know what is says	*6*
I know that we have one, I know what it says and I had a direct input into it	*3*

3.13 Those secondary school governors responding collectively felt parents were not involved at all, and primary school governors responding collectively felt that parents were involved 'quite a lot'.

How much are parents involved in developing your schools' SRE policy?	
Not at all	*5*
A little	*5*
Quite a lot	*2*
Fully	*0*
Don't know	*5*

3.14 Governors were asked to identify if they had a link governor for SRE and if they were aware of whom this governor was.

Does your school have a link governor for PSHE (which includes SRE)?	
Yes	*2*
No	*7*
Don't know	*8*

If you have a link governor, do you know who this is?	
Yes	*2*
No	*3*

3.15 Governors were asked to identify their level of understanding of their responsibilities for SRE, of developing an effective SRE policy, and of sex and relationship issues faced by young people.

How well do you feel you understand the following?	Not at all	Not very well	Fairly well	Very Well	Fully	Don't know
Your responsibilities for SRE	*2*	*2*	*6*	*3*	*3*	*0*
How to develop an effective SRE policy for your school	*1*	*7*	*4*	*1*	*3*	*0*
Sex and relationship issues faced by young people	*1*	*2*	*7*	*4*	*3*	*0*

3.16 The general feeling amongst governors who responded is that the support they receive to help them understand these issues is fair. Including the collective response from a group of 6 governors, more feel the support is poor or very poor than feel it is good or very good.

3.17 From a list of suggested resources to support governors the most popular choices (each chosen by 10 governors) were a talk by school nurses and training by the LEA Advisory Teacher for SRE. Training by the SRE Advisory teacher is already available although one comment from a respondent indicated

that they were not aware of the training available ("No session on training programme".) Other popular options (each chosen by 8 governors) were videos and other media on the subject, a talk from a specialist agency, and articles in the governors newsletter.

3.18 'Networking with other governors' was favoured by 7 governors, 'SRE to be a regular item on the agenda at Governor's meetings' by 5 governors, and 'a discussion group with pupils' was the least favoured option chosen by 3 governors.

4. Tameside Association of Secondary Head Teachers

4.1 On Tuesday 5th July the Head of Scrutiny and Senior Scrutiny Support Officer attended a meeting of the Tameside Association of Secondary Head Teachers.

4.2 The purpose of the discussion was to discuss SRE provision in schools (both strengths and weaknesses), barriers to provision, and opportunities for improvement that could be highlighted in the Scrutiny Panel report.

4.3 Head teachers would welcome the return of school nurse provision and felt that the diminishing role of school nurses was a problem.

4.4 Head teachers recognise that school governors are already short of time and have other priorities.

4.5 Head teachers are faced with 'curriculum overload' and although SRE is important it can sometimes fall down the list of priorities.

4.6 Some in the meeting felt that national and local government can sometimes overestimate the influence that schools have on the attitudes of young people and other influences outside of school may be responsible for behaviour. A parallel was drawn between the campaign to reduce teenage pregnancy and the national campaign to reduce smoking amongst teenagers. The feeling was that the vast resources put in to anti-smoking campaign has done little to reduce smoking amongst teenagers.

4.7 Examples of good practice were provided. One school runs four family focus groups per year, each attended by around a dozen parents. The same school also runs individual counselling sessions for parents although take-up of these sessions has fallen from around 9 parents to 2 parents. Despite its efforts,

the head teacher said that he would question the interest of parents and that the school is only working with parents who are already engaged and supportive.

4.8 Another head teacher felt that they were well supported by the LEA and health authority and were provided with good resources and advice. The school had carried out its own internal survey of pupil awareness of sexual health and relationship issues. Although the results of this survey revealed a good level of awareness the head teacher would question how much of this knowledge influenced behaviour and attitudes of young people.

4.9 Head teachers agreed that the first constraint on the delivery of SRE in schools was the demands of the national curriculum, and the second constraint was the quality of teaching.

4.10 Suggestions to help schools improve the provision of SRE and support for pupils included a 'menu' of effective activities, a greater role for school nurses and input from the Youth Service.

5. Personal, Social and Health Education Coordinators

5.1 A self-completion survey was mailed to all 107 PSHE Coordinators in Tameside schools, including special schools and Pupil Referral Units (PRU), with a Scrutiny pen and pre-paid envelope to encourage responses.

5.2 The SRE Advisory Teacher had raised awareness of the survey at previous PSHE Network meetings.

5.3 In April 2003 the Tameside Education Service commissioned a consultation exercise with schools about Sex and Relationship Education as part of the development of the Teenage Pregnancy Strategy. A number of recommendations were made based on the results of this survey which aimed to improve SRE and the support provided to schools.

5.4 The recommendations related to:

- School's SRE policies
- Training and support for teacher
- Information and support for pupils
- Working with external agencies

5.5 The Panel also included some questions relevant to the review. These related to:

- Quality of SRE in schools
- Influences on the provision of SRE
- Support provided by the LEA

5.6 Response to the survey was very low with only 22 completed forms returned out of 107 distributed (15 from primary schools, 5 from secondary schools, 2 from Special Schools, and 1 from a PRU). Therefore the results of the survey cannot be said to represent the views of PSHE Coordinators in Tameside and only the views of those 22 who responded.

5.7 Results are shown in actual numbers.

5.8 The first series of questions related to the school's SRE policies.

Does your school have a regular review cycle for its SRE policy?	
Yes	*19*
No	*4*
Don't know	*0*

5.9 Of those who specified, 10 were reviewed annually, 6 reviewed every 2 years, and one was reviewed every 4 years.

5.10 Two of the 4 schools which do not have a review cycle said that they did not have an SRE policy in place (these 4 schools were all primary schools).

5.11 Coordinators were asked if they had used the new framework for SRE policies, developed by the LEA.

Have you used the framework to develop your school policy?	
Yes	*8*
No but intend to	*6*
No and do not intend	*4*
No and not aware	*5*
Yes	*8*

5.12 There was a positive response to the value of the framework form Coordinators.

How useful is the new framework, or how useful do you expect it to be, for creating your school's SRE policy?	
Not at all useful	*0*
Not very useful	*0*
Fairly useful	*6*
Very useful	*7*
Don't know	*7*

5.13 Coordinators were asked who had been involved in the development of the school's SRE policy. Those most involved in the development of SRE policies in the past have been the PSHE Coordinator, the Head Teacher, other teaching staff, and Schools Governors. Parents, pupils, the SRE Advisory Teacher, and outside agencies/professional have been less involved in the past. The school nurse had also been involved at one school.

Who has been/will be involved in the development of the SRE policy?	PAST	FUTURE
Head teacher	*18*	*14*
PSHE Coordinator	*21*	*14*
Other teaching staff	*16*	*13*
Governors	*16*	*12*
Parents	*12*	*13*
Pupils	*8*	*12*
SRE Advisory Teacher	*8*	*7*
Non-LEA professional/agency	*2*	*3*
Other	*2*	*2*

5.14 In the future, respondents indicated that Head Teachers, PSHE Coordinators, other teaching staff, Governors and the SRE Advisory Teacher would be less involved whereas parents, pupils and outside professionals might become more involved. The Deputy Curriculum Coordinator and school nurse were also mentioned as being involved in the future.

5.15 Coordinators were confident that they are up to date with the latest guidance and responsibilities in relation to SRE.

How confident are you that you are up to date with the latest guidance and responsibilities in relation to SRE?	
Not at all confident	*1*
Not very confident	*1*
Generally confident	*14*
Very confident	*6*
Don't know	*0*

5.16 The second series of questions related to the training and support available to teachers and schools in relation to SRE, including the Network for Personal, Social and Health Education Coordinators, and how well the LEA signposts schools to relevant resources.

How would you rate the SRE training provided by the LEA?	
Very poor	*0*
Poor	*1*
Good	*10*
Very good	*5*
Don't know	*5*

Who has received SRE training?	
All teaching staff	*0*
PSHE Coordinator	*17*
SRE Coordinator	*6*
All of the teachers who teach SRE	*0*
Some of the teachers who teach SRE	*3*
Governors	*2*
Other	*1*

In the last 12 months, has your school taken part in any SRE training?	
No	*16*
Yes, delivered by one of our own teachers	*0*
Yes, delivered by the LEA	*5*
Yes, delivered by a professional from an organisation other than the LEA	*0*
Other	*2*

If your school has not taken part in any SRE training in the last 12 months, please tell us why.	
No training needed	*1*
Not aware of what training is available	*4*
Aware of training but it does not meet our needs	*2*
School budget did not allow for training	*2*
Other	*9*

5.17 Schools which chose 'other' indicated that there had not been any training mainly because budgets and time were directed in to other priorities, as these comments show:

"Not a priority"
"Not high on the schools priorities at this point in time"
"Too many other developments"
"Not been on course for SRE; not school priority; budget limited"
"No time"
"No policy in school"
"Has not been a relevant course in last 12 months"
"Difficulties getting out of school, clash with meetings"

5.18 Coordinators were asked to state how often they attended the PSHE Network and how useful they felt it to be.

How often do teaching staff from your school attend the PSHE network meetings?	
Never attend	*5*
Occasionally attend	*9*
Regularly attend	*5*
Always attend	*4*
Don't know	*0*

Do these network meetings provide support for schools that are unable to accommodate more intensive training?	
Not at all	*0*
Not a lot	*1*
A fair amount	*13*
A lot	*3*
Don't know	*5*

5.19 Coordinators were positive about the way the LEA signposts schools to SRE information and resources relevant to the age and needs of pupils.

How do you rate the way the LEA provides (or signposts you to) information and resources relevant to age and needs of pupils?	
Very poor	*1*
Poor	*4*
Good	*11*
Very good	*3*
Don't know	*4*

5.20 The third series of questions related to awareness of good practice in other schools and the availability of SRE information and advice outside of the curriculum.

How aware are you of other schools' best practice in relation to SRE and pastoral support?	
Not at all aware	*8*
Not very aware	*9*
Fairly aware	*4*
Very aware	*0*
Don't know	*2*

5.21 Seventeen Coordinators (including those from special schools and the PRU) were confident that pupils could access SRE information outside of the curriculum. Sources included learning mentors, school nurses, class teachers, head teachers, PSHE Coordinators, school counsellors, posters, notice boards, school clinics, advertisements for other agencies, and First Aiders.

Do pupils have discrete access to SRE information when they need it and not just when it is being covered in the curriculum?	
Yes	*17*
No	*3*
Don't know	*3*

5.22 The fourth series of questions related to recommendations covering school's awareness of external agencies that can provide support and how far schools share best practice in developing contracts with other professionals.

How aware are you of local agencies which can provide support to schools and pupils?	
Not at all aware	*0*
Not very aware	*5*
Fairly aware	*12*
Very aware	*5*
Don't know	*0*

5.23 Coordinators reported that the following have been involved in delivering SRE in their school (number of schools responding shown in brackets):

School nurse (12)	Connexions
Balls Project (3)	Off the Record
Duke Street Young People's Centre (2)	Health visitors
SRE Advisor (2)	School counsellor
Family Planning Advisor	
Representatives from manufacturers of sanitary products ('Always' and 'Tampax')	

5.24 Coordinators reported that they are able to signpost pupils to the following agencies for more information and advice (number of schools responding shown in brackets):

School nurse (5)	SRE Advisor
Information Shop for Young People (2)	Local clinic
Branching Out (2)	First Aider
Young People's Health Clinic (2)	School clinic
Connexions (2)	'Pulse'
Off the Record (2)	College councillor
Duke Street Young People's Centre (2)	Connexions
Health and Social Services departments	
Teenage Pregnancy midwife	
Teenage Pregnancy Reintegration Officer	

5.25 Respondents were asked how far they were aware of good practice in using criteria and contracts when working with external professions and how well they felt the LEA was using local agencies to support schools in the design and delivery of SRE.

How aware are you of local agencies which can provide support to schools and pupils?	
Not at all aware	*3*
Not very aware	*10*
Fairly aware	*5*
Very aware	*3*
Don't know	*0*

How do you rate the way the LEA uses local agencies and professionals to support schools in SRE if this is needed?	
Very poor	*0*
Poor	*4*
Good	*4*
Very good	*2*
Don't know	*12*

5.26 The final section of the survey included other questions relevant to the Scrutiny Panel review.

How do you rate SRE in your school?	
Very poor	*1*
Poor	*3*
Good	*13*
Very good	*3*
Don't know	*1*

How often would you say you contact the LEA for support around SRE (e.g. with curriculum, resources or training)?	
Never	*3*
Not very often	*12*
Often	*8*
Very often	*0*
Don't know	*0*

5.27 Coordinators identified 'timetable pressures' as having the biggest influence on the provision of SRE.

How far is the provision of effective SRE in your school affected by any of the following?	Not at all	A little	A great deal	Fully	Don't know
Budget pressures	*8*	*7*	*5*	*0*	*1*
Lack of skilled teachers	*3*	*11*	*5*	*2*	*0*
Timetable pressures	*5*	*6*	*9*	*2*	*0*

5.28 Coordinators were positive about support they received from the LEA to help them with different aspects of SRE. More than half of Coordinators considered support to be good or very good for all aspects.

How do you rate the support schools receive from the LEA to help them with the following?	Very poor	Poor	Good	Very good	Don't know
Meeting responsibilities for SRE	*0*	*3*	*12*	*4*	*3*
Developing an effective SRE policy	*0*	*1*	*8*	*8*	*5*
Understanding sex and relationship issues faced by young people	*0*	*6*	*7*	*5*	*4*
Helping schools share best practice and learn from each other in relation to SRE	*1*	*4*	*9*	*3*	*4*
Support from the LEA overall in relation to SRE	*0*	*2*	*12*	*5*	*3*

5.29 Coordinators suggested the following improvements to the way the LEA improved support to schools:

"More practical ideas/resources that could be used; good visiting experts; peer education".

"More training of staff (with supply cover) because there is a clash of meetings after school; provide a school nurse per schools / per cluster of schools; knowledge of 'what's going on'; organise Tameside school events to raise profile".

"By sending more resources e.g. schemes, into schools; by funding leaflets and posters for all schools".

"Much of this is geared to secondary school – very different in primary; training for teachers for actual lesson delivery would be most useful to us".

"Provide more training sessions; tell schools of its importance; provide resources".

"More availability from health professional and/or other experts; demonstration lessons".

"Training for staff needs to take higher priority. It needs greater funding – as in supply cover paid! More teachers therefore would have access to the excellent training on offer".

"Is there an LEA video about growing up that schools could use, instead of relying on the one that school nurses use?"

5.30 Other comments from Coordinators include:

> *"Re. Question 18 - we are just beginning to improve SRE at our school. The policy is being developed so by 2006 I hope the answer will be good!"*
>
> *"Gwynneth does a great job!"*
>
> *"Advisory teacher good, not clear who else in the LEA offers support for SRE".*

6. Parents

6.1 In support of the review of teenage pregnancy, the Scrutiny Panel commissioned consultation with the Tameside Citizen's Panel in February 2005.

6.2 The Tameside Citizens' Panel was set up in 1998 to give residents of the Borough the chance to have a say in how local services are run. The Panel is made up of around 2,000 Tameside residents, broadly representative of the borough population, who receive three postal questionnaires each year asking about their views on services and priorities in Tameside. In addition to completing paper questionnaires, panel members are sometimes invited to take part in discussion groups, telephone surveys or conferences. The Panel is administered by external consultants, RBA Research.

6.3 The purpose of the survey was to establish the opinions of those with responsibility for young people on the matter of sex and relationship education (both in school and in the home) and teenage pregnancy.

6.4 The survey included questions around:

- Talking to children and young people about sensitive issues
- Alternative sources and the best source of information about sexual health for young people
- Awareness of and involvement in the development of school's SRE policies ad views on the level of SRE in schools
- Views on the reasons for teenage pregnancy

6.5 In total, 1327 questionnaires were returned from a possible 1932. This represents a 69% response rate.

6.6 432 respondents were able to complete the section of the survey relating to teenage pregnancy.

6.7 Members of the Citizen's Panel were asked to identify whether they were parents of primary and/or secondary school age children or had responsibility for school age children (e.g. grandparents, carers).

Parents/guardians of a child of primary school age	*187*
Parents/guardians of a child of secondary school age	*171*
(Parents of both primary and secondary age children)	*(69)*
Not a parent/guardian but have responsibility for looking after children and young people as a grandparent, close relative, child minder or carer	*145*

6.8 Panel members were asked how often they talk to children and young people they are responsible for about sexual health or relationships. Over two-thirds of panel members with responsibility for children and young people do not talk to them about sensitive issues.

6.9 Over half of parents say they never or do not often talk to their children about sensitive issues. Parents of secondary school age children are far more likely to talk about these issues.

How often do you discuss sexual health or relationships with these children and young people? (%)	All	All Parents	Secondary parents	Primary parents
Very often	*5*	*5*	*12*	*3*
Fairly often	*27*	*36*	*41*	*30*
Not very often	*34*	*26*	*40*	*34*
Never	*33*	*20*	*7*	*33*

6.10 Citizen's Panel members were asked where they think children and young people should get information about sensitive issues relating to their sexual health and relationships.

Where do you think children and young people should get information from about sensitive issues relating to their sexual health and relationships? (%)	All	Secondary parents	Primary parents	With responsibility but not parents
Parents/guardians	*93*	*91*	*91*	*96*
Teachers/Schools	*78*	*82*	*79*	*72*
School nurse/health visitor	*52*	*48*	*50*	*56*
Grandparents or other relatives	*29*	*21*	*26*	*44*
Youth Workers	*14*	*14*	*10*	*19*
Carers	*11*	*7*	*8*	*18*
Their friends	*11*	*15*	*10*	*7*
Faith group members	*10*	*12*	*11*	*8*
Other	*10*	*14*	*9*	*7*

6.11 Respondents were asked what they thought was the *best* place for children and young people to get information and advice about sensitive issues. Two thirds (66%) said parents/ guardians. One in five (21%) said teachers/ schools.

Which do you think is the <u>best</u> place for children and young people to get this information? (%)	All	Secondary parents	Primary parents	With responsibility but not parents
Parents/guardians	*66*	*63*	*71*	*65*
Teachers/Schools	*21*	*25*	*20*	*20*

6.12 The Panel was asked about levels of agreement with a series of statements.

To what extent do you agree or disagree with each of the following statements? (%)	Strongly disagree	Disagree	Strongly agree	Agree
I think that I should talk to my children about sensitive issues such as sex, but find it embarrassing	*17*	*42*	*11*	*30*
I am not sure about some of the answers to questions that children ask about sex and their bodies	*27*	*53*	*3*	*17*
I only talk to my children about sensitive issues when they ask	*10*	*39*	*6*	*45*
I worry that if my child gets to know too much they will start having sex at a younger age than I would like them to	*28*	*50*	*7*	*15*
I don't think they should learn about sex until they are sixteen	*56*	*37*	*2*	*4*

6.13 Respondents were evenly divided over the statement *I only talk to my children about sensitive issues when they ask* (51% agree, 49% disagree).

6.14 Six out of ten (59%) *disagree* with the statement *I think that I should talk to my children about sensitive issues such as sex, but find it embarrassing.* Just under half of parents of secondary school age children say they agree with the statement (more than parents of primary school age children).

6.15 Eight out of ten parents are *not* worried that if their children know too much, their children will start having sex at a younger age than they would like (85% of parents of secondary school age children disagree with the statement, and 80% of parents of primary school age children disagree).

6.16 Parents are generally confident that they can answer their children's questions about sex and their bodies (88% of parents of primary school age children disagree with the statement, and 85% of parents of secondary school age children disagree).

6.17 The vast majority of those with responsibility for children/young people believe their children should be receiving information about sex before they are sixteen (95% of parents of secondary school age children and 92% of parents of primary school age children disagree with the statement).

6.18 Almost half of those with responsibility for children/ young people (48%) say they feel they have sufficient knowledge already and so don't need sources of help to talk about it. This confidence is also expressed above since 80% feel they can answer any potential questions their children may have.

Would you like any of the following to help you talk to your children about relating to their sexual health or relationships? (%)	
I do not need any resources as I feel I have sufficient knowledge about this issue	*48*
A book and video resource library for parents & carers in your local community	*36*
A talk for parents & carers by school nurses on puberty	*22*
Workshop/meeting for parents & carers arranged by the school	*20*
Access for parents & carers to a health or community worker on a 'one to one' basis	*15*
Support group/workshop for parents in the local community centre	*11*
An opportunity to train as a parent peer educator	*10*
Other	*4*
I do not want to talk to children about these issues	*4*

6.19 Of those who earlier expressed uncertainty about knowing all of the answers to their children's questions about sex and their bodies the top four resources would be a book and video resource library (39% of those who agreed with the appropriate statement say this would help), a talk on puberty given by school nurses (36%), access to a health or community worker (31%) and a workshop/meeting arranged by the school (31% also).

6.20 The second half of the survey included a series of questions about Sex and Relationship Education in schools including awareness and involvement in the development of the school's SRE policy.

Please answer the following questions about the Sex and Relationship Education Policy in your child(ren)'s school. (%)	**Secondary**		**Primary**	
	Yes	**No**	**Yes**	**No**
I know that my child(ren)'s school has an SRE policy	*73*	*27*	*39*	*61*
I am aware of the content of the school's policy	*36*	*64*	*25*	*75*
I have been invited to participate in the consultation for the policy	*2*	*98*	*7*	*93*
I have been involved in the consultation for the policy	*2*	*98*	*2*	*98*
I would like to be involved in the consultation for the policy	*34*	*66*	*47*	*53*
I would like to know more about the school's SRE policy	*66*	*34*	*74*	*26*

6.21 Respondents responsible for children in secondary schools are much more likely to say they know that the school has an SRE policy (73% compared with 39% of those with children at primary school). They are also more likely to say they aware of its content (36% compared with 25%).

6.22 hose with children at primary school are more likely to say they have been invited to participate in the consultation to draw up the policy although actual participation is on the same level irrespective of whether their child is at primary or secondary school.

6.23 Those with children at secondary school are less likely to express an interest in being involved in the consultation (although a third say they would like to be) and less likely to want to know more about the SRE policy (although two thirds do want to know more about it).

6.24 Panel members who had identified themselves as parents/guardians of either primary or secondary school age pupils were asked about the appropriateness of the amount of Sex and Relationship Education (SRE) being taught in schools.

6.25 There is a wide variation in responses by school-stage of child: half of those parents with children in secondary schools (49%)

say *about right*, while over a half of those with children in primary schools (55%) say they *don't know*.

Do you feel that the amount of Sex and Relationship Education being taught in schools is… (%)	**Secondary**	**Primary**
Too much	*2*	*6*
About right	*49*	*32*
Not enough	*20*	*8*
Don't know	*28*	*55*

6.26 Given the low level of awareness amongst parents of primary school age pupils, it is no surprise that 55% said that they did not know how appropriate the level of SRE being taught in schools is, compared with 28% of parents of secondary school age children who said they did not know.

6.27 The main reason parents give for not knowing about the level of SRE being taught is that they have no communication with the school or do not receive any information from the school as these comments indicate:

> *"Not enough information provided by Schools on policy."*
>
> *"We have never had any information from the school regarding sex [education]."*

6.28 Half of parents of secondary school age children and a third of parents of primary school age children say the amount is about right.

6.29 6% of parents of secondary school children and 2% of parents of primary school children say there is too much but more say there is not enough. (20% and 8% respectively)

6.30 Half of parents of secondary school age children who say that there is not enough cite the continued existence of pregnant teenagers as proof that there should be more SRE in schools.

> *"Given the appropriate information young people can make informed choices. We have too many teenage pregnancies in this country."*
>
> *"The better understanding children have of the above the more likely they are to act responsibly – i.e. Less underage/unwanted pregnancies"*

7. Year 10 pupils – discussion groups

7.1 Members of the Scrutiny Panel and Scrutiny Support Officers (with colleagues from the Policy Unit) visited the following schools to talk to Year 10 pupils about teenage pregnancy:

- Egerton Park
- Droylsden High School for Girls
- Astley Sports College
- Westhill School for Boys
- Longdendale Community Language College
- Copley High School
- Mossley Hollins

7.2 In total, over 150 pupils were consulted through these discussion groups.

7.3 Pupils were divided in to single sex groups and discussed attitudes towards sex and relationships, sex education in school, sources of help and advice, and views on the causes of teenage pregnancy.

7.4 Participants were presented with the following 'stem sentences' to help them express their views about sex education in schools. Discussions then took place around these sentences:

- I thought the lessons were…
- I thought what we learnt was…
- When this lesson is taught again, teachers should…
- The best thing was…
- The worst thing was…
- I would have liked to have learned more about…

7.5 Pupils gave their views by using a target as a tool to demonstrate the most and least likely places they would access help and advice about sensitive issues. Discussion then took place around these sources of help and advice

7.6 Feedback is presented here about:

- Teaching styles
- Content of lessons
- Pupils' knowledge and views on sex and relationship and teenage pregnancy
- Sources of information

7.7 **Teaching styles**

7.7.1 The most preferred teaching style in SRE lessons was through discussion, whether or not this was already happening in the school. Pupils mentioned the opportunity for discussion as one of the best things about the lessons if this was already happening; conversely, the lack of discussion was a major criticism by pupils in schools where this was not happening.

7.7.2 In some schools, pupils were critical of the formal and 'lecturing' style of some teachers and the use of worksheets. Pupils preferred and suggested more active lessons including role-play, drama and being shown how condoms should be used.

7.7.3 Although a number of groups mentioned videos/DVDs as a good way of delivering SRE some pupils were critical of films that were poor quality and out of date. One group of boys group warned against relying on videos and DVDs too much.

7.7.4 Pupils felt that effective SRE is delivered by teachers who are comfortable, open, can speak 'on their level' and use humour where appropriate and the gender of the tutor was less important if they had these qualities. In some schools this was the experience of pupils. However, in others form tutors continue to teach SRE and pupils said they were embarrassed, unwilling or unable to be open. Female pupils in one school in particular found it embarrassing that their male form tutor taught SRE lessons. Pupils also found it embarrassing if their form tutor taught SRE because they would see them in other contexts around school.

7.7.5 SRE lessons delivered by external organisation were felt to be particularly effective and were recommended by all groups, even in schools where pupils were positive about current PSHE tutors. Pupils felt that they could (or would be more likely to) talk openly with external professionals. A number of boys' groups remembered the 'Balls Project' visiting the school and said this was one of the best lessons they had had because the lesson was 'fun' but informative and they felt comfortable speaking to the facilitator.

7.7.6 Across the board, groups felt that single sex lessons were probably the best way to teach SRE but there were advantages to having mixed lessons so that both boys and girls could discuss shared issues and learn more about the issues that affect them. Girls in one school said they would have liked to have had the lesson provided by the Balls Project so that they were more informed about issues facing boys.

7.7.7 A common suggestion from all groups was for SRE lessons to be more realistic including learning from teenage parents about the realities of having children at a young age. Most groups suggested some form of peer education by young parents, including teenage fathers, as a way of improving the style and content of SRE lessons.

7.8 **Content**

7.8.1 In terms of the content of SRE lessons, all pupils had learned about the biological aspects of sex (pregnancy, sexually transmitted diseases etc) either in SRE lessons or in Science lessons. In some schools pupils felt that SRE did not go beyond this. Pupils at these schools would like to learn more about the emotional aspect of relationships and the realities of dealing with situations. Being able to talk about 'feelings', was valued by pupils who had this opportunity, and suggested it be included in SRE lessons.

7.8.2 Students would prefer to talk about relationships, responsibilities respect and coping with peer pressure which are issues they feel are more relevant to them.

7.8.3 Girls in particular felt that the content of lessons was repetitive and did not teach them anything they did not already know. One group of girls said that information they had received about menstruation was too late for some girls and this should be given in Year 7.

7.8.4 A number of groups felt that girls should learn about issues and opinions facing boys and vice versa. This was particularly felt by pupils at the Boys School who felt that it was difficult for them to get a female perspective on issues relating to sex and relationships.

7.8.5 Although pupils did not always enjoy it because the photographs and information used were quite graphic, most groups remembered the lesson on STIs and it appeared to make an impression.

7.9 Knowledge and views

7.9.1 Pupils knew most about contraception and sexually transmitted infections. Both boys and girls knew where condoms were available from (clinics, shops, and pub vending machines were mentioned) and what the different types of contraception protected against.

7.9.2 Two boys' groups expressed confusion over the ability to buy condoms under the age of 16 when the legal age for sexual intercourse is 16.

7.9.3 Groups also demonstrated knowledge of the different types of STIs and the risks of different types of sexual activity.

7.9.4 Both girls' and boys' groups demonstrated awareness of the realities of being a teenage parent. Their views concentrated on the negative impact of being a young parent. Girls mentioned how it can "mess up your life" by reducing social life, post-natal depression, and the tendency for young parents to be lone parents. Boys noted the financial demands on being a father and limits on further education and access to training.

7.9.5 Boys' level of knowledge of the realities of being a young parent varied. One boys group said that they had no information about the consequences of pregnancy; another group was aware of the risk to an unborn baby of the mother smoking or drinking alcohol.

7.9.6 All groups talked about the stereotype of a teenage parent (which some pupils believed and others were reflecting on society's perception) that young mothers can be regarded as promiscuous and irresponsible and that young fathers are irresponsible and generally do not support the mother and child. Some female pupils however felt that it is a matter of choice and some young mothers are capable of raising a child.

7.9.7 Pupils were asked what they felt to be the main reasons young people have sex and sometimes become teenage parents. By far the biggest reasons mentioned were alcohol and peer pressure. Pupils talked about the effect of alcohol on inhibitions and risk taking. Groups felt that peer pressure, from both the same and the opposite sex, can be direct, but often young people have a perception that they should be sexually active in order to 'fit in'.

7.9.8 The predominating opinion on the 'right' age to start having sexual intercourse was around 16 although they felt that it was a matter of choice and people develop at different rates.

7.9.9 Groups discussed the possibility of condoms being available in schools. Whilst pupils generally thought this was a good idea and would be easier than having to go to a shop or find a clinic, they were concerned that this may also encourage underage sex and had to be considered very carefully. Discreet provision to Year 10 and 11 with a discussion with the provider was one suggestion of how this could be done more carefully.

7.9.10 From the discussion groups, it appeared that embarrassment and cost were the main inhibitors to young people going to clinics or shops for condoms rather than not knowing where they were available.

7.9.11 Generally the view was that both boys and girls should carry condoms if they were sexually active, although it was seen as a particularly important that boys carry condoms. Both boys and girls felt that there was an issue over girls carrying condoms as being perceived (both by boys and other girls) as promiscuous and having a bad reputation. This could deter girls from carrying condoms.

7.10 Sources of information

7.10.1 Most pupils mainly go to parents although this depends on the relationship they have with their parents.

7.10.2 School was also seen as a major source of information and advice, especially where pupils had a trusted teacher they could easily approach for advice. Others were unwilling to talk to teachers in this context because they would be embarrassed seeing them in school and they feel the teachers' opinion of them could change.

7.10.3 Pupils also got a lot of information and advice from friends, although they were aware that this might not always be the right or best information.

7.10.4 Few pupils used clinics as a regular source of help and advice although most were aware of some form of health service (Family Planning Clinic, Young People's Information Shop, Connexions etc) although none were aware of the Young People Friendly Clinics across the borough. One school, however, was near a clinic which had a particular time set-aside just for students from the school to visit the clinic.

7.10.5 Many pupils mentioned that they would be too embarrassed to go to a clinic where staff may recognise them, where the atmosphere was intimidating, and because they were unsure how confidential the service would be. Most pupils said that

clinics would probably be one of the last places they would go for help and advice.

7.10.6 Some groups mentioned the school nurse as a source of advice although the nurses are not in school very often.

7.10.7 Pupils also got a lot of information from the media and internet. Realistic TV dramas were felt to be useful because they demonstrated what could be involved in different situations including teenage pregnancy and young people contracting STIs. Pupils who favoured magazines and the internet said that this was because it was anonymous. Some pupils also mentioned using an anonymous helpline.

8. Disabled young people – discussion groups

8.1 The Head of Scrutiny and the Senior Scrutiny Support Officer visited the Youth Club for Disabled Young People and lead two discussion groups, one for young men and one for young women. Each groups had around 10 participants.

8.2 **Young Men (led by Howard Boots and Gary Hall, Youth Service)**

8.2.1 **What did you like about the learning?** The group mentioned that they had liked being shown how to use protection and why it was important (that if it was not used you could contract HIV/AIDS, become a father). The group felt it was useful to learn how to check for testicular cancer.

8.2.2 **Relationships?** 5 boys have girlfriends. They had been taught to respect girls, not to touch girls inappropriately although they felt it was acceptable to whistle at women.

8.2.3 **Sex education?** They understood sex education lessons and some had been taught about body language; how to read and use eye contact – smiling; if a person was interested they would keep eye contact and would smile at you. They had been shown how to put on a condom and to look for the kite mark which means that it is safe to use. The group also knew to check to make sure the condom was not past its use by date.

8.2.4 **Availability?** The group reported that condoms were available from chemists, supermarkets, doctors and young persons clinics. They felt they would be comfortable about going to GP and would be happy to ask a male member of staff at a young persons centre. However, they would not feel comfortable

about being served by a female assistant at chemist or supermarket.

8.2.5 **What did you not like?** Nothing – all was very positive, even the pictures of infections, etc.

8.2.6 **Were you happy with the way you were taught?** The group were happy with the way they were taught. Their teachers had plenty of experience and were comfortable teaching the subject even if this was a female. The students felt a bit awkward at first and a male teacher might have overcome this. Also the boys learned about girls' bodies and feelings. They were also taught about the law regarding the age of consent.

8.2.7 **What about respecting girls, what if a girl had a lot of partners?** The group felt that this would concern them if the girl had not used protection. The young men had a mature and planned view of life – most consultees wanted children, but only when they were ready, in the meantime they wanted to enjoy life whilst they could. They said that they would take steps to prevent unwanted pregnancies. One had a friend who was a teenage mother (15/16 years old) and he respected her as a good mother. She smoked and went to pubs, but not in front of the baby. He respected her but thought that being a parent at that age was too young although girls have a right over their own bodies.

8.2.8 **Philosophy for a relationship?** "Would want respect, love and trust from a partner – the key to a relationship is trust".

8.3 **Young Women (led by Sarah Challoner and Arlene Lomax, Youth Service)**

8.3.1 **What have you learned about at school?** 8/18 could remember doing sex and relationship education at school. At Cromwell they have lessons every week; pupil at Samuel Laycock enjoyed the quiz they had done at school.

8.3.2 **What were the lessons like?** Many felt the lessons were boring, embarrassing especially the mixed classes. A lot of pupils make jokes about it. Sometimes teachers don't take it seriously either. The young women said they wanted more SRE at school.

8.3.3 **What about at the Youth Club?** The group said it was fun learning at the Youth Club. They have learned about and prefer to learn about it here than at school. They want to talk about it even more in the Youth Club.

8.3.4 **Where do/can you go for help and advice?** Participants mentioned the Information Shop for Young People; Young People's Clinic, Bennett Street and Duke Street. There is an issue about how to get to these places though. 6/18 talk to parents or carer about sensitive issues but some are not happy talking to parents about sensitive issues.

8.3.5 **How about talking to/learning about boys?** They say they get the chance to talk to boys even if they don't want to! 7/18 said boys and girls should learn about each other.

8.3.6 **Are you happy that you're getting enough information?** The group agreed that they are getting the information they need.

8.3.7 **Why do you think young girls get pregnant?** Some suggestions offered included that girls want to know what sex is like; "they're silly"; that they really want to be a mum; they know other people are having sex; "sometimes it's a mistake"; some girls may not know what the consequences are.

8.3.8 **How can it be prevented?** The group suggested that people should listen to advice and have more sex education and girls taking the 'morning after pill'. Contraception mentioned by the group included an injection, the contraceptive pill. The young women felt that young people need more information about contraception. Some in the group felt that if a girl has a baby they should not have to get married. The group was aware of the options available if girls become pregnant –abortion, adoption, help from the family to raise the baby.

8.3.9 **What about infections?** The group was aware that young people need to protect themselves against chlamydia and gonorrhoea.

9. Year 9 and 10 pupils – self-completion survey

9.1 The self completion survey was designed by the Consultation Planning Group. Secondary schools that had taken part in the discussion groups were asked to distribute surveys to at least one Year 9 and one Year 10 class (some schools did more than this). Schools chose to complete these surveys with whole classes during PSHE lessons and use the questionnaire as a starting point for discussion.

9.2 The survey was also piloted on a Year 10 student on work experience in the Scrutiny Support Unit. The student also designed the front cover.

9.3 In total 450 surveys were distributed to 5 schools and 270 forms were returned from 4 schools (2 mixed sex schools and 1 of each single sex schools). This represents a 60% response rate.

9.4 The table show respondents' age, ethnic group, and place of residence.

Age profile		
Age	**Number**	**Percentage**
15	169	63%
14	84	31%
13	14	5%
No response	3	1%
Ethnicity		
Ethnic Group	**Number**	**Percentage**
White	236	87%
Black and Minority ethnic or mixed race	27	10%
Other or no response	7	3%
Place of residence		
Town	**Number**	**Percentage**
Stalybridge	86	32%
Ashton-under-Lyne	63	23%
Denton	41	15%
Droylsden	22	8%
Dukinfield	14	5%
Mossley	7	3%
Audenshaw	6	2%
Hyde	6	2%
Longdendale	3	1%
Other or no response	22	8%

9.5 Almost equal numbers of girls and boys completed the survey (124 boys and 143 girls, 3 gave no response).

9.6 Three respondents identified themselves as disabled.

9.7 Respondents were asked about the following:

- Sexual health and advice services for young people in Tameside
- Sex education in school
- Knowledge of sex and relationships
- Views on sex and relationships

9.8 Sexual health and advice services for young people in Tameside

9.8.1 Pupils were presented with a list of places young people could go to for help and advice regarding their sexual health and relationships.

Which ones have you heard of and which ones have you used? (%)	Heard of	Never	Only once	A few times	A lot	No response
Connexions	*77*	*67*	*9*	*7*	*3*	*15*
The 'SAFE' Clinics	*28*	*57*	*1*	*3*	*2*	*36*
Young People's Information Shop	*31*	*53*	*4*	*4*	*4*	*35*
Duke Street Young People's Centre	*23*	*54*	*2*	*3*	*1*	*40*
Doctors	*83*	*41*	*8*	*21*	*14*	*16*
Somewhere else	*8*	*19*	*1*	*3*	*2*	*76*

9.8.2 There was a low response to the question regarding views on the services. The actual number of responses is shown in brackets.

Think about the ones you've used. What did you think about them? (%)	Very bad	Bad	OK	Good	Very good
Connexions (50)	*2*	*0*	*58*	*30*	*10*
The 'SAFE' Clinics (19)	*0*	*5*	*63*	*26*	*5*
Young People's Information Shop (29)	*0*	*0*	*41*	*28*	*31*
Duke Street Young People's Centre (19)	*5*	*5*	*32*	*53*	*5*
Doctors (123)	*1*	*3*	*30*	*48*	*18*
Somewhere else (14)	*0*	*14*	*22*	*22*	*43*

Think about the services you don't use. Why haven't you used them? (%)	Haven't heard of them	I haven't needed to use it	Not sure what help I can get there	I can't get there	I've heard its not very good	I'm too embarrassed to go there	Used it but didn't think it was very good
Connexions	*11*	*59*	*9*	*2*	*0*	*3*	*2*
The 'SAFE' Clinics	*41*	*40*	*5*	*1*	*1*	*4*	*0*
Young People's Information Shop	*40*	*36*	*2*	*2*	*1*	*3*	*1*
Duke Street Young People's Centre	*41*	*36*	*2*	*7*	*1*	*2*	*0*
Doctors	*3*	*41*	*2*	*1*	*1*	*7*	*1*

If you needed help or advice about sex and relationships in the future which services would you go to, even if you haven't been there yet? (%)	Definitely wouldn't	Probably wouldn't	Probably would	Definitely would	No response
Connexions, Ashton	*10*	*29*	*41*	*4*	*16*
The 'SAFE' Young People's Sexual Health Clinics	*9*	*27*	*40*	*7*	*17*
Young People's Information Shop, Ashton	*9*	*36*	*27*	*6*	*21*
Young People's Centre, Duke Street, Denton	*15*	*35*	*26*	*5*	*20*
Doctors	*9*	*15*	*44*	*20*	*12*

9.8.3 Pupils were asked if they felt that young people can get the help they need and whether services help prevent teenage pregnancy.

	Yes	No	Don't know	No response
Do you think young people in Tameside can get the help they need with sex and relationship issues if they need it? (%)	*71*	*4*	*22*	*3*
Do you think the services for young people in Tameside are helping prevent teenage pregnancy? (%)	*21*	*31*	*43*	*4*

9.8.4 In their comments, the great majority of respondents felt that there were a lot of places for young people to get help and advice.

9.8.5 The main reason given in their comments by those who felt that services were helping to prevent teenage pregnancy was that services provide advice and contraception.

9.8.6 Those who felt services were not helping to prevent teenage pregnancy cited the high number of teenage pregnancies in the borough. Some also felt that young people ignored the advice given by these services.

9.8.7 Comments from those who felt that they did not know whether services were preventing teenage pregnancy indicated that they are not aware of the actual figures although some are aware that there are a relatively high number of teenage parents in the borough.

9.9 Sex Education in School

9.9.1 Pupils were asked to assess the quality and quantity of sex and relationship education they received in school, how it was taught and how they felt it should be taught.

How often do you (or did you) have SRE in school (%)	
Never	*3*
Not very often	*64*
Quite often	*26*
Very often	*4*
Don't know	*1*
No response	*1*

Do you think the amount of sex education you have (or had) at school is… (%)	
Not enough	*51*
About right	*41*
Too much	*1*
Don't know	*6*
No response	*1*

How useful is (or was) sex and relationship education to you? (%)	
None of it is useful	*3*
Only bits of it are useful	*30*
It's been useful in general	*35*
Nearly all of it is useful	*9*
All of it is useful	*15*
Don't know	*7*
No response	*1*

Does (or did) sex and relationship education teach you what you needed to know? (%)	
No, never	*4*
Sometimes	*39*
Usually	*30*
Nearly all the time	*12*
All the time	*8*
Don't know	*5*
No response	*1*

How is (or was) sex and relationship education taught and how do you think it should be taught?	Taught like this	Should be taught like this
Watch videos	*61*	*46*
Read books	*42*	*16*
Teacher speaks and we listen	*76*	*16*
Teacher speaks and we join in	*70*	*33*
Role play	*14*	*40*
Question and Answer sessions	*60*	*29*
In assemblies	*9*	*20*
People come in from outside school to talk to us	*56*	*44*
Boys and girls are taught together all the time	*15*	*32*
Boys and girls are taught separately all the time	*26*	*11*
Boys and girls are taught separately sometimes	*31*	*24*

	Yes	No	Don't know	No response
Do you think your teacher is comfortable teaching sex and relationship education? (%)	*72*	*12*	*16*	*0*
Do you think your teacher knows how to teach sex and relationship education? (%)	*67*	*13*	*20*	*1*

Has your school ever asked you what you would like to learn about in sex and relationship education? (%)	
Yes	*14*
No	*70*
Don't know	*14*
No response	*1*

9.9.2 Pupils were asked what sex and relationship education would be like if they were in charge of the lessons at their school. The top three most frequently mentioned types of responses are shown below with the number of times these were mentioned is shown in brackets.

What would you teach?	How would you teach it?	Who would you get to teach it?
Contraception (107)	*Videos (90)*	*Teacher (111)*
Sexual health and STIs (83)	*Class discussion (65)*	*Professional/Specialist from outside school (75)*
Biology of sex and puberty (45)	*Talks and presentations (58)*	*Doctor/Sexual Health Practitioner (35)*

9.9.3 Role play was mentioned on 38 occasions as a potential method of delivering sex education in schools. Books and leaflets are important for some pupils and were mentioned 27 times. Practical demonstrations as a method were mentioned 25 times.

9.9.4 Many of the responses which indicated a preference for teachers qualified this with the need for capable and comfortable teachers that the pupils could relate to. Twenty comments did not specify who should teach sex education beyond that they should be experienced and comfortable.

9.9.5 Peers, including young parents, were mentioned on 30 occasions as the preferred deliverer of sex education in schools.

9.9.6 Pupils were asked to indicate if they could access help or advice from elsewhere in the school.

Can you get advice and information about sex and relationships at school apart from in lessons? (%)	
Yes	*42*
No	*14*
Don't know	*43*
No response	*1*

9.9.7 Peer education is an increasingly popular method of teaching sex and relationship education and pupils were asked to comment on whether they thought it would be a good idea in their school.

Do you think it would be a good idea of some people your age who had babies went in to schools to talk about what it's like to be a teenage parent? (%)	
Yes	*77*
No	*9*
Don't know	*11*
No response	*2*

9.9.8 Pupils were asked to indicate the importance they placed on sex and relationship education.

How important is it for young people to have sex and relationship education at school? (%)	
Not important at all	*0*
Only a bit important	*2*
Quite important	*27*
Very important	*66*
Don't know	*3*
No response	*2*

9.10 Knowledge of sex and relationships

9.10.1 In this section, pupils were asked to indicate their level of awareness about sex and relationships and where they access information, including how often they talk to their parents.

How much do you think you know about these things? (%)	Nothing	Not a lot	Quite a lot	Everything	No response
How girls get pregnant	*0*	*3*	*43*	*53*	*1*
How to prevent pregnancy	*1*	*4*	*50*	*44*	*1*
How you get Sexually Transmitted Infections (STIs)	*1*	*10*	*59*	*28*	*2*
How to prevent STIs	*3*	*14*	*53*	*27*	*2*
Where to get contraception	*3*	*11*	*47*	*36*	*3*
What it's like to be a teenager with a baby	*31*	*43*	*20*	*4*	*2*
What it's like to have an STI	*49*	*31*	*15*	*3*	*2*

Are these true or false? (%)	TRUE	FALSE	No response
You can get pregnant the first time you have sex	*92*	*7*	*1*
The contraceptive pill helps protect against pregnancy	*96*	*3*	*1*
The emergency contraceptive pill prevents pregnancy	*61*	*35*	*4*
You can only catch an STI if you have had sex with lots of people	*6*	*91*	*2*
The contraceptive pill helps protect against STIs	*8*	*89*	*3*
The emergency contraceptive pill prevents sexually transmitted infections	*8*	*89*	*3*
You can get contraception if you are under 16	*87*	*10*	*3*
You can only get the contraceptive pill from your doctor	*36*	*59*	*6*
The symptoms of chlamydia are really obvious	*10*	*84*	*6*

9.10.2 Respondents were asked to indicate, unprompted, where they get most of their information about sex, relationships, sexually transmitted infections, and contraception. Schools and teachers were by far the most frequently used source of information about these subjects. The top three most frequently mentioned replies are shown below with the number of times the response was mentioned in brackets:

Sex	**Relationships**	**STIs**	**Contraception**
Schools/ Teachers (159)	*Schools/ Teachers(88)*	*Schools/ Teachers (172)*	*Schools/ Teachers (160)*
Friends (69)	*Friends (69)*	*Parents (26)*	*Parents (48)*
Parents (60)	*Parents(63)*	*Healthcare professionals or Media(23)*	*Friends (39)*

9.10.3 Family or home were also mentioned on some occasions but respondents did not specify which family member they spoke to about these subjects and so were treated separately. However, even when these responses are combined with responses specifically mentioning parents, schools and teachers remain the most frequently mentioned source of information about these subjects.

9.10.4 Although the above indicates young people do talk to their parents, the table below shows that this is relatively infrequently.

How often would you say you talk to your parents about sensitive issues like sex and relationships? (%)	
Never	*34*
Not very often	*28*
Sometimes	*23*
Quite often	*9*
Very often	*4*
No response	*2*

9.11 Views on sex and relationships

9.11.1 Pupils were asked their opinions on the reasons why young people start to have sex and why some do not always use contraception**.**

9.11.2 Pupils felt that young men and women start to have sex for the following reasons (the top two reasons are shown).

Reasons why young men start to have sex	**Reasons why young women start to have sex**
They feel under pressure from friends	*They feel under pressure from boyfriend or girlfriend*
They've been drinking alcohol	*They've been drinking alcohol*

9.11.3 The top three reasons pupils felt some young people do not use contraception were:

Reasons young people do not use contraception
They don't have any with them at the time and don't want to wait
They're drunk at the time and don't think about it
They don't care about using it

9.11.4 In order to establish young people's views on a series of issues, respondents were asked how far they agreed or disagreed with a series of statements.

Do you agree or disagree with these statements? (%)	Agree	Disagree	Don't know	No response
Young people should be in a long term relationship before they have sex with someone	*56*	*23*	*15*	*7*
Young people are usually in a long-term relationship when they have sex	*18*	*65*	*10*	*6*
Being able to get contraception encourages young people to have sex too early	*36*	*40*	*17*	*7*
Giving teenagers lessons at school about sex and contraception encourages them to have sex too early	*11*	*69*	*14*	*7*
Girls should be responsible for contraception	*34*	*49*	*10*	*7*
Boys should be responsible for contraception	*49*	*35*	*9*	*7*

9.11.5 Pupils were asked what could be put in place to help prevent teenage pregnancy and what would be most likely to work.

Do you think these would help prevent teenage pregnancy? (%)	Wouldn't work at all	Might work	Would definitely work	Don't know	No response	What would work best?
Tell young people not to have sex	*72*	*15*	*3*	*4*	*6*	*0*
Make contraception more easily available to teenagers, even if they are under 16	*6*	*56*	*26*	*3*	*10*	*10*
Make help and advice services better	*4*	*55*	*25*	*7*	*9*	*2*
Make sex education in schools better	*3*	*47*	*26*	*6*	*9*	*3*
Give young people a realistic picture of what it's like to have a baby and be a parent	*4*	*32*	*46*	*6*	*12*	*14*
Parents talking to their children more about sex and relationships	*17*	*52*	*16*	*7*	*9*	*2*
Make sure young people are aware of all the opportunities available to them including going to college, getting a job or starting a family	*7*	*56*	*21*	*7*	*8*	*2*
Make sure young people don't drink alcohol	*47*	*27*	*11*	*6*	*10*	*1*
No response						*66*

9.11.6 Respondents comments reflected the view that a more realistic picture of being a young parent, improved sex education and access to contraception would help prevent teenage pregnancy as this selection demonstrates:

> *"Make sure young people understand that there are consequences to their actions."*
>
> *"Make what being a parent is like obvious and teach us younger – make us aware of sex and STI's and relationships and how they can change our lives."*
>
> *"Make contraception more available without them feeling embarrassed."*
>
> *"Make clinic information more clear and advertised."*

10. Young People – Conference

10.1 On Wednesday the 27th July 2005, the Scrutiny Panel hosted a conference for young people in Tameside at the Hippodrome theatre in Ashton-under-Lyne.

10.2 The aim of the conference was to gather young people's views on teenage pregnancy and to give young people an opportunity to put their questions to key decision makers in Tameside.

10.3 The event was organised by the Scrutiny Support Unit with invaluable support from the Youth Service.

10.4 Over 150 young people attended the event.

10.5 The event was compered by young people from the Tameside Music Project. Some of the key issues around teenage pregnancy were presented to the audience through drama sketches performed by students from the Sixth Form College. A local band ('Turning Point') and dance group ('Pulse') provided entertainment along with DJs from the Music Project.

10.6 Following entertainment, participants were asked to give their views in group work on the causes on teenage pregnancy and how it can be prevented.

10.7 Each group prepared questions for the panel of decision makers.

10.8 The panel of decision-makers included:

- Councillor Phillip Wilkinson (Cabinet Deputy for Services for Children and Young People / Local Strategic Partnership)
- Councillor Ged Cooney (Cabinet Deputy for Lifelong Learning Services)
- Ian Smith (Executive Director, Lifelong Learning)
- Sue Nathan (Head of the Youth Service)
- Michelle Eastwood (Teenage Pregnancy Strategy Manager)
- Melanie Sirotkin (Deputy Director of Public Health)

10.9 The main outcomes from the group work were as follows:

10.9.1 What are the causes of teenage pregnancy?

- Lack of and poor sex education.
- Lack of free, easily available contraception.
- Influence of alcohol and drugs (cannabis).
- Overly willing girls
- Teenagers like to have sex
- Peer pressure

10.9.2 What can we do about it?

What won't work and/or already isn't working?

- Sex education isn't working
- Influence of drugs and alcohol still a problem
- Some young people want to and plan to have a baby

What might work and/or might already be working?

- More and better sex education in schools and youth clubs
- Better access to contraception and sexual health services
- Greater support and involvement of parents of teenagers

What will definitely work and /or what is already working?

- More and better sex education in schools and youth clubs
- Better access to contraception and sexual health services
- Peer education
- Learning about realities of not using contraception and protection

10.10 The questions received by the panel and the responses given were as follows:

Question	Response
"What are your views on terminations and do you think a termination is an easy way out?"	*"No, terminations are not an easy way out and can be a traumatic experience. It is not an easy decision and support needs to be there." (Teenage Pregnancy Strategy Manager)*
"Sex education in Year 11 is too late. What do you think about that?"	*"I agree, but it does start sooner than that. Young people need to be learning about sex and relationships so they are prepared." (Teenage Pregnancy Strategy Manager)*
"There needs to be more contraception available especially condoms."	*"There will be a wider service this year and condoms will be more readily available." (Deputy Director for Public Health)*
"There needs to be more specialist teachers to teach SRE."	*"Training is already available for teachers. But it doesn't necessarily have to be teachers who can help young people with these issues. Extended schools will include some non-teaching staff who young people will be able to talk to." (Executive Director for Lifelong Learning)*
"Why is sex education not more important?"	*"Demands on schools have squeezed sex education out of the curriculum." (Executive Director for Lifelong Learning)*
"What makes you qualified to answer these questions?"	*"We are not 'qualified' as such but we are elected members who make decisions about how services are run." (Cabinet Deputy for Cabinet Deputy for Lifelong Learning Services)*
"Should there be more Youth Workers in schools?"	*"Yes! There should be more youth workers in general. They are in a unique position to reach out to young people and they always listen. Agencies need to listen more as well." (Head of the Youth Service)*
"Why is sex education so poor in schools?"	*"Some teachers are not confident but this will change. By 2006 there will be a specialist SRE teacher in every Tameside school." (Teenage Pregnancy Strategy Manager)*
"Adults need to be more comfortable talking about sex and relationships."	*"There is already a programme to help parents talk to their children about sex and relationship – 'Speak Easy'. This is in the Sure Start area at the moment but will be rolled out across Tameside. There will also be more non-teaching staff in schools." (Teenage Pregnancy Strategy Manager)*
"Do you think sex education should be taught in youth clubs?"	*"Although we don't have a curriculum like schools, youth clubs can and do provide info, advice and support and try to educate young people but in a different way. Youth Workers are in a very good position to do this." (Head of the Youth Service)* *"There are a lot of related problems such as drugs and alcohol and the Youth Service can help young people avoid getting themselves in to bad situations and support them if they do." (Cabinet Deputy for Cabinet Deputy for Lifelong Learning*

	Services)
"Why can't clinics be open more regularly?"	*"We know that clinics need to be open more and at different times. We plan to improve on this including having Saturday morning opening times." (Deputy Director for Public Health)*
"Why aren't condoms free?"	*"They are! You can get them from any of the clinics." (Deputy Director for Public Health)*
"Why aren't condoms provided in schools?"	*"We are looking in to this as part of the review of the condom distribution service. It's something we know we have to work very closely with schools on. As part of the Extended Schools scheme some schools might consider having sexual health services on site." (Deputy Director for Public Health)*

10.11 The following questions and suggestions were also collected from participants who did not have the opportunity or preferred not to ask questions during the Q&A session:

- More people brought in like Balls
- Better sex education
- More clinics and nurses
- Start sex ed at Year 7 and carried on and on
- Young people as the teachers; some pay; certificate
- No femidoms
- Boys always get the blame
- More advertising; more posters
- Can clinics be opened more regularly?
- Crickets Lane clinic only open for a couple of hours a couple of days a week. This isn't enough
- Is it going to be a specific age when young people start to learn SRE?
- Is there any support groups for parents?
- Can condoms be given in youth clubs?
- Sex education should be a lesson on its own.

Verbatim comments from the discussion groups

a) What are the causes of teenage pregnancy?

Group 1
- Too many hoes
- Lack of sex education
- More hoes
- Lack of free johnnys
- Slags
- Bein a total slut
- Cos we is all horny n 2 many slags
- Too many slags

Group 2
- No comments

Group 3
- Condom mite split
- Getting caught up in da moment
- To poor
- Beer
- Drugs
- Not a nuff education
- Because they want to
- Might not have none [condoms]
- They want a kid
- It's [sex] good
- Rape
- Sex
- Gettin drunk + stoned
- Cause they want to get pregnant
- Wantin a baby
- Sex
- Because they feel stupid asking for condoms
- Stoned
- Pressure
- Peer pressure
- To see how good they at being a parent
- Getting drunk

Group 4
- No comments

Group 5
- No comments

Group 6
- No comments

Group 7
- The Pill
- Carelessness
- Pier pressure
- Rape
- None use of condoms
- Lac of contraception

Group 8
- Drunk
- Drink
- Drunk
- Not careful about it
- My teacher didn't teach it
- People can't wait to get contraception they just…
- Might want a kid
- Got no money
- Everyone is doing it
- Drunk
- Not got enough money
- Can't get jonnys
- Too late in Year 11
- To think they're clever
- Stoned
- Bored
- Bored
- Want a kid
- Drunk
- Get stoned
- Don't want a termination

b) What can we do about it?

i) What won't work and/or already isn't working?

Group 1
- Jonnies not good enough
- Side effects of pill
- Not enough education
- When you're drunk
- Feels better [without a condom]

Group 2
- Planned – think better to have a baby younger
- Teenagers follow their parents
- Embarrassment
- Young people not always in control – other people make decisions for them

Group 3
- Not telling us enough about it
- Say don't do it
- No advice – learn as we go along
- No education in schools – but would find it embarrassing though
- No education in school
- No point in Year 11 too late

Group 4
- Schools
- Videos
- Diagrams
- Peer pressure
- Stigma for mums
- Need someone to talk to

Group 5
- GPs not very understanding
- Law under 16 not working
- Always want to do what not allowed to
- Sex ed in schools
- Video in school
- Drink
- Lack of confidence to ask questions
- Forcing young people to go to clinics
- Peer pressure

Group 6
- Boys are just after …
- Male teachers

Group 7
- No comments

Group 8
- Teachers delivering
- Not being compulsory
- Being taught too late
- Not being asked what they wish to learn
- Schools teaching it at different ages – some in primary, other in secondary school

ii) What might work and/or might already be working?

Group 1
- More education in school and youth club
- Putting condom machines in the street

Group 2
- Contraception
- Sex ed in school starts about 10
- More as you get older
- Not as embarrassing if stated earlier

Group 3
- Get more people in schools and talk to your parents
- Leaflets
- Get rid of sluts
- Peers who have had the experience
- People go to our homes to give advice
- My age
- Posters and advertising young people's clinics more to schools

Group 4
- Parents
- Books from parents/carers
- Sexual Health Clinics
- Morning After Clinics
- School nurses
- 'Ok, nurses help with lots of problems'

Group 5
- Parents
- Youth Workers
- Info for parents
- Safe clinics
- More info – times etc

Group 6
- Parents involved
- More youth activities
- East access to condoms
- More nurses
- More money for NHS
- Not good sex education in school

Group 7
- Teach them of the danger of sex

Group 8
- Sex ed is useful
- Virtual babies project
- Other agencies i.e Health Workers, Youth Workers
- Possibly more of this

iii) What will definitely work and /or what is already working?

Group 1
- Access jonnies through youth clubs
- Clinics open more regularly
- Make lads wear condoms

Group 2
- More people talking to you

Group 3
- What its going to be like when you have a baby
- More condoms
- More safe sex lessons
- Videos Put sex education in every school in Tameside
- Videos showing what could happen to you if you do not use a condom
- Health clinics not open enough
- Advertise
- A dad
- More jonnys
- Jillian following you around (Jillian is a Youth Worker)
- A woman that has had a kid
- Do it after school
- More youth workers in schools

Group 4
- Specialists
- Condoms readily available
- Youth Workers
- Significant adult
- 24hr emergency help / clinics

Group 5
- Safe Clinics / Info
- Brook
- Good advertising
- Free samples
- Balls Project
- More info and reassurance
- Parents info
- Local clinics
- Confidentiality for young people

Group 6
- No comments

Group 7
- No comments

Group 8
- To be taught earlier
- Need to be asked
- Young parents coming in to schools

Group 9
- Good – Balls Project; Youth Club; Duke Street Clinic

Photographs from the Young People's Conference

'The Street Urchins' introduced the conference and presented some of the key issues.

Our comperes for the evening.

The audience were entertained by local band, 'Turning Point'…

…and dance group ‘Pulse’.

Young people talked about what they think might help…

…and then put their questions to the Panel.

Young women from the Young Parents' Group were thanked by the Chair of the Scrutiny Panel for their help with the conference.

Appendix 3

From Father Michael Walsh
RC Representative Learning and Scrutiny Panel

We agree with the importance of sex education and all related matters and would wish to work closely with the Authority in all aspects. of education

But the Church does have moral concerns:
Sexual relations ideally are between a man and a woman in a stable loving relationship –in Catholic tradition that is marriage.
We stress the importance of the family in education and a parent being aware of what is happening to their children. There is concern about decisions being made or advice given on e.g. contraception or abortion without parental knowledge
The Catholic Church has concerns about the use of abortion itself for whatever reason

A lot of work is done by the Church in education and in pastoral support for pregnant teenagers and others who may find themselves in difficulty while trying to keep to our moral standpoint on these matters. We recognise the need for Catholic schools and the Catholic community to look seriously at all the issues raised by this scrutiny exercise and there is the intention throughout the Diocese to closely review the contribution we are making to dealing with the concerns that we all share.

Appendix 4

Glossary

SRE	Sex and Relationship Education
PSHE	Personal, Social and Health Education (of which SRE in schools is a part)
PCT	Primary Care Trust
YOT	Youth Offending Team
LAC	Looked After Children
PRU	Pupil Referral Unit
LEA	Local Education Authority
SAFE clinics	SRE and Advice For Everyone (young people friendly clinics)
Balls Project	Delivers Sex and Relationship Education to boys and young men