CORNWALL COUNTY COUNCIL

Health and Social Care Overview and Scrutiny Committee

Teenage Pregnancy Strategy

Single Issue Panel

Concluding Report

November 2002
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TEENAGE PREGNANCY STRATEGY

CHAIRMAN’S FORWARD

The report of the Teenage Pregnancy Strategy Panel is the first undertaken by the Health & Social Care Overview & Scrutiny Committee, the Executive having invited the Committee to consider this matter. It has been a challenging process so early in the life of the new Committee.

The findings of the Panel have some far reaching implications for the working of the Council. The Cornwall Teenage Pregnancy Strategy is not new. The Strategy was developed in response to a government initiative and the Strategy passed through the Council in early 2001. The Teenage Pregnancy Strategy in Cornwall was produced by the Cornwall Teenage Pregnancy Strategy Partnership and endorsed on behalf of the Local Authority and the Primary Care Trusts by the Children and Young People’s Strategic Partnership. A Teenage Pregnancy Strategy progress report is due to be submitted to the Teenage Pregnancy Unit in 2003.

There is much about the Cornish Strategy to celebrate. It brings together many different agencies in an attempt to tackle the problem of pregnancy in teenagers, especially the younger ones. There are, however, aspects of the Strategy that are contentious for some Members. It is for this reason that the Executive decided to refer the Strategy to this Committee. The Executive also set a deadline for the Committee to report back by December. In the time available the Panel has worked hard to explore as many avenues of this issue as possible. The more that we discovered the larger the number of avenues of enquiry that opened up to us. The statistics for teenage pregnancy are clear. Some girls are becoming pregnant and giving birth at an age when they themselves are still considered to be children. For a number of young mothers the birth of a child is the start of a challenging but rewarding part of their life. For others, however, the impact of their early motherhood leaves the mother depressed, living with her child in poor housing and facing the prospect of a long period of relative poverty.

The aim of the Government to reduce the incidence of pregnancy amongst teenage girls is supported by the Panel. The way in which the political process at a local level appears to have been bypassed from the start has resulted in a Strategy that does not have the full support of those who are expected to endorse it. If we were starting again we would not want to make the mistakes identified in this report. Although we have identified areas for improvement, we do not believe the mistakes in communication to be deliberate. There has been no conscious policy to exclude the political process. Throughout however, Members have not been provided with full information. This would appear to be due in part to the limited human resources available within the Council.

This report pulls no punches. It has tried to highlight errors that have been made. It is not negative. It tries to point a way to the future. Members of the Panel believe it is possible to combine the strengths of the partnerships with other organisations that have resulted in a Strategy, with a greater involvement of elected councillors who are aware of the concerns expressed by people within their area. Working together we can make a Teenage Pregnancy Strategy that is already moving in the right direction have a far greater impact throughout Cornwall.

The panel would like to thank the many witnesses who gave evidence. Without their help this report would not have been possible.

David Whalley
November 2002
Teenage Pregnancy Strategy – Single Issue Panel

Membership:

D Whalley, Chairman
Mrs S V Bain, Vice-Chairman
C W Brewer
Mrs V A Cox
Ms O P England
Mrs P M Englefield
R Godolphin
H K Heywood
Mrs T Lello
R A Mann
M K McTaggart
D G Miller
M J Moyle
K C Yeo

Substitute Members:

Mrs A J Carlyon,
R E Ellison
Ms R M Ewer
C Godolphin
N H Hatton
Mrs O R Irons
P T Martin
Mrs J M Mepsted
Mrs S Murray
Mrs S M J Oliver
J M Payne
J M Philp
B D Preston
T G Smale
R G S Stewart
G E T Tonkin
Mrs E J Vincent
Ms T E Williams
1.0 Background

The Executive, on 3 July 2002, invited the Health and Social Care Overview and Scrutiny Committee to consider the establishment of a Single Issue Panel (SIP) to examine issues around the Teenage Pregnancy Strategy (TPS) and Local Authority guidance on Sex and Relationship Education.

The new Health and Social Care Overview and Scrutiny Committee set up a Single Issue Panel to examine the issue. The Panel met for the first time on 7 October 2002. The key issues contained in the Terms of Reference were:

1. To consider the process for County Council member involvement in the consideration and endorsement of the Teenage Pregnancy Strategy, and if appropriate to make recommendations for the future.

2. To consider the Local Authority guidance to staff on sex and relationship policies and in particular the Local Authority’s role in connection with:
   a. Schools’ Governing Bodies;
   b. The Youth Service;
   c. Looked after Children and young people

2.0 Analysis of Issues - Main Findings

The Panel was asked to investigate two aspects of this Strategy. Firstly the appropriateness of the Cornwall Teenage Pregnancy Strategy as it impacts on services administered by the County Council. Secondly, the way in which Members were involved in the strategic decisions about the development of the Strategy and their continuing involvement in monitoring the effectiveness of the Teenage Pregnancy Strategy. The main findings are:-

- The Panel recognises that the Cornwall Teenage Pregnancy Strategy outlines a sensible, cohesive approach to meeting national targets to reduce the rate of pregnancy amongst teenagers.
- The Teenage Pregnancy Strategy has many strengths. It is a good example of partnership working. Professionals in the many contributory organisations have worked closely together to develop a Strategy that is held in high esteem both locally and nationally. This should be recognised and celebrated.
- The Strategy is merely an over-arching approach. The Panel has not had time to investigate all aspects of the implementation. However, in areas of direct concern to Cornwall County Council, the implementation has been slow but positive. The speed of implementation has been adversely affected by lack of resources.
- There has been some concern that insufficient consideration has been given to the involvement of elected members of the County Council and that the democratic process has been largely sidelined. This has resulted in unnecessary conflict.
- The reports provided for Members have sometimes been poor. The reports were unclear and contained evidence without sufficient context. They have not provided a basis for good decision making.
- The role of the Executive of the County Council has been unclear. There has been a lack of clarity and transparency about the process of agreeing the partnership arrangements.
- The Local Education Authority advisory service is well respected.
- The benefits derived from this service depend much upon the willingness of individual schools to buy-back the services provided. Staffing is thus
dependant upon the financial contributions from the schools. At present however, staff resources are stretched and it is difficult to provide quality support to schools in helping teachers to provide a balanced and meaningful Personal, Social and Health Education (PSHE) programme.

- The lack of direction from central government about the need for a balanced Sex and Relationship Education programme in all schools is leading to a fragmented approach. This needs to be addressed.

3.0 Main Recommendations

The main recommendations of the Panel are:

1. Cornwall County Council accepts the Cornwall Teenage Pregnancy Strategy and that the Teenage Pregnancy Strategy Progress Reports are endorsed by the Children and Young People’s Strategic Partnership. (para.4.4.2 refers)

2. There should be an annual meeting between Council officers who are members of the Teenage Pregnancy Partnership Board and of the Children and Young People’s Strategic Partnership with councillors, so that teenage pregnancy issues can be discussed and direction given to officers. (para.4.8.1 refers)

3. Consideration should be given as to how this is undertaken. Whilst Teenage Pregnancy is a matter for the Health and Social Care Overview and Scrutiny Committee (OSC) the majority of the impact on Cornwall County Council services is directly related to the education service. As such a scrutiny process involving the Lifelong Learning Policy Development and Scrutiny Committee (PDSC) might be appropriate. The Executive might consider four alternatives for scrutiny:
   - A Panel comprising Members of the Lifelong Learning PDSC;
   - A Panel comprising Members of the Health and Social Care OSC;
   - A Panel comprising Members from both of the above Committees; or
   - A Panel of the Executive

This Panel has indicated a preference for a combined Panel comprising of Members from both the Health and Social Care OSC and the Lifelong Learning PDSC.

A draft of the next Annual Plan is expected shortly. An initial meeting to review progress and implementation would be needed in early 2003. The terms of reference should reflect the points made below (4). (para 4.5.1 refers)

4. Future scrutiny of the Teenage Pregnancy Strategy should be on the basis that the present Strategy has many strengths and meets nationally set targets as a precondition for funding. Future scrutiny should therefore focus on the extent to which the Strategy has reduced the incidence of Teenage Pregnancy in Cornwall and the resource implications for Cornwall County Council. (para.4.4.2 refers)

5. Consideration should be given to reports provided to Members. All reports need to be comprehensive and written in terms that make
them fully accessible to lay readers. Reports should contain contextual information to enable Members to understand the background to key issues. (paras.4.5.2, 4.6.2. and 4.7.2. refer)

6. The Executive should consider arrangements for informing Members of future partnership working arrangements. In particular consideration be given to the democratic involvement in partnerships. Members need to be given more information about their role and involvement and the legal position of the Council in partnerships such as the Teenage Pregnancy Strategy needs further clarification. (It is noted that this is already in hand.) (paras.4.8.1 and 4.9.1 refer)

7. The Council should consider putting increased resources into providing guidance to its schools in the area of Relationships and Sex Education though it is recognised that this is a ‘buy-back’ service, over which the LEA has little control. (para.4.5.2 refers)

8. The Council should consider making representations to central government for more direction to schools in providing a balanced PSHE programme. (para.4.3.2 refers)

4.0 Scrutiny Process

4.1 Evidence taken by the Panel

The Teenage Pregnancy Panel heard evidence from a wide range of witnesses. These included the Cornwall LEA education advisor responsible for Sex and Relationship Education policies for schools, health specialists, youth service personnel, young people and spokespersons from the Cornwall Community Standards Association. Members of the Panel also made visits to schools and community facilities. Here, they were able to talk with young people and workers who deal with teenagers as part of their normal duties. Members also received a number of pieces of written evidence and background reports. This included the government advice and directives, resolutions of Cornwall County Council and background data on Teenage Pregnancy. Statistical data was obtained from a wide range of sources including international sources and is summarised in Appendix 1.

4.2 Historical Background

In 1999 The government issued a report on Teenage Pregnancy with a forward by the Prime Minister. In this forward, Mr Blair made a powerful case for the need to reduce pregnancy rates amongst teenagers. He stated:

“… while more than two-thirds of young people do not have sex before their 16th birthday, too many of those who do lack the knowledge or confidence to say no, or not yet.

Let me make one point perfectly clear. I don’t believe young people should have sex before they are 16. I have strong views on this. But I also know that no matter how much we might disapprove, some do. We shouldn’t condone their actions. But we should be ready to help them avoid the real risks that under-age sex brings. The fact is that unprotected sex at any age is dangerous.”

The report highlighted the facts about teenage pregnancy. These include:-
• It is far worse in the poorest areas and among the most vulnerable.
• Although less than a third are sexually active by the time they are 16, half of those who are use no contraception the first time.
• Ninety percent of teenage mothers have their babies outside marriage, and relationships started in teenage years have a 50 per cent chance of breaking down.
• Teenage parents are more likely than their peers to live in poverty and unemployment and be trapped in it through lack of education, child care and encouragement.
• The death rate for the babies of teenage mothers is 60 per cent higher than for babies of older mothers and they are more likely to have low birth weights, have childhood accidents and be admitted to hospital.

None of these statements have been disputed by the Panel’s witnesses.

Following this guidance, the government set up a Teenage Pregnancy Unit with these objectives:-

• to halve the rate of conceptions among under 18 year olds in England by 2010; and
• to achieve a reduction in the risk of long term social exclusion for teenage parents and their children, by getting more teenage parents into education, training and employment.

Directives, and funding from central government encouraged local teenage pregnancy strategies to be developed. Cornwall County Council made a decision to work with other local partners to develop a strategy for Cornwall through a Teenage Pregnancy Strategy Partnership Board working with the Children and Young People’s Strategic Partnership. There is no documented evidence as to how that decision was made. This is a serious weakness and possibly led to Members feeling disenfranchised. The Teenage Pregnancy Strategy Partnership Board represents a wide range of professionals dealing with young people; the youth service, education service staff and a cross section of appropriate NHS staff. The draft strategy was approved by the Council Executive on 14 March 2001. This was subsequently approved by the full Council on 22 May 2001, but not without considerable debate. A proposal that would have significantly altered the Strategy was defeated by a mere 4 votes.

On 30 November 2001, Cornwall County Council hosted a Teenage Pregnancy Strategy Conference. This conference included a wide range of speakers with different perspectives on the issues. It was well attended by professionals and many members of the Youth Forum.

In July 2002, the Executive were asked to endorse the Sex and Relationship Education Policies and the Annual Report produced by the Cornwall Teenage Pregnancy Partnership Board. After a debate some issues around the Teenage Pregnancy Strategy were referred to the new Health & Social Care Overview & Scrutiny Committee for consideration.

4.3 The Case for Abstinence

Members heard evidence from three representatives from the movement proposing abstention education. Their evidence included the following points:-
• Government targets are based on inaccurate information.
• Abstinence education receives government funding in USA where rates of teenage pregnancy have dropped. Abstinence education works.
• Sex and relationship education in UK fails to recognise the role of the parent. There is too much emphasis on informing young people about contraception. This promotes promiscuity.
• The composition of the group producing the Cornwall Teenage Pregnancy Strategy has not included a sufficiently wide representation of society. It should include representation from the abstinence movement.

During a visit to a Cornish School Y13 students were asked if they were aware of the Abstinence Movement. They had heard of the movement in the USA. One 17 year-old commented, “This approach would not work. Telling young people to abstain without putting sexual relationships into context would only make them want to experiment with sex. I think it would increase sexual activity rather than decrease it.”

4.3.1 Conclusions from the evidence

• Whilst Members were impressed by the convictions of the representatives, these views were not always based on evidence. Rates of teenage pregnancy in USA have shown a slight decline in recent years, but remain at twice the level of the UK and seven times the level of countries such as Sweden. In countries where the approach to Sex and Relationships education includes information about contraception rates of teenage pregnancy are much lower. These countries include Italy, the Netherlands and Greece.
• Members supported the view that the role of the parent is pivotal in preparing teenagers for adult life, including matters of sex and relationships but were also made aware that evidence shows the vast majority of parents are happier leaving this to outside agencies.

4.3.2 Recommendations

I. Policies should enable young people to make choices that might include chastity or abstinence, but not as a negative message. Such messages should be included as part of a balanced programme of sex and relationships education.

II. The Council should continue to promote policies that support the role of parents and the family in sex education. Council policies should continue to give due emphasis to the importance of relationships.

4.4 The Cornwall Teenage Pregnancy Strategy

The Panel heard evidence from the chair of the Cornwall Teenage Pregnancy Strategy Partnership Board, the group charged with the development of the local Teenage Pregnancy Strategy. The chair explained the reasons for the need to have a local strategy. He showed strong statistical evidence for the need to reduce the rates of pregnancy amongst teenagers.

The Cornwall Strategy was based on a multi-disciplinary approach. Evidence pointed to the importance of the family in supporting young people. The Cornwall Strategy is therefore based on this and stresses the important role played by parents of young people. However, it is also recognised that many parents find it difficult to discuss matters of sex and relationships with their
own children. Many young people look outside their family for advice and support in such matters. Informal discussions with young people have confirmed this view.

The Cornwall Teenage Pregnancy Strategy has been recognised nationally as an exemplar of good practice. It is also recognised that many parents find it difficult to discuss matters of sex and relationships with their own children. Many young people look towards others outside their family for advice and support in such matters. Our informal discussions with young people have confirmed this view.

The Cornwall Strategy builds upon areas that have been identified as good practice in other countries.

The Cornwall Teenage Pregnancy Strategy appears to be beginning to make an impact on the rate of teenage pregnancy. In the last two years there has been a significant decline in rates of pregnancy amongst teenagers in Cornwall. The collaborative approach of all those agencies involved with giving advice and support to teenagers is very positive. It is likely that the government targets for the reduction of teenage pregnancy will be met in Cornwall.

4.4.1 Conclusions from the evidence

The Cornwall Teenage Pregnancy Strategy has been developed sensitively. It puts an appropriate emphasis on the importance of the parents in helping young people. It also offers a balanced approach to matters of sex and relationships education and support. Its many strengths should be welcomed by Members.

The Strategy requires an Annual Progress Report. For this process to be transparent there will need to be a scrutiny process. The terms of reference for such a process need to reflect the Council’s support for the present Strategy. It is vital, therefore, that future scrutiny does not review the basic premise on which the Strategy is developed. It must be a positive process. The terms of reference must direct the focus of Members onto the extent to which the Strategy is effective. This should refer specifically to those aspects of the Strategy that impinge upon services provided by Cornwall County Council.

4.4.2 Recommendations

I. That the Council continues to support the Cornwall Teenage Pregnancy Strategy.

II. That the present Strategy is endorsed.

III. Future scrutiny of the Teenage Pregnancy Strategy should be on the basis that the present Strategy has many strengths and meets nationally set targets as a precondition for funding. Future scrutiny should therefore focus on the extent to which the Strategy has reduced the incidence of Teenage Pregnancy in Cornwall and the resource implications for Cornwall County Council.
4.5 Advice given by Cornwall County Council to its Schools

The Panel heard from the LEA adviser with responsibility for Personal, Social and Health Education (PSHE). Members also made visits to two secondary schools where they talked with teachers and students.

The LEA supports schools in fulfilling their statutory duties to produce a formal policy on sex education. The responsibility for the policy relating to the teaching of sex and relationships education rests with the governing body of each school. The role of the LEA is to give guidance and support.

The LEA has provided exemplar policies for each stage of education. It also offers training for teachers to help them to provide a programme of teaching that is consistent with good practice in schools. The courses for primary schools are generally over-subscribed. Those aimed at teachers in secondary schools are frequently under-subscribed. Funding for training is however within school budgets. The LEA has no control over the way in which individual schools set priorities.

The ‘policies’ presented to the Executive on 3 July 2002 were, in fact, models for school governors to use as a basis for developing their own policies. When these were presented to the Executive, they contained no contextual information to help Members to understand the status of the materials. There was no other background information.

In schools there are examples of very good practice. Members were impressed with the programme of PSHE provided for students at those schools visited. At these schools students are given a good range of opportunities to find out about themselves and relationships. At one school students have opportunities to take home a computer controlled “interactive baby” and to look after it for a weekend. This excellent simulation enables young people to find out the demands of looking after a young baby. “Mine woke me at 2 a.m.,” said one student. “Eventually I gave up and went back to sleep. When I returned the baby the teacher told me that he had been crying for 75 minutes.”

Another said, “It made me realise just how much work there is in looking after a baby.”

In discussion with students, there was clear evidence that the PSHE programme had given them a good understanding of relationships and was helping them to make choices about decisions they make, including decisions about sexual activity.

The teaching of PSHE appears to be variable, largely because there are no clear statutory requirements from central government. Unlike other areas of the curriculum, this is not prescribed. Many schools have other priorities and pay lip service to this important area of development. Schools have difficulty in finding time for staff training since PSHE has to fight with other areas of the curriculum that always have higher priorities.

4.5.1 Conclusions from the Evidence

- Members were impressed with the high quality of the model policies offered to schools by the LEA. These included a good balance between the responsibilities of parents and the emphasis on relationships.
• The LEA is providing good support to schools who buy-back the service. Whilst the level of buy-back is dictated by schools themselves, support may be constrained by a general lack of human resources with only one member of the advisory staff able to deliver training on this issue.

• The Panel noted that funding for sex and relationship education is within delegated school budgets. Responsibility for the formulation of sex and relationship policies lies with governing bodies.

• The Panel was also impressed with the quality of the work undertaken within those schools visited. Discussions with older students showed an awareness of the issues and a willingness on the part of young people to take a responsible approach to relationships and sex.

• The Panel was concerned about the variability of delivery of PSHE in schools. All students deserve a high quality of PSHE because it is an area of learning that has great impact on their development as human beings. More resources, both from central government and locally would help to address this. There is a need for government to raise the priority of PSHE by providing greater guidance to schools.

• The Panel has concerns about the information provided in written reports. The Executive and Council have not always been given information that was in a form that facilitated good decision-making.

• The work of the Health and Social Care OSC impinges directly on the area of education, an area of scrutiny undertaken by the Lifelong Learning Policy Development and Scrutiny Committee. It would be helpful to consider joint working arrangements for areas of overlap such as this.

4.5.2 Recommendations

I. The Panel commends the work of all those involved in the delivery of Personal Social and Health Education to young people in Cornwall.

II. It recognises the high quality of teachers in those schools visited.

III. It recommends further training for teachers in both primary and secondary schools to enable teachers to provide an even higher and consistent standard of education in PSHE.

IV. Consideration should be given to widening expertise within the LEA advisory service to provide greater support to schools.

V. It recommends full endorsement of the approach taken by the LEA.

VI. The content of reports to Members should be improved.

VII. The Health community should be asked to give further consideration to the provision of support to schools for the delivery of the Sex and Relationship Education programme.

4.6 Support given to Looked After Children by Social Services
The Panel heard evidence from a senior manager. At any given time Cornwall Social Services is responsible for approximately 550 looked after children up to the age of 16.

The key points from the evidence were:-

- Social Services present provision of support to young people who require support in relationships and sex and relationship education is adequate but not always consistent.
- Rates of pregnancy amongst looked after children are very low and each case well known to individual social workers.

The policy presented to the Executive on 3 July 2002 was only a draft and has not been implemented. This policy has not yet been finalised and staff recognise a need to further refine it.

4.6.1 Conclusions from the Evidence

- The panel were impressed by the dedication of Social Services staff.
- The Sex and Relationship Education policy for ‘Looked After Young People’ presented to the Executive on 3 July 2002 is a promising start. Further work needs to be done to finalise this policy and make it widely available.
- Because the policy is in draft form, not all Social Services staff have yet received sufficient training to ensure that policies on Sex and Relationship Education are consistently applied.
- The way in which information has been presented to Members of the Council has sometimes been lamentable. Members have not been given sufficient background information on which to base sound judgements. Insufficient thought has been given to the role of Members in the decision making process.

4.6.2 Recommendations

I. Social Services should further develop the Sex and Relationship Education policy for Looked After Young People. This should include clear targets for the publication of the policy and sufficient allocation of staff time.

II. Budget allocation be given to the appropriate training of staff to ensure consistent application of the Sex and Relationship Education Policy.

III. The Executive and senior officers should give consideration to the way in which Members are provided with information about key matters. It is understood that this matter is already in hand.

4.7 Support given to young people through the Youth Service

The Panel heard evidence from the Head of the Youth Service. The ‘policy’ statement presented to the Executive on 3 July 2002 was merely an internal working document for staff. All staff were given the document only after full training. The information given to Members did not include any contextual information to assist them to understand this.

The Panel heard that all Youth Service staff have received training in how to deal with Sex and Relationship issues. Approximately 50% of staff have
received a 12 day course to significantly enhance their skills in this area. These staff are well qualified to support young people in matters relating to sex and relationships. Although qualified staff are empowered to give young people condoms, this is only in exceptional circumstances and there is no evidence that the procedures are being abused by staff. Staff are not permitted to give young people the ‘morning-after’ pill.

Although there are slight differences in approach between the Youth Service and the LEA guidance it was pointed out to the Panel that there are significant differences between the young people reached through the Youth Service and those attending schools. The main difference is that those attending facilities through the Youth Service do so on a voluntary basis. This makes a significant difference to the relationship between Youth Workers and the young people.

4.7.1 Conclusions from the Evidence

- The Panel was satisfied that adequate provision has been made to train Youth Workers to provide support to young people in matters relating to sex and relationships.
- The information provided to the Executive and Members was presented out of context.

4.7.2 Recommendation

I. Senior Officers and the Executive should give consideration to improving reports, especially those which contain important policy guidance.

4.8 The Role of Officers and Members

The Panel heard evidence from senior officers and Members of the Executive. What emerged was a convoluted and imprecise approach. Officers were very keen to promote a sensible course of action and had the interests of both the Council and Cornwall at heart. Their proposals were both sensible and balanced, as proved by the resultant Strategy.

There are however, some areas of concern. The documentation of this contentious issue is sparse and subject to individual interpretation. This is not good enough. Whilst a few senior Members were party to information, many Members of the Council felt excluded from decisions. This had the opposite from the desired effect. Instead of ensuring that the Strategy would receive Council support, it led to heated debate. Members were not given sufficient data on which to base sensible judgements.

The Panel recognises the importance of the Council in ratifying this policy. All Members have a right, therefore, to have sufficient information to know how decisions were taken.

Members were given insufficient information at the start of the process. Some were unclear about the partnership arrangements.

4.8.1 Recommendations
I. It is recommended that the Executive consider the existing protocols of the Council in setting up similar partnership arrangements in the future. This is already in hand.

II. The Health & Social Care Overview & Scrutiny Committee should receive the Annual Report on the success of the Teenage Pregnancy Strategy and have an opportunity to discuss and give direction to Council representatives on the Cornwall Teenage Pregnancy Strategy Partnership Board and the Cornwall Children and Young People’s Partnership. All members of the Council should be invited to this presentation.

4.9 Legal Considerations

The Panel heard evidence from the Council’s Head of Legal Services. It was apparent that there are aspects of the legal framework for partnerships with other organisations that have not been fully clarified. In the case of the present investigation, much depends on the interpretation of the Strategy. One interpretation is that the Strategy is a policy and as such should be endorsed by the full Council. Another view is that the Strategy is an operational plan to meet a national policy. As such there is no strict requirement for the Strategy to be presented to Councillors. At present there is no clarity as to the correct interpretation of this Strategy. Members were inclined to take a pragmatic view on this. A matter such as the Teenage Pregnancy Strategy is clearly of political concern and it makes sense for there to be appropriate political involvement in the process.

4.9.1 Recommendations

The Panel is aware that the Council is presently investigating the legal framework of all partnership workings. In the meantime it is recommended that the Council endeavours to inform Members of, and involve Members appropriately in, key partnerships covering areas such as the Teenage Pregnancy Strategy. This will enable Members to be aware of the impact of these partnership agreements on other Council policies.
Comparative Teenage Pregnancy Rates

NATIONAL / INTERNATIONAL
The UK has the highest incidence of teenage pregnancy throughout Western Europe and has the fourth highest rate when compared against all European Countries. The Netherlands has the lowest teenage conception rate – one sixth of that in the UK.

In 2000 England’s teenage pregnancy rate stood at 43.6 conceptions per thousand, whilst the latest figures for the USA show 95.5 conceptions per thousand women (64% higher than Cornwall). This figure places the teenage conception rate in the United States twice as high as that for either the UK or Canada and approximately four times that of France.

A recent study into the differences in teenage birth rates in five of the developed countries reiterates the trend indicated by conception rates. Great Britain shows rates to be significantly lower than the US but notably higher than its European neighbours.

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>RATE PER 1,000 BIRTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweden</td>
<td>7</td>
</tr>
<tr>
<td>France</td>
<td>9</td>
</tr>
<tr>
<td>Canada</td>
<td>20</td>
</tr>
<tr>
<td>Great Britain</td>
<td>31</td>
</tr>
<tr>
<td>United States</td>
<td>49</td>
</tr>
</tbody>
</table>

CORNWALL / SOUTH WEST
In 2000, Cornwall and the Isles of Scilly had an under 18 teenage pregnancy rate of 35.0 per thousand (309 conceptions) indicating a reduction of 11.9% since 1998 - over the same period the rate in England fell by 6.3%. Comparative figures for 1998-2000 show that in Cornwall and the Isles of Scilly the teenage conception rate stood at 37.6. This was marginally higher than the South West at 37.4 but notably below England which had a rate of 44.9.

Although the rate for Cornwall is relatively low there are consistently higher rates in the west of the county (Penwith and Kerrier), reflecting greater levels of social deprivation in these areas. In the 1998-2000 period, rates in these two districts stood at 45.3 and 42.5 compared to a rate of 37.6 for the county.

![TEENAGE CONCEPTION RATES PER 1000 WOMEN AGED 15-17 BY DISTRICT](image-url)
SOURCES

‘Differences in Teenage Pregnancy Rates among Five Developed Countries: The Role of Sexual Activity and Contraceptive Use’, SIECUS (Sexuality Information and Education Council of the United States), January 18, 2002

‘An International Review of the Evidence: Data from Europe, Reducing the rate of teenage conceptions – a summary bulletin’, Roslyn Kane et al. London School of Hygiene and Tropical Medicine, 1999


www.teenpregnancy.org, The National Campaign to Prevent Teen Pregnancy (USA)

www.ons.gov.uk, Office for National Statistics (UK)

www.doh.gov.uk, Department of Health (UK)
APPENDIX 2

**Member and Officer Time involved in the development of this report.**

The panel of 14 Members met formally on four occasions:

- 7 October: 18 Members 5 Officers 2 hours
- 18 October: 12 Members 2 Officers 5 hours
- 8 November: 14 Members 2 Officers 3 hours
- 18 November: 14 Members 2 Officers 3 hours

In addition small groups of Members also made visits to schools.

- 4 November: 4 Members 1 Officer 4 hours
- 12 November: 4 Members 1 Officer 2 hours

**Total time:**

<table>
<thead>
<tr>
<th></th>
<th>Members: 204 hours</th>
<th>Officers: 36 hours</th>
</tr>
</thead>
</table>

Time given by witnesses (including those in schools) 31 hours

The above does not take account of the time taken by officers in preparation for the meetings, or in writing the minutes of meetings and the report. Whilst an estimate, this is likely to represent 21 officer days.

From the above it is possible to gain an impression of the time devoted by Members and officers to this scrutiny process.
<table>
<thead>
<tr>
<th>Witness</th>
<th>Position/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr John Guly</td>
<td>Representing the views of the Cornwall Community</td>
</tr>
<tr>
<td>Miss S Gray</td>
<td>Standards Association</td>
</tr>
<tr>
<td>Mrs M Trevivian</td>
<td></td>
</tr>
<tr>
<td>Dr Chris Veal</td>
<td>Chair of the Teenage Pregnancy Strategy Partnership Board for Cornwall &amp; the</td>
</tr>
<tr>
<td></td>
<td>Isles of Scilly</td>
</tr>
<tr>
<td>Mr David Hampshire</td>
<td>LEA Adviser (PSHE)</td>
</tr>
<tr>
<td>Mr John Appleton</td>
<td>County Youth Officer</td>
</tr>
<tr>
<td>Ms Liz Taylor</td>
<td>Divisional Manager, Children’s Services</td>
</tr>
<tr>
<td>Mr Jim Gould</td>
<td>Chair, Children and Young People’s Strategic Partnership</td>
</tr>
<tr>
<td>Mrs Pam Lyne</td>
<td>previously Executive Member for Individual Services (Children)</td>
</tr>
<tr>
<td>Mr Nigel Walker</td>
<td>Executive Member, Children and Young People</td>
</tr>
<tr>
<td>Mr Richard Williams</td>
<td>Head of Legal Services CCC</td>
</tr>
<tr>
<td>Geoff Tate</td>
<td>Assistant Chief Executive CCC (written submission)</td>
</tr>
</tbody>
</table>
## Teenage Pregnancy Partnership Board

### Membership:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Title</th>
<th>Organization/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Chris Veal</td>
<td>Director of Public Health</td>
<td>Central Cornwall PCT</td>
</tr>
<tr>
<td>Dr Hillary Veal</td>
<td>Senior Clinical Medical Officer, Contraception &amp; Sexual Health Service</td>
<td>Truro Health Office</td>
</tr>
<tr>
<td>Ms Mary Cooper</td>
<td>Assistant Director</td>
<td>Education Department</td>
</tr>
<tr>
<td>Ms Chris Nash</td>
<td>Health Visitor Advisor</td>
<td>Cornwall Partnership Trust</td>
</tr>
<tr>
<td>Dr Sarah Gray</td>
<td>GP Representative, Local Medical Committee</td>
<td>18 Lemon Street Surgery</td>
</tr>
<tr>
<td>Mr Scott Bennett</td>
<td>Partnerships Manager</td>
<td>West of Cornwall PCT</td>
</tr>
<tr>
<td>Ms Teresa Phillips</td>
<td>Community Midwife Advisor</td>
<td>Penrice Maternity Hospital</td>
</tr>
<tr>
<td>Ms Angela Hills</td>
<td>Clinical Manager, GU Clinic</td>
<td>RCHT Treliske</td>
</tr>
<tr>
<td>Mr John Appleton</td>
<td>County Youth Service Manager</td>
<td>Cornwall Youth Service</td>
</tr>
<tr>
<td>Ms Marilyn Philpott</td>
<td>Manager</td>
<td>Health Promotion Service</td>
</tr>
<tr>
<td>Mr Tom Whitworth</td>
<td>Manager</td>
<td>Cornwall &amp; Devon Connexions</td>
</tr>
<tr>
<td>Ms Liz Taylor</td>
<td>Divisional Manager</td>
<td>Social Services Department</td>
</tr>
<tr>
<td>Sam Alexander</td>
<td>Manager</td>
<td>Brook Advisory Service, Cornwall</td>
</tr>
<tr>
<td>Ms Helen Ross McGill</td>
<td>Head of Women’s Services</td>
<td>RCHT Treliske</td>
</tr>
<tr>
<td>Mark Williams</td>
<td>Head of Operations</td>
<td>Learning &amp; Skills Council</td>
</tr>
<tr>
<td>Therese Chapman</td>
<td>Consultant Midwife</td>
<td>Penrice Headquarters</td>
</tr>
<tr>
<td>Dr Jon Tilbury</td>
<td>General Practitioner Executive Member of N&amp;E Cornwall PCT</td>
<td>Gunnislake Health Centre</td>
</tr>
</tbody>
</table>
Children & Young People’s Strategic Partnership

Membership:

Jim Gould (Chair) Deputy Director of Social Services
John Appleton County Youth Service Manager
Gina Broicklehurst Chief Executive, West of Cornwall PCT
Jon Brown Assistant Director, NSPCC
Mary Cooper Assistant Director, Local Education Authority
John Cousins Manager, Cornwall Youth Offending Team
Dennis Cronin Clinical Development Manager, North & East Cornwall PCT
Isobel Down Business Manager, Child Health Directorate, Plymouth Hospitals Trust
Dave Dunne Detective Chief Inspector, Devon & Cornwall Constabulary
Helen Ferris Senior Manager, Social Services
Tony Gardner (Vice Chair) Chief Executive, Cornwall Partnership Trust
Nicky Gilbertson Consultant Paediatrician & Clinical Director for Child Health, RCHT
Geoff Hogg Assistant Director, Local Education Authority
Jayne Howard Strategic Planning and Partnership Manager, Central Cornwall PCT
Penny Shilston Cornwall Association of Primary Heads
Rob Spowart Cornwall Association of Secondary Heads
Jo Swingewood Assistant Director, NCH Action for Children
Geoff Tate Assistant Chief Executive, Cornwall County Council
Sandra Whitehead Assistant Director Community Care, Social Services
Tom Whitworth Manager, Connexions Service, Cornwall
Debbie Wilshire Principal, St Austell College

Jms/health/tipfinal2report