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JOINT CHILDREN & YOUNG PEOPLE AND HEALTH & ADULT SOCIAL CARE TASK AND FINISH GROUP – A FOCUS ON TEENAGE CONCEPTION RATES IN THE CITY

DATE: TUESDAY 24 NOVEMBER 2009
TIME: 10.00 AM
PLACE: COUNCIL HOUSE (NEXT TO THE CIVIC CENTRE)

Committee Members–
Councillor Purnell, Chair
Councillor Mrs Aspinall, Vice Chair
Councillors Delbridge, Mrs Stephens and Mrs Watkins

Substitutes–:
Any Member other than a Member of the Cabinet may act as a substitute member provided that they do not have a personal and prejudicial interest in the matter under review. **However, once a review has commenced, substitutes are not permitted.**

Members are invited to attend the above meeting to consider the items of business overleaf.

Members and Officers are requested to sign the attendance list at the meeting.

BARRY KEEL
CHIEF EXECUTIVE

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY PANEL (SCRUTINY REVIEWS)

1. APOLOGIES

To receive apologies for non attendance submitted by Task and Finish Group Members.

2. DECLARATIONS OF INTEREST

Members will be asked to make any declarations of interest in respect of items on this agenda.

3. CHAIRS URGENT BUSINESS

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

4. NOTES OF MEETING HELD ON 11 NOVEMBER 2009 **(Pages 1 - 4)**

To review the notes of the meeting of 11 November 2009.

5. BEST PRACTICE INFORMATION **(Pages 5 - 18)**

Panel members to review Best Practice information.

6. RESPONSES TO QUESTIONNAIRE (TO FOLLOW)

Panel to review questionnaire responses.

7. JOINT TASK AND FINISH GROUP RECOMMENDATIONS

Panel Members to consider recommendations resulting from the work of the Task and Finish Group.

8. EXEMPT BUSINESS

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve the likely disclosure of exempt information as defined in paragraph 1 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

9. NOTES OF MEETING HELD ON 21 OCTOBER 2009 (E1) **(Pages 19 - 22)**

To review the notes of the meeting of 21 October 2009.

Joint Task and Finish Group 11th November

No declarations of interest

Witness - Neil Minnion for the Young People's Sexual Health Team

Neil gave a background on his role to panel members. Up to a year ago we were the teenage pregnancy team. We changed the name of our team to incorporate more of what we are trying to achieve which is looking at young people's sexual health. We are a team of two which leads to capacity issues. To overcome the capacity issues we train workers who help young people on sexual health matters. We have recently given bespoke training to parent support advisers and will be undertaking training of social care staff in the New Year.

We train people who work face to face with young people and we ask them to think about their values and attitudes towards sex and keeping young people safe. Asking them to think about their stance can be quite difficult. We also look at sexually transmitted infections and work closely with Harbour. We have a 2-day training programme with links between substance misuse and sexual health, in particular alcohol.

Panel members asked Neil about girls wearing bangles which denotes a sexual activity and how teachers are dealing with this issue. This is something Neil wasn't aware of but this is down to self esteem.

Neil spoke about the delay approach which is about building self esteem. Young people are having sex for negative reasons and they undertake a group work approach in building self esteem and awareness, and ask how do they feel after the sexual activity? There are a very high percentage of young men who regret having sex at a young age. Teachers tried to provide the training, but cannot take time off for two days training. This is not statutory until next September but we could be in a position to start nurturing schools in working towards this. There is training for school governors and they could put on training for parents. A governing body to ensure that this happening – the amount of governors.

Neil talked about speak easy training which is a national training focused on parents. Plymouth is 1 of 4 within the region to undertake this and will be targeting foster carers and then community centres.

Panel members asked how do you evaluate this training?
Managers need to be involved from the outset and evidence how it has improved their practice.

Panel members asked if you had a wish list, what would you want?
Neil responded that he would like to make a difference. Have an established team of trained sexual health workers who are confident in dealing with sexual health matters.

Panel members also asked about the standard of sexual education young people receiving in schools today.
Neil responded that he not an expert on schools but the healthy schools team deliver the sex education because he doesn't have the capacity. When sex education becomes statutory it doesn't mean it will be delivered well. It's about getting this onto the school curriculum timetable. Panel members responded that the LEA has an overarching policy for every school, this is the arena to agree a level of minimum commitment.

Panel Members asked about SRE and that instead should be RSE.
Neil responded that he emphasises that sex is part of being in a relationship – all the training we deliver on will focus on the relationship first, friendships are important.

Panel members raised that some children are vulnerable and these are the girls that are getting pregnant. What is being done to teach teachers to pick these vulnerable children out?
SRE to be delivered over a period of weeks, within a pupil referral unit, there is nobody delivering sex education – not sure who is picking up this role but there are plans. The issue is whether teacher is able to follow this through. A CAF is not centred around sexual health but about vulnerability, The Trust needs to be challenged. No social service input then a CAF will be closed, not sure where this has come this should not be happening.

Neil reported that they introduced in November 2008 the C card which is not just about distributing condoms to young people but also giving out advice. This has been built on a national scheme and 31 sexual health sites have signed up to this initiative. It is also about evaluating condom distribution.

Safe is a scheme focused on young people, we are starting to work with GP's and pharmacies, the panel were pleased that this work is being undertaken.

Panel members asked, do parents feel it is the schools responsibility, is there a gap? Neil responded that it is about getting a consistent message across. The gap is between the parents and the school; the schools know what is being delivered. The vulnerable children come from that background where the parents do not care. Need to be more imaginative on how we deal with parents, need to look at different ways to give out the information.

The panel thanked Neil for his time and contribution. Neil left the meeting.

The panel expressed concerns and disappointment of only being able to interview 1 witness out of the 11 requested.

Panel members asked about best practice and need to have sight of this information to help support the decision-making process for this joint task and finish group. PH reported that due to lack of capacity this requested has not been fulfilled. Panel members wanted this issue to be raised at management board as well as Barry Keel. We need to compare information, we are being asked to scrutinise this issue and due to the lack of resources unable to complete the work. This has been raised at management board and is not just about resources, it's about young people's young lives.

The Panel members than discussed the production of a questionnaire to be sent to the witnesses unable to attend the meeting today.

Resolved that –

(1) teachers should be allowed to take the time to undertake training on sexual health matters;
(2) a press release to be produced highlight the work of this joint task and finish group ;
(3) best practice information is outstanding and will be required for the next meeting;
(4) a letter to be sent to Barry Keel, copied to the Leader and Councillor James regarding the lack of capacity on providing information to the panel (further to

today's meeting it has been decided by the Chair that this letter is no longer appropriate);

(5) a questionnaire to be produced and sent to all witnesses unable to attend today's meeting;

The next meeting to be held at 10.00 am on Tuesday 24 November 2009.

Meeting concluded at 11.20 am

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DEEP DIVE AREA	Characteristics to aim for
Strategic	**There is clear commitment / teenage pregnancy is a priority** • Partners meet across levels (eg Government Office / Strategic Health Authority / LSP) and take a ‘problem solving’ approach • There is clarity about accountability for delivery of the under 18 conception target • There is understanding of the importance of teenage pregnancy in itself as well as of its links and impacts on other areas, as demonstrated by both specific plans to address teenage pregnancy and plans to address its underlying causes. • Members of the TPPB / equivalent body represent the four key agencies as well as the independent sector (private and voluntary organisations), and occupy senior strategic positions within these agencies. • There is a champion for teenage pregnancy at a high level within the LSP or LA / PCT who takes the lead in driving the local strategy • TPPB/equivalent body meets regularly, with good attendance by key partners • TPC /equivalent strategic lead’s post is at a level that allows them to work strategically and influence decisions (eg Assistant Director level) • Programmes to address teenage pregnancy and related wider issues are mainstreamed through local programmes. **Teenage pregnancy is integrated into planning** • TP Strategy is integrated into other relevant strategies, plans and programmes including: CYPP; PCT Local Delivery Plans (including sexual health strategy implementation); Connexions business plans; plans for Information Sharing and Assessment; Housing Strategies; Supporting People Strategy; Homelessness Strategy; Early Years Development and Childcare Plans; Children’s Centres; Extended Schools; plans for the National Healthy School Standard Programme; Neighbourhood Renewal Plans; and Sure Start Delivery Plans, with resources allocated and responsible bodies noted in plans. **Progress is driven by performance management** • Teenage pregnancy is a regular item on LSP / Children’s trust agendas • LSP specifically focuses on teenage pregnancy as part of its performance management mechanisms • TPPB/equivalent has a place on and reports to an appropriate higher body, such as the Children and Young People’s Strategic Partnership, and plans are integrated into the children’s trusts / CYPP

DEEP DIVE AREA	Characteristics to aim for
Data	**There is a systematic approach to knowing the local population and its needs in relation to teenage pregnancy** • Data collection, analysis and use are prioritised by planning bodies in the areas and there are protocols or agreements in place for sharing data across sectors to contribute to planning and performance management • Data are collected from a variety of sources / services, including live births, terminations, Connexions, Sure Start Plus, schools, GUM services, abortion clinics • Where BME population of a local area is significant, census categories are further broken down to enable effective targeting to those communities most at risk. **Data and information are used to inform provision of local services** • Local conception data and information on individual young people facing multiple risk factors are used to help target strategies on high-rate neighbourhoods/young people most at risk • Data on usage of sexual health services (volumes) used to inform most cost-effective site of services • Contracts with healthcare providers (especially abortion, STI / GUM services / contraceptive services) include a requirements for collection and provision age, gender, ethnicity and postcode (while adhering to confidentiality guidelines) **Performance management is led by accurate data and information** • Local proxy measures are in place to support performance management that are SMARTER[1] • Data from range of sources (see above) presented to TPPB at least bi-annually and used as part of performance management of strategy • Performance against required trajectory to meet 2010 target is monitored quarterly and assessed annually • The Teenage Pregnancy Local Implementation Grant terms and conditions are adhered to • Representation on TPPB/equivalent body is in line with terms and conditions of the grant as set out in paragraph 8 of LAC(2004)18. Terms of Reference are in place for the Board (and sub-groups), which are regularly reviewed

[1] Specific / Measurable / Agreed / Realistic / Timed / Evaluated and Reviewed

DEEP DIVE AREA	Characteristics to aim for
Communication	**Partners receive appropriate information** • Partners receive timely, accurate information that facilitates partnerships, planning and delivery, from data to agendas, minutes and reports **Young people – including those most at risk – are involved and informed** • There is proactive publicity of local services to young people most at risk • Plans are in place to ensure young people – including those most at risk - are consulted and involved in delivery of the TP Strategy, including on Youth Forums, NHS Patient and Public Involvement Forums, LA Scrutiny Committees. • Plans are in place to ensure young people's views influence the improvement of service delivery such as through mystery shopping of local services, training of professionals such as midwives, and peer education. **Parents and communities are engaged and informed** • Parents, carers and other key stakeholders representing the community are involved in development of communication messages • High quality, clear, accurate information is provided in appropriate community languages in a range of media, including print and internet • Parentline Plus Time to Talk materials are displayed in relevant community settings with information about local and national support **There is a strategy for dealing with the media** • The TPPB/equivalent implements a media and communications strategy to manage pro-active and reactive media work • Communications leads are identified in each PCT / LA and media protocols for promoting the local strategy and ensuring agreed consistent responses to media enquiries developed. • Arrangements are in place for co-ordination of TP media work with all relevant agencies, to ensure good links with Chief Executives, councillors, Director of Public Health, or others acting as local media spokesperson for the strategy. **Communication programmes are assessed** • The effectiveness of media and communication programmes is assessed

DEEP DIVE AREA	Characteristics to aim for
<u>Implementation:</u> ***Provision of young people focused contraception/sexual health services, trusted by teenagers and well known by professionals working with them***	**Accessible services are tailored for young people** • Service meets *You're Welcome**[2] quality criteria, TPU *Best practice guidance on the provision of effective contraceptive and advice services,* DH Guidance on duty of confidentiality and are welcoming to gay, lesbian, bisexual and transgender young people • A clear statement of confidentiality* • Young people involved in design and monitoring of services* • Services are delivered in settings (including schools and FE colleges) and at times that are convenient for young people* • Services tailored to meet the needs of boys and young men **Full range of high quality services offered** • Full range of contraceptive methods (including long acting methods) available / promoted to young people* • Easy access to well publicised free pregnancy testing, non-judgemental advice, and referral, as set out in the TPU *Best Practice Guidance*, is included in PCT commissioning plans and provided to ensure young women are enabled to make an informed choice about whether to continue the pregnancy • Strong focus on sexual health promotion / outreach work • Strong provision of contraceptive advice to young people after pregnancy to avoid subsequent births and repeat abortions • Service providers skilled in delivery of sexual health services to young people • Service providers contributing to health promotion work / PSHE in schools • Arrangements are in place for seven day access to NHS funded emergency contraception. **Services are visible and highly promoted** • Visible marketing, promotion and signposting of sexual health service, including in schools* with up-to-date details of local services on the database held by the *RU Thinking* website and helpline to allow speedy referrals to local advice

[2] Issues with * are addressed in the *You're Welcome* quality criteria

DEEP DIVE AREA	Characteristics to aim for
<u>Implementation:</u> ***Provision of young people focused contraception/sexual health services, trusted by teenagers and well known by professionals working with them (Continued)***	**Involvement by a range of knowledgeable service providers** • Clear referral systems for other service providers (e.g. substance misuse services, Connexions, Youth Service), to put young people in touch with services* • Condom-distribution scheme established and administered through wide range of appropriately trained partners, including Connexions PAs, youth workers, teachers, etc. • Emergency hormonal contraception available through pharmacies • Easy access to Long Acting Reversible Contraception for vulnerable young women (e.g. domiciliary service) • Staff provide training for other professionals (Connexions PAs, youth workers, teachers, etc) as part of outreach and health promotion work **Services are adequately resourced** • Young people's contraceptive and sexual health services are funded from mainstream resources and are part of mainstream provision • Services are resourced at a level to ensure adequate access for young people • Provision of young people focused contraceptive and sexual health services is explicitly included in commissioning, and developed in line with *Our Health , Our Care, Our Say*

DEEP DIVE AREA	Characteristics to aim for
<u>**Implementation:**</u> ***Strong delivery of SRE/PSHE by schools***	**Strong delivery by well-trained professionals** • Dedicated PSHE coordinator and specialist PSHE teachers in post • SRE led by teachers with support from other key staff, such as health workers, teachers, sexual health promotion workers, drug and alcohol education advisors, learning mentors and others • Locally-tailored guidance, including exemplar lesson plans coordinated by the LEA • Guidance disseminated to teachers on discussing sexual health and related issues with pupils through the LEA • Training, support and supervision is prioritised for schools with under-18 conception hotspot wards in their catchment areas and Pupil Referral Units **Broad, thorough content** • Strong focus on relationships, not just biology • Good signposting to sexual health advice / specialist services • Includes work on equalities issues such as gender roles /sexual stereotypes/ ethnicity • Emphasises building assertiveness, self-esteem and self-confidence • SRE seen as part of a holistic approach to improving health and wellbeing • Use of *SRE Guidance* (see below) • Students involved in design and delivery of SRE curriculum • Specific needs of boys/young men, BME communities, gay, lesbian, bisexual and transgender young people reflected • SRE curriculum promotes the benefits of delaying first sex, but provides information on safer sex and enables pupils to practise negotiation skills, recognising that minority will be sexually active

DEEP DIVE AREA	Characteristics to aim for
<u>**Implementation:**</u> ***Strong delivery of SRE/PSHE by schools (Continued)***	**Clear commitment to SRE** • All schools have a sex education policy (statutory requirement) in place and in use • Head teacher shows clear commitment to SRE, for example, through ensuring staff have access to training, working towards healthy schools status. • Governors understand, and receive training on, the importance of SRE; • Parents/carers have been consulted on the school's SRE policy • Strong take-up of PSHE certification programme among teachers/nurses and provision of cover to ensure access to training and certification • There is systematic assessment of learning and programmes are planned and evaluated against the QCA end of key stage statements (published 2005) • Colleges and training providers deliver SRE programmes to their students, particularly to course groups known to be more vulnerable to teenage pregnancy. Investment in SRE resources and consultancy support for schools **Whole school environment contributes** • Training for all teachers on basic SRE and guidance on discussing issues with pupils • Accessible and trusted school nurse • Strong focus on achieving Healthy Schools status **Sustained provision throughout school years** • PSHE delivered in primary schools • Timetabled classes provided regularly throughout secondary school

DEEP DIVE AREA	Characteristics to aim for
<u>Implementation:</u> ***Targeted work with at risk groups of young people, in particular Looked After Children and Care Leavers***	**Strong use of data and evaluation** • Use locally sourced data to identify who/where to target • Able to utilise information about young people who are likely to be at risk in an ethical way (ie. addressing concerns about confidentiality and stigmatising) • Monitor progress to understand which approaches are most/least successful and adapt programmes accordingly **Specific preventative interventions target a range of vulnerable groups** • Informal SRE policy (for Children's Services and youth and community settings): Selection of young people who require targeted support takes account of underlying risk factors for teenage pregnancy, such as low attainment, poor attendance, low aspirations and includes**:** Young men; different BME communities (considering variations within and between groups); deprived estates/neighbourhoods; schools with high numbers of conceptions and /or in hotspot wards; looked after children and care leavers; teenage parents; young offenders; asylum seekers; gay, lesbian, bisexual and transgender young people; Other at risk individuals and their families **Interventions tailored to suit specific needs** • Range of interventions provided, covering relationships and aspirations as well as safe sex • Specialist nurses provide tailored drop-in SH sessions / specialist health promotion staff working with BME communities (where appropriate) • Range of members of BME communities and religious leaders consulted to ensure SRE and services are appropriate **Interventions involve a range of professionals and voluntary and community groups and complement existing programmes** • SRE training for professionals working with at risk groups • Interventions involve a range of professionals and voluntary/community groups and complement other programmes/interventions aimed at vulnerable young people • Investment in targeted programmes that address risk-taking behaviour (such as Teens & Toddlers, Young People's Development Programme etc) • Aspiration work with vulnerable young men addresses attitudes towards sex, relationships and fatherhood

DEEP DIVE AREA	Characteristics to aim for

<u>**Implementation:**</u>
Workforce training on sex and relationship issues within mainstream partner agencies
	Engagement with / guidance for all those working with Young People
	• LA provides key fact sheets for all those working with YP on:
	  o legal issues
	  o confidentiality
	  o supporting and referring YP to specialist SH advice services
	  o benefits of delaying sex
	• LA ensures all those working with at risk young people (Connexions PAs, youth workers, social services, foster carers, and those working with boys and young men etc) receive sex and relationship training, ideally on joint multi-agency courses.
	• Both induction and INSET days used to improve teachers' ability to support young people on sex and relationships issues
	• Teachers and community nurses encouraged to participate in national PSHE certification programme
	• Teachers are recruited to CPD PSHE certification programme from schools with 20% free school meals, low attendance and attainment, NHSS targeted schools, Pupil Referral Units, and schools targeted through Behaviour Education Support Teams.
	• General practice is proactively engaged in PCT training to improve YPs' access to advice; based on RCGP/ TPU *Getting it Right* initiative and *Confidentiality Toolkit*.
	• Health promotion staff have objective of raising sex and relationship skills & knowledge of professionals working with YP
	Staff follow good practice
	• All those working with young people are working to an agreed confidentiality and SRE policy
	• Agency Annual Performance Reviews for practitioners analyse their training needs, including SRE.
	• All those working with young people promote messages on delay, and – for the sexually active – use of contraception and condoms and make supported referrals to contraceptive and sexual health services

DEEP DIVE AREA	Characteristics to aim for
<u>Implementation:</u> ***A well resourced Youth Service, with a clear remit to tackle big issues, such as teenage pregnancy and young people's sexual health***	**Commitment** • The Youth Service plays a leadership role in relation to social issues affecting young people, including sexual health • All LAs have information about per capita spend on the Youth Service. **Well trained youth workers** • All youth workers receive training on sex and relationship issues **Provision of advice and contraception** • Youth workers receive mandatory training on sex and relationships issues, talking to young people about sex etc. • Youth workers are involved in condom distribution schemes • Youth workers deliver information sessions to young people/engage young people in discussion on sex and relationships, including challenging negative sexual health attitudes among boys and young men • Youth Service runs events (health fairs etc) during themed weeks to address local social issues such as teenage pregnancy **Sign-posting to specialist services** • Youth Workers have clear arrangements for referring YPs to specialist sexual health advice

DEEP DIVE AREA	Characteristics to aim for
Implementation: ***Work on raising aspirations***	**Priority** • Raising aspirations is viewed as integral to all other interventions and programmes of action • Programmes mapped by/known to Children's and Young People's Services / identified in Children's and Young People's Plan **Programme reaches young people most at risk** • Selection of YP who would benefit from discrete work on raising aspirations takes account of underlying risk factors for teenage pregnancy • Service provision focuses on encouraging young people to value/respect themselves and the need to resist pressure until they are ready to have sex • Young parents are targeted for support in relation to positive aspirations for themselves and their children **Programme combines raising awareness and raising self-esteem** • Efforts are made to make clear to young people the real consequences of teenage pregnancy in both the short and longer term. The long term should include consideration of life and health outcomes identified in *Next Steps* and *Accelerating the Strategy*. This should be part of education on self esteem, relationships, delay and contraception (in a non-stigmatising way) • There is a focus within provision on valuing/ respecting themselves and the need to resist pressure until they are ready to have sex

DEEP DIVE AREA	Characteristics to aim for
<u>**Implementation:**</u> ***Work on raising aspirations (Continued)***	**Schools are engaged in raising aspiration for most at risk young people** • Educational attainment and participation are seen as primary means of improving aspirations • Colleges/universities work closely with local schools and provide opportunities for engagement with young people • Opportunities through the 14-19 agenda are maximised to provide alternative education for young women identified as being at risk of teenage pregnancy • Young people are encouraged to continue with their education, even if it is not academically based • 'Difficult' students are not 'informally' excluded from school or made to feel unwelcome by teachers • Schools exploit opportunities to use alternative KS4 learning packages as a way to engage with young people most at risk • Extra small group or one-to-one tuition is available for pupils who have fallen behind peers in English and maths, particularly at KS3 • Primary schools are using SEAL or similar materials. Secondary schools are using SEBS or similar materials **Engagement with young people** • Specific programmes are commissioned for those most at risk (see also targeted programmes) • A wide range of positive activities are available locally for young people, including sport, recreation, and the arts • Young people are provided with, and encouraged to seek out, practical vehicles for expression (e.g. performing plays or making DVDs about issues that affect them, including teenage pregnancy) • Young people are involved in the design of services (both advice and activity related) and are regularly asked for feedback • There is a strong focus on supporting young people to address/resist peer pressure and deal with insecurity and lack of self-confidence

DEEP DIVE AREA	Characteristics to aim for
<u>Implementation:</u> ***Work on raising aspirations (Continued)***	**Community engagement** • Businesses are encouraged to provide opportunities for young people (e.g. work experience; part-time work; summer placements) • Actions are taken to provide positive role models for young people • Aspiration raising is seen an essential part of combating concerns that teenage pregnancy programmes criticise local community culture –improving individual choice rather than attacking traditional values and behaviour • Local faith and community groups provide positive activities for young people • Opportunities to do voluntary and community work are provided and young people receive individual support throughout this process • There are arenas for young people and their communities to discuss difficult local issues, such as teenage pregnancy • Local people with access to and influence in estates/communities are involved in outreach work to young people • Work is done to raise the aspirations of parents/ families

DEEP DIVE AREA	Characteristics to aim for
<u>**Implementation:**</u> ***Work with Parents***	**Make the most of existing programmes** • Wider parenting support programmes include material on sex and relationships • Communities at risk of teenage pregnancy – for example, BME communities, local neighbourhoods – are informed about the risks of teenage pregnancy and engaged with on how to address the issues • All parenting course tutors given training on SRE strategies to include in courses where appropriate. **Range of stakeholder organisations contribute** • Wider workforce is aware of and refers parents to support • Schools consult parents on the school's SRE policy/provision **Provision reflects local characteristics** • Discrete work with parents on sex and relationships is sensitive to culture/faith issues **General as well as targeted provision** • There is investment in community-based programmes that seek to engage hard-to-reach families, such as through children's centres, primary schools, GP practices, community centres • Good general parenting support available across local area with evidence that it is well accessed. • Fact sheets are produced for professionals on benefits of parents having open discussions with their children about sex and relationships, including details of where to get information and support for this • YOT Parenting courses & other parenting courses which parents are required to attend by court orders include SRE issues. • Programmes such as Parentline Plus and the fpa Speakeasy are commissioned to provide support for parents

Original Source: DfES: ***Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies.*** (July 2006) highlights the good practice identified through the Teenage Pregnancy Unit's *Deep Dives*. The Deep Dives were a series of in-depth reviews carried out in a number of areas with both good and poor performance in reducing teenage pregnancy, looking at the key features of local strategies in areas where rates have reduced significantly and comparing and contrasting their experience with what was happening in statistically similar areas where rates were static or increasing.

By virtue of paragraph(s) 1 of Part 1 of Schedule 12A of the Local Government Act 1972.

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