Public Document Pack

BARRY KEEL
Chief Executive
Floor 1 - Civic Centre
Plymouth
PL1 2AA

www.plymouth.gov.uk/democracy

Date 14/01/10 Telephone Enquiries 01752 305466 Fax 01752 304819

Please ask for Amelia Boulter, Democratic Support Officer e-mail amelia.boulter@plymouth.gov.uk

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

DATE: FRIDAY 22 JANUARY 2010
TIME: 10.00 AM
PLACE: COUNCIL HOUSE (NEXT TO THE CIVIC CENTRE)

Committee Members–
Councillor Purnell, Chair
Councillor 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

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

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 AND 24 NOVEMBER 2009 (Pages 1 - 6)

To review the notes of the meeting of 11 and 24 November 2009.

5. RESPONSES TO QUESTIONNAIRE (Pages 7 - 12)

To review the responses to the questionnaire.

6. WITNESSES

Members will question representatives of council service areas, community group representatives, partner representatives in relation to their views on teenage conception.

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(s) 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 13 - 16)

To review notes of the meeting of 21 October 2009.

This page is intentionally left blank

Agenda Item 4

Notes of Joint Children and Young People and Health & Adult Social Care Task and Finish Group – A Focus on Reducing Teenage Conception Rates in the City

11 November 2009

Attendees: Councillor Purnell (Chair)
Councillor Aspinall (Vice-Chair)
Councillors Delbridge, Mrs Stephens and Mrs Watkins

1. There were no declarations of interest.

2. 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. We ask them to think about their stance which 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 is 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.

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 and 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 is not an expert in this area 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 from and 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. We need to be more imaginative on how we deal with parents and we need to look at different ways to give out the information.

The panel thanked Neil for his time and contribution.

2. Summary and Review

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 request has not been fulfilled. Panel members wanted this issue to be raised with Barry Keel and at management board. We need to compare information that 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.

This page is intentionally left blank

Notes of Joint Children and Young People and Health & Adult Social Care Task and Finish Group – A Focus on Reducing Teenage Conception Rates in the City

24 November 2009

Attendees: Councillor Purnell (Chair)
Councillor Aspinall (Vice-Chair)
Councillors Delbridge, Mrs Stephens and Mrs Watkins

1. There were no declarations of interest.

2. Questionnaires

It was reported that only one questionnaire had been returned and that witnesses were unable to attend the meeting.

It was commented by the group that it was clear that –

(i) the lead officer had not been made aware of the extent of the role;

(ii) the panel had relied on the support of the Democratic Support Officer but due to resource issues within democratic services led to a lack of continuity.

It was resolved that –

(1) a date to be identified for the group to see witnesses and consider their information and come to recommendations;

(2) the date should be in January to allow sufficient time for witnesses to be called.

3. Witness

Councillor Beer was asked to act as a witness in her role as sexual health champion. It was reported that –

(i) the Councillor had met with young people across the city and had concluded that the number of teenage pregnancies was down to young peoples aspirations, young girls with no job or education prospects saw having a baby as something to care for and give meaning to their lives;

(ii) there were areas in the youth provision across the city where young people were able to talk about sex;

(iii) young fathers should also be considered, the Councillor has met many young fathers who had been affected by teenage pregnancy;

(iv) the mother and baby unit was an impressive facility although there is still a long way to go in this area;

In response to questions to Councillor Beer it was reported that –

(i) sex education in schools starts at around 13 years old which is too late for many children. Councillor Beer was of the opinion that more work had to be done earlier to look at the importance of relationships and providing clear examples of what is right and wrong;

(ii) young fathers do what to play a bigger role in pregnancies and it is not the case that all young fathers are no longer around. Councillor Beer found that it is often young mothers that pull the plug on the relationship;

(iii) deprivation is a factor in determining what level of support families can provide to young mothers. For example in Plympton and Plymstock family support is very good, less so in areas such as Honicknowle;

(iv) many young mothers are glad to get back into education or training and it is those that are slipping through the net that should be focused on.

4. Summary and review

Following Councillor Beer's evidence it was further comments from the group included that –

(i) the issues around boys and young men has not been adequately addresses and needs to have a focus;

(ii) there was strong evidence that in deprived areas there are clusters of teenage pregnancies often groups of friends. There isn't sufficient evidence to support this in more affluent areas of the city;

(iii) pregnant teenagers come from one or more of the following groups, those under the influence of drugs or alcohol, the vulnerable and those with low or no aspirations;

(iv) teenage pregnancies can be seen as route to a positive experience in loving warming relationships;

(v) around the edges of this review there were issues around the aspirations of young people in the city;

(vi) consultation with young people on the draft report must take place, perhaps consider a one off event;

(vii) the Panel present the partnership board with recommendations and that they respond as any government would;

(viii) there is evidence of pockets of best practice across the city.

Sexual Health (Teenage pregnancy) Questionnaire for the Children and Young People Scrutiny Panel Task and Finish group

The Children and Young People's Scrutiny Panel is currently looking at how current levels of teenage conceptions can be reduced. A Task and Finnish Group has been set up chaired by Cllr Pauline Purnell. You have been identified by the group as someone who can help provide information to assist in the Groups work. Can you spend a few minutes to answer the questions below. The findings of this work will help support the development of the Sexual Health Strategy which is currently being developed by the Children's Trust.

1. **What role does your service play in helping to reduce the number of teenage conceptions?**

   The Maternity service contributes to attempting to reduce the number of repeat conceptions to young parents through advising new mothers about postnatal contraception and where to access locally.

   We could with appropriate resource, do more to contribute to the reduction of repeat conceptions to teenage mothers. There are a significant number of young mothers who do go on to have additional pregnancies in their teenage years.

2. **Who else do you or your service work with closely in this area? For example, colleagues in your own department or organisation or another agency.**

   We have links with the Family Planning service and its outreach team and can refer young mother's/mothers to be for an outreach appointment to discuss postnatal contraception. Community based Midwives will work closely with GP's in Primary Care to arrange postnatal contraception for those young women they consider are at greatest risk of repeat conception.

3. **From your experience what things have made the most difference and what lessons have you learnt from things that didn't work so well?**

   Young women & their partners' usually only access the maternity service once pregnant and a decision has been made to continue with the pregnancy. Early referral into Maternity Services from any pregnancy testing/counselling service is essential to ensure early pregnancy screening and risk assessment can be undertaken.

   Provision of pre-pregnancy advice re: healthy lifestyle, non smoking, drug & alcohol misuse and effects on unborn & folic acid supplementation etc is also essential to ensure that young women are in optimum health before embarking on a pregnancy. This should, in my opinion be included in the curriculum.

4. **The task and finish group has looked at a lot of evidence and thinks that whilst there is a lot of good work going on it needs to be joined up in a better way. What ideas do have for making this happen?**

   From a Maternity perspective better working relationships and information sharing protocols between Maternity Services, Connexions, Leaving Care Social Services, Youth services etc to enable direct referral into Maternity Service

5. Alongside your role in helping to reduce teenage conceptions what role does your service have in early identification of vulnerable children and young people.

As a service we undertake a social risk assessment on all new 'bookings' in for maternity care. This assessment is ongoing throughout pregnancy and helps to identify vulnerable young parents and unborn baby's. We regularly refer young mother's to be to the Malazi project and/or the Family Nurse partnership. We regularly undertake CAF assessments on Young families and make referrals to Social Care as indicated.

6. Is there any other comments you would like to provide the Children and Young People Scrutiny Panel with?

I believe that there has been considerable resource directed towards the reduction in Teenage pregnancies and rightly so. However, any Strategy should include provision for the support of those young people who do become pregnant and decide to continue with the pregnancy.

Evidence suggests that Specialist Midwifery support and preparation can impact positively on a young mother's readiness for parenthood and outcomes for mum and baby.

Targeted antenatal classes and teenage specific clinic provision are also shown to improve outcomes.

Midwifery Service

Sexual Health (Teenage pregnancy) Questionnaire for the Children and Young People Scrutiny Panel Task and Finish group

The Children and Young People's Scrutiny Panel is currently looking at how current levels of teenage conceptions can be reduced. A Task and Finnish Group has been set up chaired by Cllr Pauline Purnell. You have been identified by the group as someone who can help provide information to assist in the Groups work. Can you spend a few minutes to answer the questions below. The findings of this work will help support the development of the Sexual Health Strategy which is currently being developed by the Children's Trust.

1. **What role does your service play in helping to reduce the number of teenage conceptions?**

   Information, Advice and Guidance Lessons for all students in Years 7 – 11. SRE lessons include delaying sexual relationships, SAI's, Condoms and Contraception, Peer pressure. We also have a 'Save Sex' theatre performance every year which is very good. We have a Health Hub in our LRC that provides free leaflets and information for students.

2. **Who else do you or your service work with closely in this area? For example, colleagues in your own department or organisation or another agency.**

   School nurses, Sexpression, Matrix courses, Jono Meadley

3. **From your experience what things have made the most difference and what lessons have you learnt from things that didn't work so well?**

   Being honest and open with the students. Having good teachers who are on their wave length. Working with outside agencies.

   Preaching about how scary and bad sex is has the exact opposite effect.

4. **The task and finish group has look at a lot of evidence and thinks that whilst there is a lot of good work going on it needs to be joined up in a better way. What ideas do have for making this happen?**

   I have had no information from this group so firstly I would say better communication!!!

5. **Alongside your role in helping to reduce teenage conceptions what role does your service have in early identification of vulnerable children and young people.**

   We have a unit called R7 that supports these students. OFSTED have commented that the work done here is outstanding.

6. **Is there any other comments you would like to provide the Children and Young People Scrutiny Panel with?**

   We need more information from you.

Ridgeway School

This page is intentionally left blank

Sexual Health (Teenage pregnancy) Questionnaire for the Children and Young People Scrutiny Panel Task and Finish group

The Children and Young People's Scrutiny Panel is currently looking at how current levels of teenage conceptions can be reduced. A Task and Finnish Group has been set up chaired by Cllr Pauline Purnell. You have been identified by the group as someone who can help provide information to assist in the Groups work. Can you spend a few minutes to answer the questions below. The findings of this work will help support the development of the Sexual Health Strategy which is currently being developed by the Children's Trust.

1. What role does your service play in helping to reduce the number of teenage conceptions?

The youth service plays a key role in working with young people 13 – 19 years of age. Staff have training in sexual health and are trained to distribute condoms, the youth service is nearly up to speed on ensuring all staff members are trained to deliver Chlamydia screening and pregnancy tests also. Our key role therefore is information and awareness as well as offering barrier methods of contraception. Our philosophy is underpinned with the delay agenda as imbedded in the Young Peoples Sexual Health Service Training (based at HQ, Previously Teenage Pregnancy).

2. Who else do you or your service work with closely in this area? For example, colleagues in your own department or organisation or another agency.

We work with the Young Peoples Sexual Health Service Training (based at HQ, Previously Teenage Pregnancy), Sexual Health and Family Planning Advisory Service (Cumberland). Throughout we aim to have a joint approach across the city in regards to the delivery of sexual health services.

3. From your experience what things have made the most difference and what lessons have you learnt from things that didn't work so well?

From previous fields of work the things that make the most difference are consistency in approach, which includes support and training of all staff, which is updated on a frequent annual basis, previously we offered annual conferences exploring different issues that had been identified by workers in regards to sexual health (ie Boys and Young men). In addition an understanding of what services are available within a geographic area is fundamental, not only for signposting but also to prevent replication of something that may already exist, on top of this partnership work is a keystone. Things that don't work so well are when things are put in place but there is no clarity on time allowance, therefore good intentions slip off the agenda. Identify strengths, where these are located, how to support / nurture them, how to raise profile. In addition due to constant shifting in policy / targets / etc…It is important that if a commitment is made that it is realistic, and given the space and time to grow, change takes time and outcomes wont be instant. Places such as the Netherlands and Scandinavian countries have fantastic approaches towards sexual health, we can learn a lot from them.

4. The task and finish group has looked at a lot of evidence and thinks that whilst there is a lot of good work going on it needs to be joined up in a better way. What ideas do have for making this happen?

Totally agree. Form a joint Training Body for sexual health, this can include stat and voluntary sector organisations, within Plymouth there is a plethora of qualified sexual health trainers whose skills the city often overlooks. The core aim of the training body should be to train all sectors understanding of sexual health to a base level, whilst simultaneously attaining information from the various workforces in regards to their identified needs to achieve a positive approach to sexual health, from which the city can construct a working toolkit of recommendations, best practice, pro forma's and a guide to sexual health orgs within the city and wider. In addition multi-agencty training around a core theme builds on the relationships between different organisations within a given area, so in short strengthens networks, which in turn leads to an informed workforce, who know whats whats and where things are, which in turn increases sense of wellbeing and boosts productivity as its not such a scary issue.

5. Alongside your role in helping to reduce teenage conceptions what role does your service have in early identification of vulnerable children and young people.

Our service works from 13 – 19 year olds, all staff are aware of there responsibilities in regards to safe guarding (although it is fundamental that the city offers annual training for all workers on this). Where vulnerability is identified workers can then assess and signpost (Which would be via the CAF process, which is another area that needs to be pushed forward)

6. Is there any other comments you would like to provide the Children and Young People Scrutiny Panel with?

There is lots of good practice around the country that the city can build on, also the city has lots of sexual health workers present within the city who are under utilised, considering supporting / expanding a specific young peoples sexual health training / best practice group through secondments, and giving this group a specific remit in regards to sexual health training, and best practice approaches for a minimum of two years would be advantageous.

Youth Service

Document is Restricted

This page is intentionally left blank