

**TEENAGE PREGNANCY AND LOOKED AFTER CHILDREN/  
CARE LEAVERS**

**RESOURCE FOR TEENAGE PREGNANCY CO-ORDINATORS**

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## **TEENAGE PREGNANCY AND LOOKED AFTER CHILDREN/ CARE LEAVERS: RESOURCE FOR TEENAGE PREGNANCY CO-ORDINATORS**

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## **INTRODUCTION**

### **TEENAGE PREGNANCY AND LOOKED AFTER CHILDREN/CARE LEAVERS: RESOURCE FOR TEENAGE PREGNANCY CO-ORDINATORS**

#### **The Resource**

In September 2001, Barnardo's was commissioned by the Teenage Pregnancy Unit (TPU) to develop material for Teenage Pregnancy Co-ordinators, which highlighted examples of innovative practice for looked after children/care leavers. This Resource is intended to:

- raise awareness of issues concerning looked after children/care leavers and teenage pregnancy
- outline relevant legislation and Government initiatives
- summarise the views of looked after children/care leavers about the difficulties they face, the types of services they require and how these should be provided
- provide recommendations relating to policy and practice, including: strategic development of services, provision of services for young people, and development of services for looked after children/care leavers
- provide useful websites, with information: about sexual health and teenage pregnancy for young people; for looked after children; and for professionals working with young people
- provide a list of useful publications for those working with young people, including looked after children/care leavers
- provide examples of innovative practice, each including: the type of service and contact details; sources of funding; other agencies involved; what is done, for whom and how; learning to date; future plans.

Some of the initiatives outlined in the examples of innovative practice have been specifically developed for looked after children or care leavers. These include:

- projects established with the intention of consulting looked after children/care leavers to identify their needs, clarify issues of concern to them and involve them in informing service provision
- projects providing information and advice about relationships, sexual health and contraception
- peer education projects
- support services for young parents who are looked after or care leavers
- guidance and training for staff working with looked after children and care leavers.

Services developed for young people generally, and accessed by looked after children or care leavers, have also been included. These include services based on:

- providing advice and support concerning any issues of relevance to young people
- providing advice and support concerning sexual health and contraception

- services aimed at young women
- services provided for young men
- providing support for pregnant teenagers
- providing a co-ordinated approach to supporting young parents
- providing accommodation for young parents, with additional support concerning education, training, parenting and personal development.

Many of the examples provide evidence of a multi-agency approach in the development of teenage pregnancy strategies, which draw on links with professionals in health, education, housing, social work, youth and community, benefits agencies, careers, leisure and voluntary organisations. The examples can be found on the Teenage Pregnancy Unit website: [www.teenagepregnancyunit.gov.uk](http://www.teenagepregnancyunit.gov.uk)

### **Developing the Resource**

The Resource was developed through a range of processes:

- review of literature concerning teenage pregnancy and looked after children/care leavers
- analysis of local authority Quality Protects Management Action Plans (MAPS), to identify examples of innovative practice relating to reducing teenage pregnancy amongst looked after children/care leavers and supporting young parents who are looked after/care leavers
- analysis of websites (statutory and voluntary organisations)
- consultation with Local and Regional Teenage Pregnancy Co-ordinators, Quality Protects Regional Development Workers, researchers, and staff within the TPU
- direct contact with managers of initiatives identified within MAPS, suggested by other agencies, or located on websites
- consultation with looked after children/care leavers.

While developing this Resource, it became evident that the information gathered would also be relevant for other professionals working with looked after children/care leavers. Consequently, an additional Resource has been produced. *Teenage Pregnancy and Looked After Children/Care Leavers: Resource for Professionals Working With Young People In or Leaving Care* includes supplementary information. It describes the Teenage Pregnancy Strategy and how this is implemented at a local level. As well as outlining legislation intended to improve the quality of care and life chances of looked after children, it also provides an overview of Government initiatives aimed at reducing health inequalities, supporting young people's education or training, and helping young people prepare for work. The 'Recommendations for Policy and Practice' section includes recommendations relating to education, training or employment, financial support, and accommodation services. It is anticipated that Teenage Pregnancy Co-ordinators will raise awareness about the supplementary Resource and disseminate it to relevant professionals.

## **CONTEXT: 'LOOKED AFTER CHILDREN' AND THEIR NEEDS**

### **'Looked After Children'**

The term 'Looked After' was introduced by the 1989 Children Act. It refers both to children subject to care orders (i.e. placed in the care of the local authority by order of a court) and children accommodated by voluntary agreement with their parents (under section 20 of the Children Act).

At 31 March 2002, approximately 59,700 children were looked after<sup>1</sup>, of whom:

- 33,200 (56%) were boys
- 24,800 (41%) were aged under 10
- 38,400 (64%) were looked after under care orders, representing an increase by a quarter since 1997
- the proportion accommodated by voluntary agreements had fallen since 1997, from 38% to 32%
- 39,200 (66%) were looked after in foster placements
- 6,000 (10%) were looked after in children's homes
- 6,700 (11 %) were placed with their parents, with social work support
- 3,600 (6%) were placed for adoption.

The category of 'need' was a new item added to the data for the first time for the year ending 31 March 2001. This records the principal need of the child which gave rise to social service intervention. For 37,100 children (62%) in March 2002, the recorded category of need was 'abuse or neglect'. This was by far the largest group; the second largest category of need was 'family dysfunction' – recorded for 6,200 children (10%).

Young people seldom spend their entire childhood in care. For the year ending March 2000, of the 6,800 young people leaving care at 16 or over, a quarter had been looked after for less than six months and half for less than two years<sup>2</sup>. The large proportion of children who are looked after primarily because of abuse or neglect is an indicator of the extent of the difficulties and early disadvantages many have faced before entering care.

### **The Needs of Looked After Children/Care Leavers**

The needs, concerns and issues affecting looked after children/care leavers are similar to those of other young people - living independently, maintaining a healthy lifestyle, accessing practical, financial and emotional support. Significant differences between looked after children/care leavers and other young people generally relate to the complex circumstances resulting from their pre-care experiences, their experience of being in care, and the combination of disadvantages which affect their opportunities.

Looked after young people and care leavers are not a homogenous group – each young person has specific needs, abilities, hopes, expectations and will be

differently affected by their experience of being 'Looked After'. For many children, growing up in a stable, loving foster family or being placed for adoption may provide the basis for long-term happiness and success. Young people themselves express frustration at the negative stereotyping they are subjected to as looked after children: "In care, you get labelled differently: They're walking past [the project] looking in as if we were pieces of shit on the floor. ...That's their problem, obviously, but it's not nice to be done"<sup>3</sup>. Persistent negative images of looked after children undermine them and the carers and staff who work with them. Many young people overcome the traumatic experiences which led to their placement in care, negative experiences of being in care, problems encountered after leaving care, and personal/social disadvantages.

For others, being looked after may lead to the need for support because of:

#### **Pre-care experiences**

- Children and young people taken into care are likely to have experienced a range of disadvantages, such as poor health; poverty; absent, limited, or inappropriate parenting
- The family lifestyles of children taken into care have often been disrupted and chaotic
- The majority of children are taken into care as a result of abuse or neglect
- Many children taken into care have experienced acute stress/tensions within their families

#### **Being taken into care**

- Despite the legal requirement to ascertain their wishes and feelings, many young people in care feel that they are not involved in decisions taken about their lives<sup>3</sup>
- Although they may feel safer and more cared for, few children want to be in care
- Looked after children may receive limited help in dealing with their feelings about the events/experiences which led to them being in care
- The consequences of being taken into care (rejection; loss of family, friends and familiar neighbourhoods; change and uncertainty; adaptation to new environments and rules) are not always acknowledged or responded to once a young person is looked after<sup>4,5</sup>
- The actual experience of being in care can be traumatic, stressful and lead to insecurity<sup>6,7</sup>
- Many young people can experience bullying and abuse in their residential/foster placements<sup>8</sup>
- The stigma associated with public care can lead to exclusion from everyday activities/opportunities and negative assumptions (eg that looked after children/care leavers are 'troublesome', 'difficult' or 'damaged' and come from 'dysfunctional' families)<sup>4</sup>

### Placement moves

- Many young people in care can experience a high number of placement moves, often within a relatively short period of time<sup>9,10,11,12</sup>
- The disruption which necessitates children being in care is often compounded as they move within the care system<sup>13</sup>
- Attachments, and the presence of significant others, are vital for physical and mental health – each placement move is a separation from any attachments made
- A high degree of movement has been associated with poor educational attainment, lack of continuity in medical care/health checks<sup>14</sup>, mental health problems<sup>15</sup>, weakening of family links, and lack of stability on independence<sup>12</sup>

### Education

- Looked after children are likely to lose time in school as a result of no school place being secured, poorly managed transitions, re-integration from out of authority placements/special provision, or exclusion from school<sup>4</sup>
- The academic achievements of most looked after children are lower than those of their peers<sup>16</sup> - only 5% achieve 5 good GCSE passes, compared with over 50% for the age group as a whole<sup>17</sup>
- The proportion of looked after children excluded from school is greater than the proportion of all children excluded – it is estimated that looked after children are 10 times more likely to be excluded than children who are not in care<sup>18</sup>
- Many looked after children of school age do not attend school regularly or at all - 12% were found not to attend regularly, with a peak of 25% at Key Stage 4<sup>18</sup>
- The educational attainment of looked after children can be affected by a lack of communication between local authority departments (eg education and social services) and the low priority given to their education<sup>16,19</sup>
- 16-19 year old care leavers are more likely to have no qualifications than other young people – more than 75% of care leavers were found to have no educational qualifications<sup>20</sup>
- Teenage parents who are looked after tend to achieve less in education than other looked after children – 83% of care leavers who were young mothers had no qualifications compared to 65% for those without children<sup>12</sup>
- Care leavers are less likely than the general population to go into Further Education<sup>20,21</sup>

### Health

- The health of many looked after children is poor, and worse than that of the general population<sup>22</sup>
- Looked after children have different, and greater, health needs than those of their peers yet are less likely to receive adequate healthcare<sup>23</sup>
- Many looked after children do not receive their annual health check, and perceive this to be a 'medical' rather than a holistic assessment<sup>24</sup>

- Looked after children are more likely to experience substance misuse<sup>25</sup>
- Many care leavers have long-term illnesses or conditions, including asthma and eczema<sup>6</sup>
- Looked after children are more likely to experience mental health problems<sup>26,27</sup> - almost a quarter of children in care have a major depressive illness compared to 4% of children in general<sup>28</sup>
- Looked after children and care leavers are more likely than other young people to think about or actually try to take their own lives, or to deliberately self-harm<sup>6,27,29</sup>
- Limited financial resources restrict opportunities for looked after children/care leavers to participate in leisure/sports activities
- Many looked after children experience several of the 'risk factors' identified by the Social Exclusion Unit as increasing the risk of becoming teenage parents

### **Housing**

- Care leavers are expected to be self-sufficient at an earlier age than the general population<sup>30</sup>
- Although local authorities are required to provide accommodation for care leavers, provision varies regionally and is rarely based on the desires of the young person<sup>31</sup>
- Living alone in unsuitable housing with little money, support or likelihood of improvement often leads to isolation and unhappiness<sup>6</sup>
- The majority of care leavers move to temporary accommodation - this involves additional movement in the future, making it difficult to establish a stable and secure pattern of living<sup>21</sup>
- A significant number of care leavers are homeless within months of leaving care, many of whom are under 18<sup>12</sup> – young people who have been in care are 60 times more likely to become homeless than other young people<sup>20</sup>
- For some young mothers leaving care, living in a mother and baby unit can make it difficult for the baby's father to visit

### **Financial Support**

- Income and suitable accommodation are often the most important issues for young people leaving care<sup>29</sup>
- There is regional and local variation in the type and amount of financial assistance received by looked after children from local authorities<sup>12,32</sup>, although the Children Leaving Care Act confirms a minimum level of financial support
- Care leavers are more likely than other young people to be unemployed – 50-80% of care leavers were found to be unemployed<sup>20</sup>
- The majority of care leavers live on or near the poverty line<sup>33,34</sup>
- Increases in youth unemployment and restrictions to benefits have affected all young people living independently - for care leavers with limited, if any, family support the

transition to independence can be extremely difficult without some form of financial assistance

### **Black and Minority Ethnic (BME) Communities**

- Training about the health needs of minority groups is often inadequate<sup>35,36</sup>
- Black, African Caribbean and mixed race children are consistently over-represented in the looked after population<sup>37,38,39,9</sup>
- Looked after BME children are often likely to have experienced poverty, racism and communication difficulties (if English is not their first language)
- When leaving care, BME young people experience direct and indirect discrimination in employment, training and when trying to find accommodation<sup>40</sup> – they are therefore more likely to be homeless<sup>49</sup>

### **Disability**

- Disabled children, including children with emotional and behavioural difficulties, are more likely to be looked after than children without disabilities
- Disabled looked after children are particularly vulnerable as many have limited communication skills and additional care needs<sup>42,43,44</sup>
- Disabled looked after children are rarely consulted, their placement reviews are often delayed, and they do not have access to appropriate communication systems<sup>45</sup>
- Disabled looked after children are likely to experience unmet health care and social needs<sup>45,46</sup>
- Many disabled young people moving from child to adult services do not receive information or advice about healthy living, including sex and relationships<sup>45</sup>
- For many disabled young people, transitions from care may be abrupt or delayed by restricted housing/employment options and inadequate support<sup>47</sup>

There is not a simple causal link between being looked after and poor outcomes. However, for many young people the experience of being looked after compounds, rather than ameliorates, early disadvantages.

Reviews of research evidence demonstrating effective approaches to supporting looked after children provide clear messages about what steps can be taken to support children in care and when they leave<sup>48</sup>. One of the most consistent messages is the importance of an integrated, co-ordinated approach to supporting young people, which involves all the key agencies, young people themselves and their parents/carers. This applies to promoting the sexual health

of young people, preventing teenage pregnancy and supporting young parents who have been looked after.

Teenage Pregnancy Co-ordinators have a particular role because of their specialist knowledge and expertise. Effective approaches must take account of the context of young people's lives and are dependant on close co-operation between Teenage Pregnancy Co-ordinators and colleagues within social services, housing, education, health, child and adolescent mental health, benefits agencies, youth and community services and voluntary agencies. All relevant partners should be working together to develop and implement the local teenage pregnancy strategy to actively meet the needs of looked after children.

# **LOOKED AFTER CHILDREN/CARE LEAVERS AND TEENAGE PREGNANCY: RISKS, REASONS AND GOVERNMENT RESPONSES**

## **RISK OF TEENAGE PREGNANCY AMONGST LOOKED AFTER CHILDREN/CARE LEAVERS**

It is clear that many looked after children experience several of the 'risk factors' identified by the Social Exclusion Unit <sup>49</sup> as increasing the risk of becoming teenage parents: living in poverty; having been in care/fostered; experiencing low educational achievements, truancy or school exclusion; not being involved in education, training or work post-16; being sexually abused; experiencing mental health problems; being in trouble with the police; belonging to an ethnic minority; living in local authorities identified as amongst the most deprived.

Research has demonstrated that children who have been in care or fostered are almost 2.5 times more likely to become teenage parents, compared with those brought up with both natural parents <sup>49</sup>. In 1992, studies found that 1 in 7 <sup>32</sup> or 1 in 8 <sup>12</sup> care leavers had children by the time they moved to independence or left care. Almost half of the young women leaving care in a 1995 study were mothers within 18-24 months <sup>21</sup>.

If they become pregnant while in care, young women may experience particular difficulties:

- many do not receive neutral, unbiased advice about all the possible options, or counselling to help them make a decision, and some experience pressure to have an abortion <sup>49</sup>
- as a group, looked after children are more likely than others to be against abortion and many would not consider giving their baby up for adoption <sup>31,50</sup>
- most have received little education about parenthood from either school or whilst in care <sup>49</sup>
- many do not attend locally available ante-natal and parentcraft classes. <sup>31,49,50</sup>

Teenage mothers leaving care experience similar difficulties to those faced by all young mothers (concerning parenting, finding a place to live, child care, accessing education or work). However, they are less likely to have consistent, positive adult support and more likely to have to move.

## **REASONS FOR RISK OF TEENAGE PREGNANCY**

Looked after children are considered a 'vulnerable' group: doubly at risk of poor health and social exclusion because they are/have been in care *and* because they are more likely to become teenage parents. In addition to the general 'risk factors' mentioned, the experience of being looked after children may lead to additional reasons for increased risk of teenage pregnancy:

### **Limited Sex and Relationship Education**

The disruption in schooling experienced by many looked after children is likely to have negative consequences on school-based sex and relationship education<sup>31,50,51</sup>.

- lack of attendance may lead to 'missed' lessons
- disruption is likely to have a detrimental effect on concentration or ability to be receptive while in school.

Talking about sex and relationships is vital in building self-esteem, exploring values and attitudes, developing skills such as assertiveness and negotiation, and making informed decisions about behaviour, relationships and sexual health<sup>52</sup>. The majority of young people perceive their mother to be the most trusted source of information about puberty, sexual feelings, sex and relationships<sup>53</sup>. Looked after children may have less opportunity to obtain such information from their mother or trusted others (such as fathers/carers, siblings or significant adults) because they may have little contact with their parents. For many who do maintain contact, their parents are often not good 'role models' for learning about relationships or parenting<sup>31</sup>.

Many looked after children do not receive continuous support, and work on sex and relationships (including pregnancy and parenthood) is not routinely provided within the care system or by carers. For looked after children, access to information and advice while they are in care is heavily dependent on the relationship between them and members of staff or foster carers<sup>50</sup>.

### **Early sexual experiences**

Low levels of self esteem experienced by many looked after children, and their desire to be included in peer groups, makes them more likely to conform with pressure to engage in early or unwanted sexual activity<sup>31,50,51</sup>. Sex may be perceived as a way of receiving love and affection by young people who feel unloved and vulnerable. Low levels of self-esteem and lack of confidence can also make it difficult for them to take control, assert themselves, negotiate and sustain positive personal relationships<sup>52</sup>.

Young people in residential settings experience greater levels of peer pressure; fearing exclusion from the group and subsequent loneliness. They are also generally less supervised and therefore have more opportunities for early sex than young people living at home<sup>31</sup>.

### **Personal experience**

Looked after children are statistically more likely to have experienced traumatic events including neglect and physical, sexual or emotional abuse. For many, the perpetrators have been parents/carers, family members or close family friends. A major issue, recently exposed in a number of court cases, is the sexual abuse of children in care by the adults responsible for them. Such experiences may

distort young people's understanding about sex, sexuality and interpersonal relationships. It is likely to establish an understanding of personal and sexual relationships founded on fear and abuse of power, rather than trust and respect. Young women in public care may consequently be more vulnerable to abusive relationships<sup>54</sup> and abuse through prostitution<sup>27,55</sup>.

### **Pregnancy as a positive choice**

For some care leavers with no qualifications, little income and limited possibility of accommodation, having a baby is one way of demonstrating that they are mature and worthy of the same status as peers who gain qualifications and study in further/higher education or work. Parenthood may be a positive aspiration for young people with few alternative opportunities.

For others, having a baby may be one constant in a continually disrupted life; providing some stability and a sense of purpose or direction in their lives<sup>56</sup>. While most young people become pregnant because they think it will not happen to them, looked after young people are more likely to cite the reason for pregnancy as having someone to love. Looked after children of both sexes are often keener to want a baby by the time they are 20 than young people living with their families<sup>31</sup>. Many perceive parenthood as an opportunity to compensate for their own negative experiences of family relationships and being parented.

## **LEGISLATION AND GOVERNMENT INITIATIVES**

Two specific pieces of legislation directly govern service provision for looked after children/care leavers: The 1989 Children Act and the 2000 Children Leaving Care Act.

The **Children Act (1989)** established a statutory framework for young people in care. Under the Act, parents retain 'parental responsibility' when a local authority has to arrange for a child to live away from home, as partners of the local authority and substitute carers [S2 (8)]. It is the duty of the local authority to safeguard and promote the welfare of each looked after child [S22 (3)]. Local authorities also have a duty to advise, assist and befriend looked after children with a view to promoting their welfare when they cease to be looked after, and a responsibility to continue this support until the young person reaches the age of 21 [S24 (1)].

Every looked after child must have a Care Plan outlining their needs, parental responsibilities, the child's views and wishes, services to be provided by the local authority, type of placement, arrangements for contact between the child and their family, and arrangements for the child's health and education. Health care for looked after children "implies a positive approach to the child's health", including "general surveillance and care for health and developmental progress as well as treatment for illness and accidents"<sup>57</sup>. Such health care should be provided in the context of programmes in the area designed to provide child

health surveillance and promote the physical, social and emotional health and development of all children <sup>58</sup>.

The Children Act Guidance states: “the experience of being cared for should also include the sexual education of the young person”. Such education should include practical issues such as contraception; the emotional aspects of sexuality, such as the part played by sexuality in the young person’s sense of identity; the emotional implications of entering into a sexual relationship; the need to treat sexual partners with consideration and not as objects to be used; the emotional and practical implications of becoming a parent.

Preparation for leaving care is regarded as an integral part of the care process and includes three aspects: enabling young people to build and maintain relationships with others (both general and sexual); enabling young people to develop their self esteem; teaching practical and financial skills and knowledge.

The **Children Leaving Care Act (2000)** governs arrangements for those leaving care and reinforces each local authority’s obligation to advise and assist looked after children prior to and after leaving leave care. The Act aims to: improve the life chances of young people living in/leaving care (placing emphasis on education, training and employment); improve assessment, preparation and planning for those leaving care; and delay young people leaving care until they are ready to leave.

The duties of the responsible local authority (the local authority which last looked after the young person, regardless of where the young person is actually living) include:

- assessing and meeting the needs of care leavers up to the age of 21
- maintaining contact with care leavers up to the age of 21, and beyond if necessary (until the end of their agreed programme of education/training)
- establishing a Pathway Plan, which will take over from the Care Plan, for each young person until they are at least 21. The Pathway Plan represents an agreement between the young person and the local authority, which establishes the young person’s needs and how the local authority will help meet these needs
- providing a personal adviser for each care leaver, who will ensure that they receive the support and advice to which they are entitled; help draw up the Pathway Plan and ensure that it adapts to meet the young person’s changing needs; take responsibility for ensuring that the Plan is implemented; maintain contact with the young person until they are at least 21
- providing support for education and training, including assistance with the costs of Further Education and training, contributing to living expenses or making grants available to meet expenses
- providing vacation accommodation, or funding to enable the young person to secure accommodation for themselves, when a young person is in full time higher education

- providing assistance with the costs associated with employment.

Each young person's Pathway Plan should include all areas (health and development, education, training, employment, accommodation, finance, personal and social support needs, and the extent to which they possess the skills necessary for independent living), with regular (6-monthly) review and updating. Pathway Plans – based on holistic health assessments and detailed health records – are intended to: promote a healthy lifestyle, ensure appropriate use of primary health care services, enable access to specialist health/therapeutic services where necessary, and promote leisure interests. They should also facilitate provision of accessible information about healthy living, sexual health, sexuality, and mental health; pay attention to the health, dietary and cultural needs of young people from minority ethnic communities, and ensure that disabled young people obtain access to mainstream health services as well as specialist services related to their disabilities.

Other initiatives to improve the quality of care and life chances for looked after children/care leavers include:

**Quality Protects**, a five year programme (April 1999-March 2004), includes the following key elements which aim to improve the quality of care and life chances of looked after children/care leavers:

- national Government objectives for children's services which establish clear outcomes for children and targets to be achieved in the areas of: placement suitability; health care; social care; education; leaving care support; assessment and referral processes; service planning, delivery, and effectiveness; and staff training
- an important role for local councillors in delivering the programme and ensuring, as the 'corporate parents' of looked after children, that they receive services of the highest quality
- partnership between/within central and local Government, and with the health service and voluntary sector.

[See website: [www.doh.gov.uk/qualityprotects](http://www.doh.gov.uk/qualityprotects)]

Best policy and practice developed under the Quality Protects programme will inform the ongoing development of the Children and Young People's National Service Framework.

The **National Healthy Care Standard** (NHCS) Programme will establish a national standard for promoting the health and well-being of looked after children and young people. Sexual health will be a component of the NHCS programme and criteria will be set which ensures SRE, access to sexual or confidential health services and subsequent treatment and care, as well as support for young parents.

**Department of Health Guidance - *Promoting the Health of Looked After Children*** – sets out a framework for the delivery of services from health agencies and Councils with Social Services Responsibilities (CSSRs) which will promote and improve the health of looked after children and young people. It is written in the context of a holistic model, which takes account of wider determinants of health and is therefore relevant for a range of agencies in the statutory, voluntary and independent sectors, including education and leisure services.

[See website: [www.doh.gov.uk/lookedafterchildren/promotinghealth.htm](http://www.doh.gov.uk/lookedafterchildren/promotinghealth.htm)]

9 regional seminars have been held to disseminate this guidance to a multi-agency audience and further work on implementation is planned for 2003/4.

## **THE VIEWS OF LOOKED AFTER CHILDREN/CARE LEAVERS**

To ensure that this Resource was informed by the views of looked after children and care leavers, focus groups were facilitated between October 2001 and January 2002 with 23 young people who were in/had left care. (12 young mothers and a young father at an open day in a project for young families; 3 young fathers and 4 young men at a 'Leaving Care' project; 3 young mothers and 1 pregnant young woman at a Centre for school-age mothers).

The young people were asked what problems they had experienced, what services they thought should be offered, and how services should be offered in the areas of: sexual health and contraceptive services; personal development; accommodation; finance; education, training and employment; parenting support.

## **ISSUES**

While some of the issues raised directly related to their experience of being looked after, in many cases the issues put forward were similar to the experiences of other young people:

### **Sexual health and contraception:**

- Sex education provided in schools rarely included education about sex, contraception, sexual health or the emotional side of relationships and was considered to be provided too late: *"The subject wasn't talked about... we got nothing useful in school"* *"They just bunged on a video of a naked woman in a shower and then another one of a woman giving birth and that was all"*.
- Young men did not generally discuss sex and relationships: *"Blokes don't talk about stuff like this really"*.
- Despite not using contraception, young women tended to assume that they would not conceive: *"You just don't think you are going to get pregnant"*. *"You don't think it will happen to you."*
- Young women who had accessed contraception (the pill or condoms) were not always told how to use it, or what to do if they missed a pill/the condom did not work: *Leaflets were "Too hard to understand" and full of medical terminology.*

- Young women knew where to access contraception, but some were too frightened to go due to fears about lack of confidentiality, being 'found out', being 'told off' or judged for having sex.
- Young men knew where to access contraception, often relying on condom machines.
- Family planning clinics were inaccessible for some (eg too far away, or requiring use of transport): *"It takes me two buses to get there". "The Brook clinic was closed and I couldn't afford to get to the hospital (for the morning after pill following unsafe sex)"*.
- No information was provided about periods, puberty, or sex while young people were in care: *"Nobody talks to you about sex in care". "It depends on the attitude of the foster parent"*.
- A few young women felt that they had been coerced into having an abortion by the doctor who confirmed their pregnancy or the staff of their residential home.

#### **Personal development**

- Few personal development services were available for pregnant young women or young parents.
- Useful courses/events included: a course on building confidence; a course aimed at raising self esteem, which included cookery lessons and group discussions.
- No courses or events were run for young men: *"Aquarius is the only place for blokes to get together – it's a football pitch!"*
- Young women preferred talking to their boyfriend or friends if they had a problem.
- Although they would like someone to talk to, some young people felt embarrassed about discussing problems.
- Some young people suffered feelings of depression in isolation, or used alcohol to 'make themselves feel better': *"If I'm depressed I just go in my room and cry, and then I feel better". "If I feel down, I have a drink"*.
- A few young people felt that they could talk to social/project workers if they had a problem.
- Limited support and advice was provided to young people visited by social workers while in care.
- Most young people were reluctant to talk to social workers because they did not trust that what they said would not be 'passed on'.

#### **Accommodation:**

- Many young parents experienced feelings of isolation and despair.
- While in care, young people received little preparation for leaving care or information about the accommodation into which they would be moving.
- Few accommodation options were available to young people leaving care – provision was based on availability rather than the geographical location or preferences of individuals: *"The council tries to put you in all the crap places –*

*It's hard to find somewhere decent". One young man had been placed in accommodation on the opposite side of the city, despite remaining at the same school. He had had to move hostel several times in as many months.*

- When young people left care, very little support was provided to help them find accommodation, or to help them move in when they had found somewhere to live: *Having been allocated a council house, one young woman had to decorate, furnish and maintain it with no financial help or emotional support from anyone. One young man described how he physically carried all his possessions from one flat to the next.*

#### **Finance:**

- Young women living alone with their children felt that they did not receive sufficient benefits to cover bills and essential items: *One young woman received £67 per week, while a 16 year old only received £15.50 per week. She and other young mothers commented that provision of lesser benefits to those under 18 was discriminatory since the costs of providing for a child were the same whatever the age of its parents.*
- Some young people living with their parents while waiting to be allocated a council house were not directly entitled to benefits, so could not begin to buy things for themselves, their baby or their home.
- There was a perception that Job Centres provided no/inaccurate information about the benefits to which young people were entitled: *"You have to know and ask them (about benefits you're entitled to) – they would never tell you".*
- Young people were not reimbursed for any mistakes made by Job Centres.
- While in or leaving care, young people had not received information about welfare benefits or their rights – many did not know what they were entitled to or how to claim their entitlements: *"They don't tell you anything, they just tell you to go and sign on".*
- There were significant variations in the amounts of money received by young people through the Leaving Care Grant. One commented: *"It's difficult to get the Leaving Care Grant – it takes loads of time to come through and it's stingy".*
- Some young people had been placed in situations of risk as a result of poverty and lack of support: *One young mother had been given a 2-ring cooker for her flat, which had leaked gas causing her and her 2 children to be unwell. When she reported it to the council, they offered to throw it away but did not offer a replacement. Another young woman had left her home with her 3 children and her grandmother due to her husband's violence. She went to a refuge where she was given £15, one room for all 5 people for the weekend and told that someone would see her the following Monday. With no money or emotional support, the young mother used the £15 to pay for a taxi back home.*
- A few young people had found 'life skills' courses – which provided information/advice about how to budget, pay bills, shop – helpful.

### **Education, training and employment:**

- Some young women felt forced to leave school, or re-locate to a centre for pregnant school girls and young mothers, when they became pregnant.
- Information in schools about sixth form/further education colleges was perceived to have been provided only for young women considered to be 'more intelligent'.
- Lack of child care provision until children were 2 years old meant that most young mothers had to stop their education in school or college, for at least two years, to care for their child.
- Young fathers felt that having children made it more difficult to find a job: *"We need the money for the kids, but then you can't go out to look for a job because you've got to look after them"*.
- Very few young parents had received information about jobs, and many did not like going to the Job Centre: *Job Centres were described as "full of undesirables" who scared young people, with staff who did not care about them. "They find you jobs that you don't want to do with dodgy contracts, and then you have to do it even if you don't want to"*.
- Training schemes were not considered helpful, and information about such schemes was not always clear or accurate: *"Some... schemes that you think sound good are not about what you think they're going to be about. They don't teach you what you want to know"*.
- Very few care leavers had completed GCSE courses.

### **Parenting support:**

- Advice from doctors and social workers tended to focus on having an abortion – young women advised to have an abortion felt they had not been offered counselling or professional advice to help them make the best decision *for them*.
- No support or advice had been provided about what to expect when giving birth or having a caesarean section.
- Courses, such as 'Parents to be', were not generally accessed because pregnant young women thought they would be boring: *"I'd rather be out with my friends than doing that"*.
- Young men assumed ante-natal classes would be irrelevant to them: *"It's boring just watching them breathing!"*
- Young women did not feel comfortable going to their local ante-natal classes as they presumed that most of the other people attending would either be with their partners or older women.
- Some young fathers felt that they were not expected to play an active role during the pregnancy: *"Girls don't let you get involved even when you want to – they want to do it all themselves. And then, when you're not doing anything, they have a go at you!"*
- Young men considered services to be targeted at women, including birth: *"Doctors don't talk to you while you're there – they just gave my girlfriend her gas and air". "There should be a place where blokes can go and have a brew"*

*and watch some TV while their girlfriends are in there – you have to wait in a tiny waiting room for hours”.*

- Most young parents had received limited support about general parenting issues: *“I knew nothing about parenting skills. My mum beat me, so I learnt nothing from her, and nobody else gave me any information”.*
- Useful courses/support included: a course about children’s behaviour; a course offering advice about how to bond with your child and feeding; a visit to the local maternity hospital; a video to watch at home, provided by a midwife.
- Young mothers who had been visited by social workers when their child was first born had been offered limited practical support – they felt that they were being judged or perceived to be unfit mothers, even if they were coping well: *“Social workers stick their noses in if you are a young mum, even if you’re doing alright”.*
- Some social workers or counsellors who had offered parenting advice were perceived to be patronising.
- Some young women received limited responses from social workers when they sought advice about, or support with, their children’s difficulties: *One young 21 year old mother with 2 children had been asking her social worker for support for her son with ADHD for 2 years. Having received no response, she did not know who else she could ask for support or advice.*

### **RECOMMENDATIONS: SERVICES FOR YOUNG PEOPLE**

The looked after children/care leavers interviewed made a range of generic recommendations concerning services provided for young people:

#### **Any services provided for young people should:**

- be accessible for both individuals and small (mixed and single sex) groups
- involve young people to whom other young people can relate, and who understand their situation/experiences, in providing advice and support
- ensure honesty
- ensure confidentiality
- be provided in relaxed environments where young people feel at ease and are with others in similar situations
- be fun, creative and easy to use
- be flexible – operating after school, in evenings, at weekends or via drop-ins so that they can be accessed when young people feel they need support
- provide information for young people which is presented in accessible, interesting, humorous ways
- provide advice about available options, how to access services, what to expect, and additional sources of support
- include general, practical information *and* advice from specialists
- include transport, if necessary
- include child care for young parents.

### **RECOMMENDATIONS: SERVICES FOR LOOKED AFTER CHILDREN/CARE LEAVERS**

They also made suggestions specifically for looked after children/care leavers:

**Services specifically for looked after children/care leavers should include:**

- employment of a person qualified in sexual health to visit young people in care – both to educate them and to answer questions that young people might not want to ask carers with whom they have regular contact
- accessible information about sexual health, contraception, emotional aspects of sexual relationships and sources of advice in residential homes for young people aged 12 and over
- courses aimed at raising self-esteem, confidence and developing practical life skills such as shopping for cheap but healthy food and provisions, cooking, managing budgets, paying bills, filling in forms and applying for courses/jobs
- practical help in the home following the birth of a baby, and informal classes about parenting for both mothers and fathers
- availability of someone to talk to if and when young parents feel depressed, have concerns about anything, or need advice
- drop-in events where young parents can gain advice, spend time with other young parents, relax or engage in leisure activities while child care is provided
- information and advice while young people are still in care about the accommodation options available
- appropriate choice of accommodation for young parents, which is safe and in good condition (including supported housing and hostels for young families)
- advice, support and practical help for care leavers living independently, for as long as is required
- information and support from after care workers in accessing the benefits to which they and their children are entitled, and from specialists who can give practical advice about accessing benefits/managing money
- encouragement and support in continuing education, gaining employment or being full-time parents – with support based on personal interests.

## **RECOMMENDATIONS FOR POLICY AND PRACTICE**

### **STRATEGIC DEVELOPMENT OF SERVICES**

There is a great deal of regional and local variation in service planning and delivery; funding; local authority priorities; staffing; inter-agency relationships; etc. However, a number of significant factors are likely to affect the successful planning, development and implementation of services for looked after children/care leavers and other young people.

#### **Strategic planning**

Strategic planning within every local authority should be based on a 'corporate' vision for children's services, with specific goals. Strategic planning groups need to ensure that areas of 'high deprivation' are not inundated with services as a result of targeted initiatives, and that communities experiencing severe deprivation within 'less deprived' areas also receive appropriate services. It is vital that representatives on strategic planning groups disseminate information and decisions within their own areas of work.

#### **Multi-agency strategies**

Within any local authority, effective development and implementation of multi-agency strategies is dependent on establishing a commitment to this way of working at both management and practitioner levels. Strategic planning is more likely to inform practice if at least one senior person in the local authority (eg a nominated lead officer within social services or a children's services planning officer) provides the link between agencies and monitors implementation of joint objectives.

The practicalities involved in implementing 'joined-up' approaches (eg procedures for sharing information or accessing 'pooled budgets') need to be agreed by all partners. Professional roles and responsibilities (eg Excellence in Cities learning mentors, Connexions personal advisers, Teenage Pregnancy re-integration officers) also need to be clarified to avoid duplication and ensure appropriate provision of support to young people.

#### **Developing and implementing strategies**

Before new initiatives are developed, existing policies and systems for consultation, successful ways of working and achievements should be recognised and consolidated. Local policy makers and practitioners should be consulted to ensure development of realistic, achievable objectives based on local priorities. Staff in each agency need to be aware of guidance (eg Quality Protects, Supporting People, Connexions, Leaving Care Act, Teenage Pregnancy Unit) and links between guidance in terms of the implications for their own work and the roles/responsibilities of other agencies with whom they collaborate.

Service provision should be based on evidence of 'need' and accurate data about the current situation for particular groups (eg looked after children/care leavers; children of different ages, races, disabilities, sexualities; children in different localities; etc). Evaluation of initiatives and strategies should be considered from the planning stage; leading to regular provision of information about effective policy and practice upon which decisions about new developments can be based. Policy makers need to appreciate that it can take years for 'outcomes' to be evidenced, and that qualitative methods are more likely to provide information about people's experiences, actions, attitudes, or behaviour and the contexts in which these occur.

## **PROVISION OF SERVICES FOR YOUNG PEOPLE**

Many of the principles which should underpin provision of services for looked after children/care leavers are common to all services for young people:

### **Consultation**

Consultation with, and the participation of, young people should be prioritised by consulting with young people about plans, implementation, review, development and change (with full explanations about why suggestions were not implemented where necessary). Young people should be involved in decision-making processes, including: planning, organisation, staffing, funding, management, delivery, evaluation, dissemination. Support and training should be provided for young people, to help them develop the knowledge and skills required for effective participation. Independent, accessible mechanisms need to be established for young people to register complaints, provide feedback and make suggestions about improving services.

[See *A Guide to Involving Young People in Teenage Pregnancy Work*, TPU (2001)]

### **Positive interactions with young people**

Service providers can ensure that they establish positive interactions with young people by respecting the confidentiality of young people; establishing clear criteria concerning confidentiality which are explained to all young people. They should listen to, and take seriously, the views of young people.

An ethos of 'empowerment' is more likely to be established if service providers give honest, non-judgemental responses, explain all available options and spend time helping young people make informed decisions. Advice and support should be provided without professionals making decisions for/on behalf of young people.

Young people require fast, effective responses without delays. Young person-friendly ways of working can be established via informal environments, approachable staff, accessible language and forms of communication, avoiding unnecessary paperwork or bureaucratic procedures. Simple, manageable recording systems should be set up, which clarify roles/responsibilities/actions

and facilitate access to services, rather than become tools for monitoring and surveillance.

### **Services based on the needs of young people**

Service providers should ensure that provision is based on the needs of young people, as they define them. This means recognising and addressing the needs of children and young people of all ages, classes, races, cultures and religions; males and females; gay, lesbian and bi-sexual young people; young people with disabilities; refugees and asylum seekers – both within mainstream services and specialist services targeted at specific groups.

Provision should be flexible – based where young people are (eg schools, youth clubs) as well as in accessible locations outside office hours (eg 24 hour telephone support, outreach services). Services should also be provided in different forms – 1:1, small groups, drop-ins, one-stop-shops – which are both single-sex and mixed sex, with male and female workers. It may be helpful to provide support in the form of one person who can develop a trusted relationship with the young person, help identify the young person's needs and sources of advice/support, liaise with other agencies, etc. Young people with similar experiences to those accessing services should be involved in service delivery, with appropriate training and payment.

Any information and advice provided should be accessible, interesting, and informative; available in a range of forms (eg leaflets, posters, mouse mats, videos, magazines, information packs); related to specific issues and provide details about local sources of help and support. Services need to be developed within local communities; responsive to local issues and contexts.

### **Recruitment and training of staff**

Staff, including volunteers, require recruitment and training which includes knowledge about the needs of all young people as well as the needs of specific groups of young people, and appropriate strategies for working with young people. Staff should clearly understand the roles and responsibilities of other professionals, agencies, parents/carers, and young people. They should be aware of legislation, guidance and research findings concerning their area of work, and available local/regional/national services or sources of information.

## **DEVELOPMENT OF SERVICES FOR LOOKED AFTER CHILDREN/CARE LEAVERS**

As well as consulting with looked after children/care leavers, those establishing or developing services for this group of young people need to consult with a range of professionals.

### **Consultation with agencies working with looked after children/care leavers**

Consultation should include the range of agencies involved in planning, developing, implementing and reviewing services for looked after children and care leavers, including:

- social services (residential social workers, field social workers, family placement social workers, leaving care teams)
- health (primary health care services, child and adolescent mental health services, specialist health services, health promotion, midwives, health visitors, school nurses, drug and alcohol teams)
- housing, including supported lodgings providers
- youth and community, including outreach workers
- education (primary and secondary schools, education welfare, FE/HE colleges, re-integration officers, Connexions personal advisers, Excellence in Cities learning mentors)
- benefits agencies
- careers (Job Centres, Connexions personal advisers)
- leisure
- Youth Offending Teams
- Early Years Development and Childcare Partnerships
- voluntary organisations.

### **Support for foster carers**

The majority of looked after children are placed with foster carers, who require specific forms of support. Foster carers need training in talking about sex and relationships, including advice and guidance about sexual health and contraception. This should emphasise provision of safe care from the young person's perspective and open discussion about sex and relationships, rather than protection of foster carers from allegations of abuse by the young person for whom they care. It should also acknowledge the need to balance proactive work on sex and relationships with foster carer's concerns about placing young people at risk, feeling unable to cope with the young person's behaviour, potential criticism by the young person's parents/carers or other professionals.

[See:

*'Talking About Sex and Relationships – a factsheet for foster carers'* Sex Education Forum (2001)

*'Let's Make It Happen' – training on sex, relationships, pregnancy and parenthood for those working with Looked After young people and care leavers'* fpa/NCB (2002)]

Foster carers should be provided with information about the previous Sex and Relationships Education received by the young person for whom they care. They should also be given information about the history and sexual experiences of the young person for whom they care, so that they can respond sensitively to the young person's emotional needs and (potentially) sexualised behaviours.

Foster carers should receive support in providing therapeutic work relating to the physical, sexual and emotional abuse experienced by the young people for whom they care (where appropriate). This should include acknowledgement of their own reactions to the experiences and sexual behaviour of the young person for whom they care. It may be beneficial to establish foster carer support groups – to facilitate discussion of issues and suggestions for dealing with them<sup>59</sup>.

### **Services for looked after children/care leavers**

Looked after children require access to the same provision as all other children receiving mainstream or specialist services. Improvements in services for young people generally would benefit looked after children/care leavers. However, this group of young people may also have some specific needs relating to their experience of being in/leaving care:

#### ***Personal support services***

Support should be based on helping young people develop the skills to identify their needs and aspirations, make informed/positive choices, and access the services they require. Services should include creative opportunities for developing self confidence, self esteem, self identity, communication skills, assertiveness and abilities to resist pressure. Looked after children/care leavers should be encouraged to develop relationships with their families, where appropriate, and enabled to participate in social activities/events with other young people (eg sleepovers), having developed the skills and attitudes to protect themselves.

Every looked after child/care leaver should have regular access to one person with whom they can develop a trusted relationship, identify and address their needs and concerns, access relevant services. The Care Plan/Pathway Plan of every looked after child should include similar information, which is age appropriate and can be accessed by both social services and health professionals (with the agreement of the young person).

Looked after children/care leavers should have access to support and counselling to help them cope with the consequences of being in care and their feelings about the events which led to them being looked after. Care leavers require specialist workers who can offer practical advice about living independently, including: cooking, budgeting, housework, washing and ironing, etc. They also require opportunities within their local communities (eg social events, support groups, drop-ins, mentors) to develop close personal and social relationships with other young people, avoid isolation and gain support/advice.

#### ***Services promoting general health and well-being***

Services should include information and advice about physical health; mental health and well-being (eg coping with depression, deliberate self harm, stress, isolation, past/present experiences of violence or abuse); health promotion (eg healthy food and food risks, reducing drug/alcohol use, reducing risky

behaviours); Sex and Relationships Education. Looked after children/care leavers should have free/reduced rate access to leisure facilities and prescriptions.

Health assessments for looked after children/care leavers should be available in a range of sites, and as part of other activities (eg in community centres, leisure facilities). Health assessments within Care Plans/Pathway Plans should be holistic, including consideration of mental health and emotional well-being; promotion of healthy lifestyles; access to primary health care services and specialist health/therapeutic services when necessary; provision of Sex and Relationships Education. They should identify gaps in assessments/provision caused by placement moves; ensuring that young people register with medical or dental services and receive appropriate health care. Looked after children themselves should be involved in recording their health progress.

### ***Sex and Relationship Education (SRE)***

Every local authority should establish a multi-agency group to develop a Sex and Relationship Education Policy and guidance about delivery of work on sex and relationships in residential homes or by foster carers/parents/carers. This should ensure that each agency complements the work done by others.

Sex and Relationship Education should be provided for children from primary school age, involve both girls and boys, include sexual health and information about sources of contraceptive advice/provision as well as the emotional aspects of sexual relationships, and consider the realities of being a parent. Within Sex and Relationship Education, young people should have opportunities to develop communication, negotiation and assertiveness skills; explore feelings, emotions, attitudes and values; develop self-esteem and confidence; challenge gender stereotypes concerning sexual behaviour, sexualities, roles and responsibilities, use and abuse of power within relationships.

Training and support for provision of work on sex and relationships should be made available to foster carers, residential social workers, leaving care teams, as well as teachers, health professionals, youth workers, parents/carers.

### ***Sexual health and contraceptive services***

Foster carers, residential social workers and youth workers should be aware of the guidance concerning provision of information about sexual health and contraceptive services to young people. The guidance, endorsed by the Association of Directors of Social Services (ADSS) and the Association of Foster Carers, shares the remit of the *Working Together* document. The main aim is to protect vulnerable young people from harm and provide additional guidance on the provision of, and referral to, sexual health advice services for young people. Care should be taken to ensure that the development of local policies reflects the principles of this guidance.

[See:

*Guidance for Field Social Workers, Residential Social Workers and Foster Carers on Providing Information and Referring Young People to Contraceptive and Sexual Health Services*, TPU, (2001)

*Guidance for Youth Workers on Providing Information and Referring Young People to Contraceptive and Sexual Health Services*, TPU (2001)]

These professionals have a key role in providing information and support to looked after children and young people on sexual health issues and developing local policies. It is their role, and professional duty, to ensure that looked after young people (including under 16s) and care leavers are encouraged to seek contraceptive and sexual health advice if it appears that they are - or are likely to be - sexually active.

The assumption that a looked after child/care leaver who raises issues about sex/sexuality should be the subject of child protection needs to be challenged. Looked after children should have access to an independent person with whom they can discuss sex, relationships, and sexual health (eg a named nurse, outreach worker, or development worker) and to information about sexual health and contraception in accessible forms.

Young people, including those under the age of 16, are entitled to confidential contraceptive advice and treatment. The sexual activity of a young person under the age of 16 is not, in itself, a reason to breach confidentiality.

All pregnant teenagers should have access to non-judgemental information, advice and counselling about what options are available to them and the implications for them of continuing with the pregnancy, birth and parenthood.

All young parents should have access to non-judgemental information, advice and support concerning sex and relationships, sexual health, contraception and parenting.

### ***Services to support young parents***

Looked after children/care leavers should receive information about services available to all young parents, as well as those specifically for them. While care leavers should be encouraged to develop links with their families, where appropriate, additional support should be provided to ensure that they do not establish relationships with families which may put them or their child at risk because they feel so isolated or unsupported.

Negative assumptions about the parenting abilities of looked after children/care leavers should be challenged and the babies of looked after children/care leavers should only be placed on the child protection register if there is evidence that this intervention is required.

The positive choice of young women and young men to become parents should be acknowledged and consolidated. Support should reinforce and build on the knowledge, skills and experiences of young parents; emphasising their successes and aspirations, including the desire to be a 'good' parent.

Midwifery services should be extended to ensure longer, more specialised contact with young parents perceived to require additional support. Services for young parents should include preparation for birth/parenthood and be provided in informal settings (eg drop-ins or family centres). It may be necessary to provide practical support in the home following the birth of the baby.

Services should include provision of information and advice about all aspects of a young parent's life: sex and relationships, sexual health and contraception, mental health and emotional well-being, parenting, education/training/employment opportunities, financial support, and accommodation. They should provide family support (eg advice and guidance about living independently, nurturing, parenting, and managing finances) and include opportunities for equipment loan or bulk buying schemes for young parents. Services should include some provision for parents while their children are in on-site childcare – enabling them to access support and advice, engage in social activities, receive some 'respite' from parenting responsibilities. They should also include social activities for parents and their children.

Young parents who have been looked after should be involved in setting up and delivering services for other young parents who are looked after/care leavers. They could receive training and payment to provide a 'mentoring' role for other young parents who are looked after/care leavers or peer education for looked after children about the realities of being a parent.

## **USEFUL WEBSITES AND PUBLICATIONS**

### **WEBSITES PROVIDING INFORMATION ABOUT SEXUAL HEALTH AND TEENAGE PREGNANCY SPECIFICALLY FOR YOUNG PEOPLE**

#### **Crush-ONU**

[www.crush-onu.co.uk](http://www.crush-onu.co.uk)

This website is designed to offer young people in the Trent Region sexual health information and sources of support and advice. The user can select their local area and sexual health topic to receive a list of relevant organisations and their contact details. Topics include: Choices; STDs; Contraception; Condoms; Relationships; Information for Parents; Abortion.

The support services listed range from local health clinics to drop-in clinics at youth services. Details include all the local pharmacies in the area from which emergency contraception can be obtained.

#### **Mind, Body and Soul**

[www.mindbodysoul.gov.uk](http://www.mindbodysoul.gov.uk)

This is a site developed by the Department of Health. Designed for Key Stage 4 pupils (aged 14 – 16), it covers a range of health topics: accidents, alcohol, drugs, healthy eating, mental health, physical activity, sexual health, smoking and sun safety. The Sexual Health option provides information and advice about a range of topics as well as links to other sites (such as the Brook advisory site and the Channel 4 site on sexual health). Other options include: Choices; Contraception; STDs; Help and Support; Common Questions; Growing and Changing; Friendships and Relationships; Sexuality; Is Everybody Doing It?

#### **Lifebytes**

[www.lifebytes.gov.uk](http://www.lifebytes.gov.uk)

This is a Department of Health website designed specifically for Key Stage 3 pupils (aged 11-14). It covers the same topics as the Mind, Body and Soul site but aimed at a younger age group. A quiz is provided for each topic area to 'test' the young person's knowledge. The 'Sex and Relationship' option provides information and advice about: Growing and changing; Boys and young men – changes in puberty, common questions; Girls and young women - changes in puberty, common questions; Puberty; Making choices.

#### **Are You Thinking About Sex Enough?**

[www.ruthinking.co.uk](http://www.ruthinking.co.uk)

This site is targeted at under-18s and provides information about sexual health, relationships, abortion and contraception. As well as offering general information, it provides opportunities for young people to find out which services are available in their area (including the name and telephone number of specific services, with details about forms of provision, times, etc). The Sexwise helpline is promoted on this site as offering free, confidential advice for under-18s 'on anything to do with sex'.

#### **The Site**

[www.thesite.org.uk](http://www.thesite.org.uk)

'The Site' is a charity based on the belief that it is important for young people to have access to the best information and advice available before taking decisions which may affect the rest of their lives. 'The Site' aims to provide a definitive online social advice and guidance centre for all

young people in the UK. It offers advice and information about: Sex; Relationships; Money; Legal matters; Health; Drugs; Careers; Action; Housing. The 'Sex' option covers: Contraception, Pregnancy and Abortion. 'The Site' also provides opportunities for young people to discuss issues with their peers on a discussion board. A search engine enables young people to find services in their local area, based on their postcode and the distance they are able to travel from their home.

### **Like It Is**

[www.likeitis.org.uk](http://www.likeitis.org.uk)

Developed by Marie Stopes International, 'Like It Is' is designed specifically to enable 11-15 year olds to access non-judgemental sexual health information. Based on consultation with young people, the site features brightly coloured cartoons and covers issues including STD's (or 'love-bugs'), pregnancy, peer pressure, puberty, contraception and relationships. Young people can read about other people's experiences, gain on-line advice and access a range of information. There are also links to the sites of other agencies, including: Marie Stopes, British Agency for Adoption and Fostering, Brook Advisory Centre, Childline, Family Planning Association, National Organisation for Counselling Adoptees, NSPCC, Sexual Health and AIDS Helpline, Gingerbread.

### **Babies Of Our Youth**

[www.parentingyouths.com](http://www.parentingyouths.com)

This website is targeted at young parents or parents-to-be. It provides a 'story' page, giving young people the opportunity to share stories about being a young parent. The user can also establish links with other young parents through 'e-pals'. General information and advice are offered about pregnancy. including: Preventing pregnancy; Pregnancy signs; Pregnancy choices; Labour signs; Birthplan; Pain relief; Problem births; Your baby after birth; Baby check list. In addition, the site offers details about support groups in both England and America, although the support groups in England are listed for Essex and Surrey only.

### **Love Life**

[www.lovelife.uk.com](http://www.lovelife.uk.com)

This website was developed as a resource about sexual health for young people. As well as information about various topics, there is a 'Reality Check' quiz. Links are provided for young people to access further information about sexual health.

### **AVERT**

[www.avert.org/ynqindx.htm](http://www.avert.org/ynqindx.htm)

AVERT's site includes a specific page for young people and provides information about HIV and AIDS as well as issues concerning sex and relationships.

### **Brook Advisory Centres**

[www.brook.org.uk](http://www.brook.org.uk)

This website offers a full range of sexual health information for young people up to the age of 25, including frequently asked questions, details of Brook Centres and an on-line enquiry service. It also includes information for parents, students and professionals.

### **fpa**

[www.fpa.org.uk](http://www.fpa.org.uk)

Formerly known as the Family Planning Association, this website provides information about contraception, abortion, pregnancy and STDs. The site can also provide the user with details about their nearest family planning or sexual health clinic.

### **Teenage Pregnancy Unit**

[www.teenagepregnancyunit.gov.uk](http://www.teenagepregnancyunit.gov.uk)

This website contains information about the work of the cross-Government Teenage Pregnancy Unit and implementation of the Government's Teenage Pregnancy Strategy

## **WEBSITES SPECIFICALLY FOR LOOKED AFTER YOUNG PEOPLE**

### **The Who Cares? Trust**

[www.thewhocarestrust.org.uk](http://www.thewhocarestrust.org.uk)

This site provides information about the 'Who Cares? Trust', an organisation which works for and with Looked After young people. It advertises the Who Cares Magazine (providing information and advice for young people in care) and promotes publications produced by the organisation. There are also details about the 'LinkLine'- a free phone number for young people in care who need confidential support and advice.

### **Durham Care On-Line**

[www.careonline.ukhelp.com](http://www.careonline.ukhelp.com)

This website provides an information point for all Looked After young people in Durham. The site does not specifically provide support concerning sexual health, but offers a broader source of information about issues that affect Looked After young people. This includes: information about child protection and how to make a complaint; a guide to local services and helplines; on-line peer advice; a homework help service; young people's poems, pictures and comments; a teen chat room and message board; a 'funzone' with quizzes and games; an 'A-Z' of being Looked After, which includes information about STDs and contraception.

## **WEBSITES FOR PROFESSIONALS WORKING WITH YOUNG PEOPLE**

### **National Youth Agency**

[www.nya.org.uk](http://www.nya.org.uk)

### **Sex Education Forum**

[www.ncb.org.uk](http://www.ncb.org.uk)

Provides publications, resources and an information helpline for professionals involved in sex and relationships education.

### **fpa**

[www.fpa.org.uk](http://www.fpa.org.uk)

Provides training, consultancy and resources for professionals, and leaflets for young people.

### **Brook**

[www.brook.org.uk](http://www.brook.org.uk)

Provides resources for professionals as well as resources and a free helpline for young people.

## **PUBLICATIONS FOR THOSE WORKING WITH YOUNG PEOPLE, INCLUDING LOOKED AFTER CHILDREN AND CARE LEAVERS**

*Let's Talk About Sex and Relationships. A policy and practice framework for working with children and young people in public care.* National Children's Bureau (Patel-Kanwal and Lenderyou, 1998)

*The Framework for Sex and Relationships Education.* Sex Education Forum, National Children's Bureau (1999)

*Time to Decide. A guide to support young people in public care when making decisions about pregnancy.* National Children's Bureau (Mason and Lewis, 1999)

*The Youth Service Sex and Relationships Education Policy Toolkit.* National Youth Agency (1999)

*Sex and Relationship Education Guidance.* Department for Education and Skills (2000)

*Talking About Sex and Relationships – a factsheet for foster carers.* Sex Education Forum and National Foster Care Association (2001)

*Working Together: Effective Joint Working for School Nurses and Youth Workers.* RCN School Nurses Forum and National Youth Agency (2001)

*A Guide to Involving Young People in Teenage Pregnancy Work.* Teenage Pregnancy Unit (2001)

*Guidance for Field Social Workers, Residential Social Workers and Foster Carers on Providing Information and Referring Young People to Contraceptive and Sexual Health Services.* Teenage Pregnancy Unit (2001)

*Guidance for Youth Workers on Providing Information and Referring Young People to Contraceptive and Sexual Health Services.* Teenage Pregnancy Unit (2001)

*'Let's Make It Happen' – training on sex, relationships, pregnancy and parenthood for those working with looked after children and young people.* fpa and NCB (2002)

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# TEENAGE PREGNANCY AND LOOKED AFTER CHILDREN / CARE LEAVERS

## EXAMPLES OF INNOVATIVE PRACTICE

These examples of innovative practice include both initiatives specifically for looked after children and care leavers, and initiatives developed to support all young people – including those who are looked after or care leavers. Each example includes an outline of: the name and contact details of the service; sources of funding; other agencies involved; what is done, for whom and how; learning to date; and future plans.

The examples have been presented within a range of 'topics':  
Initiatives established specifically for looked after children/care leavers include:

- consultation with looked after children to identify their needs, clarify issues of concern to them, and involve them in informing service delivery (p2-3)
- projects providing information and advice about relationships, sexual health and contraception (p3-9)
- peer education projects (p9-11)
- support services for young parents who are looked after or care leavers (p11-15)
- guidance and training for staff working with looked after children and care leavers (p15-16)

Initiatives established to support all young people, including looked after children and care leavers, include those based on:

- providing advice and support concerning any issues of relevance to young people (p17-19)
- providing advice and support concerning sexual health and contraception (p19-23)
- services aimed at young women (p23-24)
- services provided for young men (p25-26)
- providing support for pregnant teenagers (p26-28)
- providing a co-ordinated approach to supporting young parents (p28-35)
- providing accommodation for young parents, with additional support concerning education, training, parenting and personal development (p35-36).

## INITIATIVES ESTABLISHED SPECIFICALLY FOR LOOKED AFTER CHILDREN AND CARE LEAVERS

**Consultation is identified by many projects as a key factor in successful provision. Some projects have been established with the intention of consulting with looked after children** to identify their needs, clarify issues of concern to them, and involve them in informing service provision:

**‘Sexual Health and Young People in Public Care’ (SHYPPC), Solihull**

**Contact:** Health Improvement Team

**Address:** Specialist Health Promotion Service, 2<sup>nd</sup> Floor, Mell House, 46 Drury Lane, Solihull, West Midlands, B91 3BU

**Tel:** 0121 712 8376

**Sources of funding:**

The ‘SHYPPC’ initiative started in February 1999. At present there are no allocated funds to support implementation of the project. Social Services have agreed to provide mandatory training programmes for social workers, based on the work carried out by SHYPPC, from April 2003 (for further details contact Richard Keble: Tel. 0121 7046691).

**Other agencies involved:**

‘SHYPPC’ is a joint initiative between Solihull Social Services, Solihull MBC and Solihull Primary Care Trust.

**What is done, for whom and how:**

The aims of the ‘SHYPPC’ Project are to reduce the rates of teenage pregnancy and sexually transmitted infections and to provide clarity about the role of Social Services in providing sexual health information to young people. The project team includes representatives from a variety of agencies within Social Services and the PCT, as well as foster carers and a young person. The project has completed its first stage of development, which was based on a detailed consultation exercise. This involved collecting the views of social workers, foster carers, young people and parents. The social workers and foster carers were asked about their current practice, their perceived role, barriers to practice and what is needed to support their role. Parents and young people were asked about what sexual health services they think should be offered and by whom. The information was collected from the social workers, foster carers and parents via questionnaires. Young people were invited to attend a theatre workshop so that their views could be collected. A draft policy for training residential staff and foster carers, based on these findings, has been completed and it is hoped that the final policy will be ratified by Solihull Council in April 2003. A resource containing basic information about sexual health and local services has also been developed for foster carers and social workers, which will be distributed during the training programmes.

**Learning to date:**

As a result of the consultation exercise, the project has identified the needs of young people in care, professionals and foster carers in relation to sexual health and teenage pregnancy. This information was used to develop recommendations during Autumn 2001.

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**‘Consultation with Young People in Public Care/Care Leavers’, North Lincolnshire**

**Contact:** Theresa Anderson (Child Care Manager)

**Address:** The Grove, 38 West Street, Scawby, Near Brigg, North Lincs., DN20 9AN  
**Tel:** 01652 656005

**Sources of funding:**

Money for resources such as information, training and the 'virtual baby' has come through the Teenage Pregnancy Implementation Fund. This funding also facilitates development of the strategy into 'core business'.

**Other agencies involved:**

Project workers attend all the multi-agency teenage pregnancy forum events. Close links have also been established with YOT team members (some of whom are on the Task Group), health visitors and child minders.

**What is done, for whom and how:**

Consultation is the key feature in the North Lincolnshire teenage pregnancy strategy for young people in care - consultation with young people is central to the development, implementation and evaluation of new initiatives.

To date, consultation has focused on two main areas – how to provide young people with information around sexual health/relationships and the possible use of a 'Virtual Baby Programme'. Two consultation events have focused on sexual health/relationship information. The 16 year olds involved had all left care and were being supported by the Leaving Care/Outreach Team. They were shown a range of different information formats already being used within the local community. These considered topics such as: abortion, contraception, HIV and AIDS, periods, your body and sexually transmitted diseases. A web site was also offered as a possible information source.

Posters identified as particularly eye-catching and attractive to young people have been laminated and turned into place mats in residential homes and mouse mats in foster homes. This helps to reinforce ideas concerning sexual health, while avoiding over-burdening young people with information.

The virtual baby programme has been used within two consultation events with young people. The first trial involved introducing two simulator babies to the core consultation group with whom the outreach team work. A competitive element was introduced by setting one baby on a more restless programme. The second trial involved introducing a 'virtual baby' to a group social evening.

**Learning to date:**

The consultations around information sources found that leaflets focusing on contraception and STDs were the most useful - they were considered suitable for the age group and to contain valuable information. The exercise provided the project with ideas about 'what works' in providing sexual health information for young people. It also highlighted areas where there is a lack of available information (eg general sign-posting to agencies, information about sexuality and rape/sexual assault).

Both groups testing the 'virtual baby programme' were reluctant to 'look-after' the baby and found it to be more of a nuisance than a learning tool. As a result, it has been decided that before introducing the 'virtual baby' to a group or individual, staff will need to carefully assess how well they can cope with the task. Many young people leaving care or at risk of becoming pregnant have chaotic lifestyles and are unable to incorporate another distraction. The project believes that a successful initiative is one that is not time limited - outcomes should have time to come to fruition so that their impact can be effectively measured and they can become mainstream business.

**Future Plans:**

Through the consultation process, links have now been made with young people and professionals so that effective implementation of service provision can take place.

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Many local authorities have established **projects providing information and advice about relationships, sexual health and contraception to looked after children/care leavers:**

**'What Works in Sex and Relationships Education Workshops', Kent**

**Contact:** Sally Barnby (Co-ordinator for Looked After Children)

**Address:** Mid Kent Area Office, Mid Kent County Council, Kroner House, Euro-gate Business Park, Ashford, Kent TN24 8XU

**Tel:** 01233 652 314

**E-mail:** [joan.wilson@kent.gov.uk](mailto:joan.wilson@kent.gov.uk)

**Sources of funding:**

The workshops were funded by East Kent and West Kent Health Authority and ran in January, March and August of 2001, with 're-call days' in September and October.

**Other agencies involved:**

The Co-ordinator for Looked After Children worked substantially with Upfront in facilitating the groups of young people.

**What is done, for whom, and how:**

'What Works in Sex and Relationships Education' is a workshop aimed at looked after children and foster carers. It seeks to cover issues concerning morals, ethics, values, feelings and experiences in a positive and informal way. By November 2001, two 'What Works' workshops had been piloted with foster carers, each lasting three days. One workshop had been run with young people, lasting two days. The workshops used a variety of informal exercises and activities - such as a 'masturbation myth quiz' - to discuss sensitive issues relating to sex, relationships and sexuality. All of the workshops were followed up by a 're-call day', requested by the participants, where they could discuss issues that arose during the workshop.

**Learning to date:**

The organisers of the workshops were very impressed by the commitment and enthusiasm demonstrated by the young people who attended, many of whom had received very negative messages from their parents about sex. The young people valued the experience and contrasted it with sex education available in mainstream schools - the workshop gave them access to more information, in more detail and with more open discussion. They also stated that a small group was much better than the large SRE classes in mainstream schools, which lead to some pupils "giggling" and "being silly". The workshops highlighted foster carer's feelings of being ill-equipped to deal with the

complex sexual behaviour expressed by some looked after children. Foster carers stated that they often felt embarrassed by the young person's highly flirtatious behaviour, especially when displayed towards members of the carer's own family.

**Future Plans:**

The organisers plan to integrate the 'What Works' workshops into the local Teenage Pregnancy Strategy. They also plan to develop a multi-agency approach to the workshops, involving colleagues from Social Services, Education and Health Promotion.

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**'X-perience' Surrey County Council**

**Contact:** Andrew Dean (Health Promotion Development Worker)

**Address:** East Elmbridge and Mid Surrey PCT, Old Town Hall, The Parade, Epsom, Surrey, KT18 5BY

**Tel:** 01372 840958

**E-mail:** Andrew.dean@eeandms-PCT.nhs.uk

**Sources of funding:**

The first 'X-perience' was run in 1999, when funding was mainly offered 'in kind' by the West and East Surrey health authorities. Surrey County Council provided personnel and additional funding for incidentals. 'X-perience 2' was funded in July 2001, by Surrey County Council and 'X-perience 3' in July 2002 by Teenage Pregnancy funds.

**Other agencies involved:**

West and East Surrey health authorities worked in partnership with Social Services and Children and Youth Service Departments within the County Council. 'X-perience 3' has worked in collaboration with the Children Society's 'Script' project.

**What is done, for whom and how:**

The first 'X-perience' Project accessed young people in residential care, while 'X-perience2 and 3' contacted those in foster care. In all three programmes, young people between the ages of 14 and 16 were sent a letter inviting them to a residential course and asked to return an application form. Their carers/Residential Social Workers were informed about the programme, although it was preferred if young people referred themselves and attended because they wanted to. Two weeks prior to the residential course, the young people were invited to a planning evening where they were asked which health topics they would like to work on during the course – enabling young people to participate in their own health education. Sexual health was requested as a topic.

The residential course ran over 2 nights with almost two full days of workshops. The workshops were run by health promotion specialists, although other professionals were invited to contribute if the young people requested a topic in which they did not specialise. The workshops involved the young people as much as possible through mediums such as drama and art.

Training, focusing on the health of young people, was also offered to Residential Social Workers and foster carers - to compliment the work of the residential programme and enable carers to offer young people advice and support after the course. This training was provided by the Health Needs of Looked After Young People and Care Leavers Sexual Health sub-group.

**Learning to date:**

The service was developed in response to a 'gap' in the provision of health advice and support for looked after children. The young people who attended the courses suggested that they had never been offered this type of service before, especially those in foster care. The programme received positive feedback from all involved. It gave young people the chance not only to learn about their health, but also to network with other young people in similar situations.

The success of the course is attributed to the fact that it allowed the young people to define what should be involved; meeting their actual needs rather than their perceived needs. Enabling them to choose the content also ensured that they were interested in the material delivered.

'X-perience' has been evaluated both from the project worker's and young people's points of view. A report is due to be completed in September, 2002 (please contact Andrew Dean for further details).

**Future Plans:**

Some of the young people who attended the residential course have been keen to be further involved. Plans to develop a peer education scheme are currently being explored.

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**'SHOUT Project', Peterborough**

**Contact:** Nancy Stapleton (SHOUT Project Worker)

**Address:** The Cresset, Rightwell, Bretton Centre, Peterborough, PE3 8DX

**Tel:** 01733 334325

**Sources of funding:**

The 'SHOUT Project' was established in November 1999. 'SHOUT' has been funded by the Cambridgeshire Health Authority through the teenage pregnancy grant and by Peterborough Social Services through Quality Protects.

**Other agencies involved:**

Peterborough YMCA manages and houses the Project.

**What is done, for whom and how:**

The 'SHOUT Project' is a sexual health outreach service for male and female young people, aged 13-18, who are looked after by Peterborough Social Services. The young people referred to the Project through Social Services are often 'at risk' of becoming pregnant, contracting sexually transmitted diseases or have past experience of issues relating to sexual health or sexual abuse.

The 'SHOUT' Project Worker provides them with support, guidance and advice about issues concerning sexual health, sex and relationships. Support is offered on either a one to one basis or through group work. As a result of extensive networking with other local agencies, such as the Sheffield Centre (whose work focuses on HIV and sexual health), Drinksense (a service that raises awareness about alcohol and the risks involved), Bridgegate (a drug advisory centre) and the Family Planning Association, the Project has access to a wide variety of resources and information.

Support and training is also offered to professionals within the Social Services Department, such as residential workers and foster carers. This training is facilitated by the 'SHOUT' Project Worker, with support from sexual health and HIV outreach workers from the local Family Planning Clinic.

**Future Plans:**

'SHOUT Project' hope to make their services available to a larger number of looked after children. They also plan to extend training opportunities to foster carers, in connection with nine other agencies, in order to address issues concerning HIV/AIDS, advocacy and children's rights.

A Health Forum for Looked After Children has been developed, with representatives from: SHOUT, drug agency, Drinksense, Family Planning Clinic, a local nurse and a children's rights and complaints officer. The Forum plans to meet on a regular basis to identify needs, develop future workshops and training for looked after young people and residential/foster carers.

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**'Tune In' Project, Walsall Metropolitan Borough Council**

**Contact:** Elizabeth Williams (Outreach Team Manager)

**Address:** Outreach Team, Walsall MBC, 39a Jerome Road, Alumwell, Walsall, WS2 9SZ

**Tel:** 01922 634359

**Sources of funding:**

Established in March, 2001, 'Tune In' is funded by the Teenage Pregnancy Forum and Walsall Health Authority

**Other agencies involved:**

The Project works with Walsall MBC and the Community Arts Team.

**What is done, for whom and how:**

'Tune In' works solely with looked after children. It aims to provide young people with an opportunity to explore issues of identity and aspiration through the medium of song writing. Their first piece of work involved 9 young people who worked with artists and musicians to produce a CD-Rom about sexual health and relationships. The young people wrote and performed songs, produced a video and were interviewed. They shared their experiences of being young parents and identified available sexual health services.

The CD-Rom was sent out to all children over the age of 12 looked after by Walsall local authority. Foster carers were made aware of the CD-Rom via their Newsletter, in advance of its distribution. This allowed them to raise any

concerns or questions with the project, before the young people had seen the CD-Rom.

**Learning to date:**

Evaluation of the 'Tune In' Project found that the CD-Rom was a useful resource for looked after children. The young people involved in the production of the CD-Rom felt that the experience had a positive effect on their self-esteem.

**Future Plans:**

The success of the CD-Rom has led the 3 agencies involved (health authority, community arts and social services) to make a formal partnership agreement for future projects focusing on listening to the views of looked after children. Young people were invited to a consultation event in November 2001, to decide upon the format and content of future projects.

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**'Sandwell and Dudley Brook PHSE Project with Young People in Local Authority Care'**

**Contacts:** Helen Fielden (Outreach and Education Worker)

**Address:** Sandwell and Dudley Brook Advisory Centre, 31 Priory Street, Dudley, West Midlands, DY1 1HA

**Tel:** 01384 239001

**Email:** [brook@sandwell-dudley.fsnet.co.uk](mailto:brook@sandwell-dudley.fsnet.co.uk)

**Sources of funding:**

The current project was established in May 2001, although it was piloted from January 1998 to January 1999 using underspend. The pilot scheme was evaluated and found to be successful, but further funding was not available until the Teenage Pregnancy Co-ordinator was appointed and made this project a priority for allocation of funding. It has subsequently been funded by the Sandwell Teenage Pregnancy Fund.

**What is done, for whom and how:**

The project aims to deliver Sex and Relationships Education to young people in residential care in Sandwell. These sessions engage young people who are not receiving PSHE in mainstream education, either because they have been excluded or do not attend. The content of the sessions is based on the findings of a Needs Assessment conducted by a Vulnerable Young Persons Worker from Sandwell Teenage Pregnancy Team. Each young person participates in an individual needs assessment with the Brook project worker before attending the sessions.

The young people who attend the sessions are aged from 12 years upwards. Those who have been assessed and identified as having particularly high needs are supported on a one to one basis. However, where possible the young people are encouraged to work in groups to facilitate open discussion about relationships and sex. Topics covered include: body parts and keeping them healthy, how our body works when we have sex, setting boundaries about touching and being touched, contraception, STI's, STD's, the effect of pregnancy and children on individuals and relationships, visits to sexual health services. The sessions are run in a lively and informal way using

mediums with which the young people are able to identify. For example, one session involves making models of genitalia out of fruit and vegetables to assist anatomy recognition and clarify both formal and informal terminology. Other sessions have involved board games and discussions.

Evaluations with young people are being undertaken, with the intention of producing a video directed at younger children.

Sandwell and Dudley Brook Advisory Centre has developed a training programme for residential social workers and completed the first cycle of five-day training. The programme is based on the Needs Assessment conducted by the Vulnerable Young Person's Worker (Sandwell Teenage Pregnancy Team). It will empower carers to feel confident about discussing sexual health and relationship issues with young people and provide up-to-date referral information concerning local services, some of which will be involved in delivering the training (eg. GUM, Rape Crisis).

**Learning to date:**

There have been some difficulties encouraging young people to attend the sessions. It is hoped that working more closely with residential social workers will improve attendance.

The project is evaluated by means of a questionnaire distributed to residential social workers. Once young people have completed the course, they will be consulted about how they feel the project should move forward. This consultation will consist of discussion groups facilitated by a representative from another project who also work on issues concerning Teenage Pregnancy.

**Future Plans:**

Opportunities for training young people as peer educators are being explored.

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**'Nurse Visiting Residential Homes'**, Blackburn with Darwen

**Contact:** Jackie Gillibrand (Quality Protects Health Project Co-ordinator)

**Address:** Larkhill Health Centre, Mount Pleasant, Blackburn, BB1 5BJ

**Tel:** 01254 678404

**E-mail:** [Jackie.gillibrand@blackburn.gov.uk](mailto:Jackie.gillibrand@blackburn.gov.uk)

**Sources of funding:**

The Primary Health Care Trust has provided funding to enable a school nurse to visit children in residential homes since June 2000.

**What is done, for whom, and how:**

Through her work as a Quality Protects Health Project Co-ordinator, Jackie Gillibrand identified a need for health care to be taken into residential homes. In collaboration with school nurse managers, a service plan was agreed. The school nurse, Carmen Kutar, was responsible for devising the school health element of the programme.

Once agreed by residential home managers, the nurse visits children regularly. The frequency of visits varies according to the needs of the home (eg weekly or monthly). But if it is felt that a young person would benefit from extra visits, she is able to see them individually as often as required. The

nurse runs drop-in sessions at the homes. These vary according to the needs and wants of the young people but usually include discussions, videos, question and answers, etc. She talks to them about health care in general and sexual health in particular. The nurse and a doctor also provide health assessments for all looked after children.

**Learning to date:**

The nurse is working with children who have had to face many challenges in their lives, and has managed to win their trust to the extent that young people willingly approach her for advice or help.

The project has developed as it has progressed. Closer links have been established between the nurse and the residential care system. If a child is taken into care, the nurse is notified very quickly. She has access to read, and can update, their health records. So-called 'medicals' have developed into more holistic, broader health assessments which are now concerned not only with physical health but also sexual, mental and emotional well-being. Three significant factors have influenced the success of this initiative. Firstly, the continuity provided by the nurse - even when children are moved between homes they remain in contact with her. Personally held records are being distributed to any child over 10 who has been looked after for more than four months, which will be taken by the child wherever they go. Secondly, the familiarity developed by the nurse with young people. Thirdly, the approach of the nurse, which is based on befriending young people and respecting them.

**Future Plans:**

There are 2 privately run children's homes in Blackburn and Darwen with which the project plans to extend their service.

Negotiations are taking place with Leisure Services about the nurse providing drop-in sessions in leisure centres. These would include young people (16-19) who have left care, and enable young people to attend under the facade of going to the gym - reducing embarrassment or disapproval and providing a 'non-stigmatising' environment.

A health promotion package for young people is being developed, which will include information about relationships and sexual health (as well as smoking, drink, drugs etc).

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**'Community Nurse for Looked After Children' , Rotherham**

**Contact:** Joy Matthews (Community Nurse for Looked After Children)

**Address:** Ferham Clinic, Kimberworth Road, Rotherham, S61 1BR

**Tel:** 01709 302429

**Sources of funding:**

Funding from the Health Action Zone, 'Teenage Pregnancy Reduction' budget and 'Quality Protects' budget is used to provide this post.

**Other agencies involved:**

The post involves liaison with appropriate service providers, including the Health worker for care leavers and young homeless people, in order to address the needs of young people within the care system. The nurse also links into 'The Gate' – a Personal Medical Service for vulnerable young people in Rotherham.

**What is done, for whom and how:**

The Community Nurse for looked after children plays a role in collecting and collating immunisation data for all LAC in Rotherham. When a young person is admitted to care, the Nurse traces their Child Health record, checks their immunisation status and offers carers assistance in arranging 'catch up' vaccinations. She is also involved in the initial 'entry to care' medical for young people, and contacts each child after 12 weeks to ensure that the needs identified in their medical are being addressed.

In addition, the Nurse provides and co-ordinates training and resources for foster carers and staff from residential homes. Training covers: drug awareness for foster carers (including information about babies born to drug using mothers), St John's First Aid courses for both carers and young people, and peer sex education for foster carers. Carers, staff and young people are able to contact the Nurse with questions, for support, or to request a home visit. She can also be accessed at foster carer support groups.

Through using a 'client led' needs assessment, the Nurse identifies the specific needs of each young person in terms of health promotion and education. She then liaises with local agencies to co-ordinate appropriate support. This has involved working alongside the social inclusion team; providing activities for young women to develop self-esteem and confidence. Looked After young people are able to contact the Nurse in confidence if they require transport or support when visiting an outpatient clinic such as Family Planning or GUM.

The Nurse has been part of a multi-agency group (including Health, Education and Social Services representatives) developing the '*Sexual Health and Relationships in Care Policy*' for the local authority.

**Learning to date:**

The service is being evaluated using the following performance indicators: immunisation figures and a reduction in teenage pregnancy (although it is acknowledged that these figures will not be able to be evidenced for some time). A questionnaire has been implemented to ascertain what looked after children and their carers think about the role of the Community Nurse for LAC – the 9 young people who responded agreed that 'it is a good idea to have a nurse specifically for LAC'.

The Community Nurse for LAC has forged valuable links with health and social services, allowing information and expertise to be shared across departments.

**Future Plans:**

It is hoped that the service will be mainstreamed by the 4<sup>th</sup> year (April 2003) with funding provided for the post by health and social services.

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Some of these projects have been based on **peer education**:

**'Peer Education and Sexual Health'**, Oldham  
**Contact:** Emma Popay (Project Manager)  
**Address:** Brook, 99 Union Street, Oldham, OL1 1QH  
**Tel:** 0161 627 0200  
**E-mail:** oldhambrook@aol.com  
**Website:** [www.brook.org.uk](http://www.brook.org.uk)

**Sources of funding:**

This initiative includes two projects. The first began in September 2000, funded by the local authority. The second started in January 2002, funded by Joint Finance. The project manager role is funded by the National Lottery, with part of the remit being to provide peer education.

**Other agencies involved:**

Community Education, Connexions, Education and other voluntary organisations have been involved in the second project.

**What is done, for whom, and how:**

The initial project involved young people who had recently left or were leaving care. Its aims were to build their self-esteem and confidence through attendance on an accredited course at level 2, run by Brook in conjunction with the Open College Network. Once qualified, it was hoped that the young people would deliver sex and relationship education to other young people in the community, mainly those in care. 80% of those who started completed the course. Of these, 6 were qualified to GCSE standard by the end of November 2001.

The second project, which started in January 2002, involved young mothers. It provided them with a qualification based on a course which also involved counselling and parenting modules so that the young mothers are not only peer educators but can also be peer mentors. This course was for 12 hours, enabling young women to access education maintenance allowance and childcare costs.

**Learning to date:**

The content of the course was altered during the project. A module entitled 'How society impacts on you as a young person' was too difficult for many participants and was replaced by an emphasis on biology and puberty. After the project began, there was an obvious need to employ a support worker with basic skills knowledge as some of the participants had difficulty reading and writing. The project has thus adapted to the needs of the client group.

Young people were paid £5 expenses to attend the course for 3 hours per week, which was a factor in their attendance. The course was run at the pace of the service users – in fact, it ran for longer than anticipated due to the needs of the young people.

Two other Brook centres (in Manchester and Milton Keynes) have adopted this initiative and some local centres have begun to implement it too.

**Future Plans:**

Future plans include working with the young people currently involved in the project and supporting them as they take their learning into the community. A long-term plan is extension into schools and youth centres through the Healthy Schools Initiative.

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**'Peer Education', Bradford**

**Contact:** Sara Rushworth (Sexual Health Advisor)

**Address:** Shipley Area Office, 39, Kirkgate, Shipley, West Yorkshire, BD18 3QT

**Tel:** 01274 437123

**E-mail:** [Sara.rushworth@bradford.gov.uk](mailto:Sara.rushworth@bradford.gov.uk)

**Sources of funding:**

Staff were trained in November 2000, and the young people were trained as Peer Educators in April 2001. The project is funded through the Health Authority.

**Other agencies involved:**

The project works in collaboration with the Health Promotion Team.

**What is done, for whom and how:**

The first stage of the project involved training Residential Social Workers and Community Resource Workers based in independent living teams - to increase their awareness about issues concerning young people and sexual health, and give them the skills to support the peer educators.

During the second stage, the young people (who had left care within the last 4 years) were asked if they would like to be Peer Educators by their Community Resource Workers. The initial response rate was low and only 5 young people applied for the training – 4 females and 1 male. The Peer Educators were trained over 6 days. A broad range of topics was covered: STDs and HIV (definitions and how they are transmitted), contraception, issues around homosexuality and bi-sexuality, the emotions involved with sex, how to say what you want and don't want in a relationship, how to work with other young people (communication skills, values, attitudes and confidentiality). The training included visits to the local GUM clinic and a talk given by a person with HIV.

Of the original 5, 3 are now fully trained Peer Educators - 2 female and 1 male. They are salaried and visit local residential homes for young people; offering support within informal groups or one to one advice if that is preferred.

**Learning to date:**

The 'Peer Education' programme has proved to be very effective. The self-esteem and confidence of the Peer Educators has increased as a result of their broader knowledge base. The young people to whom support has been offered have been extremely appreciative and keen for the Peer Educators to repeat their visits.

Residential workers have been surprised by the positive responses to the Peer Educators (considering the sensitive nature of their work). This success has been attributed to the nature of the support. The culture in residential care is very public – young people are used to having their lives discussed amongst the network of professionals who provide their support. The Peer Educators, however, provide more of a befriending role. They represent

someone outside the professional body, with whom young people are able to discuss more personal issues concerning sexual health. Having been in care themselves, the Peer Educators can relate to the experiences of the young people they visit. Young people also feel less embarrassed talking to someone who is similar in age, especially about sex.

The project has been evaluated and an evaluation report will be disseminated in Summer 2002 (contact Anne Hobbis, Deputy Director of the Clinical Epidemiological Research Unit at Bradford University, Tel: 01274 234430).

**Future Plans:**

The project is in the process of writing policy and guidelines concerning delivery of Sexual Health Education within residential care. The Peer Educators have had an important role in developing these guidelines and will be involved as co-trainers in their delivery.

A *Sexuality and Relationships Policy* was launched on 5 July 2002. A Sexual Health in Care Forum is planned; to support front line staff, provide consistency and continuity of practice and evaluate the effectiveness of the policy. The policy, launch and Forum include children with disabilities and complex health needs.

The project is considering how the work could be extended to include young people in foster care.

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**Support services for young parents who are looked after children/care leavers** tend to integrate advice and support about health, including sexual health and contraception, with information and guidance about education, training and employment; accommodation; finance; parenting; and personal development:

**'Care Leavers Drop-in Centre'**, Ealing

**Contact:** Marcella Phelan (Operational Manager, Quality Protects ) and Gary Odle (Project Worker)

**Tel:** Marcella Phelan 0208 825 6859; Gary Odle 0208 840 6655

**Sources of funding:**

The Centre was formally opened on 10 May 2000 and is funded by Quality Protects grant.

**Other agencies involved:**

Quality Protects Health Nurses, Careers Advisory Service, YMCA Children's Rights Service, CAMHS and the Ealing Youth Offending Team work with the Centre in providing services for Care Leavers.

**What is done, for whom, and how:**

The 'Care Leavers Drop-in Centre' offers one-stop support and advice to care leavers (predominantly aged between 15 and 21) about key issues affecting them, including: health advice, careers, leaving care, arts and social activities. Specific activities concerning teenage pregnancy include a mothers and fathers group, which is supported by youth workers offering advice about parenting skills, contraception and education. The Project also organises

celebrations and social activities intended to educate and support care leavers.

**Learning to date:**

The Project has learned that young people need to be an integral part of the Centre's organisation. The Centre has increased in size since it was established by Ealing Social Services in 2000 and agencies such as the YMCA and the Youth Offending Team were keen to become involved. One of the specific successes of the Centre includes helping young men with histories of absenting from school to register at colleges. The Project has also helped a number of care leavers to secure places at university.

Factors attributed to the success of the project include the central role of young people in the organisation of the project, supported by a professional and dedicated workforce who are valued by service users.

As the Centre is relatively young, internal evaluations have mainly focused on the opinions and thoughts of young people who use the service. The Centre runs an Annual Consultation 'Outerlimits' Day in August each year, where young people have the opportunity to showcase their talents and achievements to other young people as well as councillors and public officials. These Consultation Days have taken place at the 'Questers' Theatre, allowing young people access to theatrical equipment. A video outlining the work of the project has been created and is available from Marcella Phelan (Tel: 0208 825 8848).

**Future Plans:**

The Centre is planning to increase the amount of outreach work it does to reach care leavers placed outside the borough.

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**'Mother & Toddler Drop-in Sessions', Newcastle**

**Contact:** Eileen Fiddes (Project Manager)

**Address:** 1A Jubilee Road, Melbourne Street, Newcastle, NE1 2JJ

**Tel:** 0191 261 7589

**E-mail:** [eileen.fiddes@newcastle.gov.uk](mailto:eileen.fiddes@newcastle.gov.uk)

**Sources of funding:**

'Mother & Toddler Drop-in Sessions' have been funded by Newcastle Social Services since Summer 1997.

**What is done, for whom, and how:**

Very informal drop-in sessions are provided on Saturday mornings exclusively for young women who are in/have left care and are pregnant or have a child. They can attend as frequently or infrequently as they choose. At the sessions, issues or problems raised by the young people themselves are discussed. The emphasis is on encouraging young mothers to play with their children and feel positive about them, discuss their problems, share opinions/solutions, and make friends. The children are in the same room as the mothers, and toys are provided. Lunch is also provided, and taxi fares are paid for those who attend. Participants can be referred to other groups if it is felt necessary. After the age of 21, the young people are linked into Newcastle Independence Network and Independent Living Newcastle, two initiatives aimed at supporting young parents.

Project staff believe that young people in/leaving care have different needs from other young parents, such as loneliness, isolation and a lack of support. This is one reason for holding sessions on a Saturday morning – it breaks up a weekend in which some young parents might not speak to anyone else. Many care leavers who are parents do not want to attend larger, or more mainstream, teenage pregnancy initiatives and value initiatives purely for those in/who have left care.

**Learning to date:**

The project has given confidence to many young parents and encouraged them to enjoy their children. Some have been attending since the project began. The initial aim was to invite guest speakers and ‘experts’ to talk to the young people. However, they rejected this - asking only for a place to chat. With children playing in the same room, speakers could also be a problem!

One factor influencing success is the user-friendly nature of the room. Great effort is made to make people feel comfortable and welcome. The project leader has been running the project for 4 years, having previously worked with some of the service users in residential care. She is consequently very knowledgeable about the disrupted lives of the young parents attending the sessions, and responsive to the issues raised by them.

An internal newsletter is produced for Social Services staff; to raise awareness about, and encourage referral to the drop-in sessions.

**Future Plans:**

It is the intention of the project manager to continue to provide a reassuring presence to all young mothers in/leaving care who need it.

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**‘Wheeldon Lodge Teenage Parent’s Project’, Northamptonshire**

**Contact:** Heather Frick (Unit Manager)

**Address:** c/o Rockingham Dene Children’s Centre, Rockingham Road, Kettering, Northamptonshire, NN16 9JZ

**E-mail:** [hfrick@northamptonshire.gov.uk](mailto:hfrick@northamptonshire.gov.uk)

**Sources of funding:**

The Manager’s salary is funded by Social Services. The staffing component and travel expenses are funded by the Quality Protects initiative. Funding is also received from the Teenage Pregnancy Unit via the county strategy for teenage pregnancy.

**Other agencies involved:**

Medical registration for service users and consultancy for staff is provided by the local medical centre. The local midwifery service provides a parenting skills group. The Project has also developed links with Career Path, and with schools and colleges via the Local Education Authority.

**What is done, for whom, and how:**

The ‘Wheeldon Lodge Teenage Parent’s Project’ is twin functional; providing a range of services to teenage parents defined as ‘Looked After’ or ‘in need’. It provides accommodation and support services to those most in need and a community support service for young women who have no obvious

accommodation needs. The Project offers support in everyday living skills, such as budgeting and parenting, as well as advice about welfare rights. Through links with Career Path, support concerning education, employment and training opportunities is also available. Support continues to be offered to young parents until their children start early years education.

A peer education scheme has been developed amongst the young women who are accommodated by the Project and they regularly speak at seminars and conferences. In addition, the Project was involved in the delivery of sexual health workshops for over 100 looked after children and young people aged 13+, during 2001.

**Learning to date:**

The central aim of the Project is to prevent children of teenage parents in care from becoming the clients of social services. In doing so, the Project has learned to recognise the fact that teenage parents experience the same emotional issues and problems as other children in care. The Project has also appreciated that substantial support for looked after teenage parents can be provided with limited financial resources. Since it was established, the Project has altered the layout of the unit - to separate the offices from the living space; providing residents with more privacy and personal space. A number of the young mothers at the unit have successfully re-entered education, obtained GCSE's and moved onto A-Level studies. Continual learning and development of services in response to what young people say they want has been an important factor in the unit's successes.

The Project is currently preparing to evaluate its work in line with guidelines produced by the Department of Health. It has produced a series of posters and leaflets in an attempt to reach non-looked after teenage parents in the local area.

**Future Plans:**

The Project is currently consulting with a local hostel about expansion of the service to other vulnerable teenage parents.

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**'Self-defence for Young Women in Care and Leaving Care', Lancashire**

**Contact:** Brigid Robinson (Leaving Care Scheme Manager)

**Address:** Room 203, J.D.O, East Cliff, Preston, PR1 3JT

**Tel:** 01772 262080

**Sources of funding:**

A pilot initiative to teach the course to young women leaving care was established in January 2001, but self-defence courses have been run in Lancashire since 1994 with youth groups, family groups, women's groups and in colleges. The pilot initiative was funded by the Teenage Pregnancy Local Implementation Fund from Morecombe Bay.

**Other agencies involved:**

The pilot was organised by the Leaving Care Scheme, which itself is a partnership between Social Services and Youth Services.

**What is done, for whom, and how:**

Since 1994, there has been a self-defence co-ordinator for Lancashire - responsible for training self-defence tutors and providing self-defence courses throughout the county. Each course is run only for women. It aims to build self-esteem and confidence, give women a choice to say "no" and resist

pressure, and help them value themselves. The course has been developed in consultation with young women and is fully adaptable to meet the needs of young mothers, young people with disabilities etc.

The Leaving Care Team considered that these courses could be beneficial to young mothers leaving care; mainly as a method of preventing further unwanted pregnancy or abuse. They were consulted and feedback was positive.

In January 2001, the first course to teach young mothers in/leaving care self-defence skills was run. 2 trainers were employed to teach the course, which includes physical self-defence but also assertiveness skills, confrontation skills, negotiation skills, communication skills and discussions about who the young people are and what they want to achieve. The course ran for 10 weeks, on Monday evenings, at a community centre - the most convenient time and location suggested by the young mothers. Child-care was provided on site. When the course first started, the young people and their children went out to get to know one another and to chat about what they hoped to learn. They then attended the course, and at the end went out again for a celebration before being presented with a certificate of achievement.

**Learning to date:**

Immediate successes included: an increase in the confidence, assertiveness, and communication skills amongst the young mothers who attended; an increase in ambition amongst the young mothers; the formation of a support group for friendship and baby-sitting amongst the young mothers; the development of skills to enable them to deal with situations involving alcohol, as many had become pregnant in such a situation. The young mothers stated that being more confident meant they were more likely to be able to prevent unwanted pregnancy and to feel positive about any child they already had.

Evaluations are completed at the end of each course. Feedback from the course run for young mothers leaving care was extremely positive, including statements such as:

- “The most significant part of the course was I learnt that I have power, I could take control of my life and I have inner strength, both emotionally and physically”.
- “The most significant thing I have learnt is definitely having the confidence to say ‘No’ ..... Not just to say no to sex but in any situation.”

Key factors influencing this success included: the course was run for women only; child-care was provided; young people were consulted about the course content and organisation; the tutors had an understanding and empathy with the young people and were not social workers/people in authority; the course provided an opportunity to build confidence and self-value alongside young mothers who had experienced similar situations (eg many were victims of domestic abuse).

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**Provision of guidance and training for staff working with looked after children/care leavers** is a priority for some authorities:

**‘Southampton Young Women’s Project’**, Southampton

**Contact:** Lucy Houlgate (Project Worker),

**Address:** 52 Seagarth Lane, Southampton, Hampshire, SO16 6RL

**E-mail:** lucy.houlgate@barnardos.org.uk

**Tel:** 02380 789576

**Sources of funding:**

The 'Southampton Sexual Health Education Scheme' was formally established on 1 September 1997 and funded equally by Southampton Social Services and Barnardos Children's Services.

**Other agencies involved:**

The Project established a multi-agency working party with representatives from the City Council, Social Services, Foster Carers, Residential Social Workers, the Youth Service and local Project Workers to develop this initiative.

**What is done, for whom, and how:**

Barnardo's Children Services Department worked collaboratively with Southampton Social Services to develop a policy and guidance document about sexual health for staff working with looked after children in the Southampton area. The work was commissioned after the *Love, Sex* report (Lynch, 1995) highlighted that looked after children may not easily be able to access sexual health services. The *Sexual Health Education Guidance* was produced in 1999. The central aim of the Guidance was to enable staff working with looked after children, rather than external professionals, to provide sexual health services. The Guidance covers a range of issues, including: age appropriate procedures for working with looked after children and meeting their sexual health needs; legal requirements concerning provision of sexual health services for looked after children; practical issues such as confidentiality, gender, racial and cultural factors; and further information about staff training.

**Learning to date:**

The *Sexual Health Education Guidance* was launched locally and young people were closely involved in this process. The Guidance has been widely disseminated to professionals across the country and a series of training days have also been held. Copies can be obtained from Sonya Piper (Tel: 02380 789576).

Following production of the *Sexual Health Education Guidance*, a Sexual Health Project Nurse has been appointed (funded by Quality Protects), whose role is to develop outreach work with looked after young people. A Friday afternoon activity club exclusively for looked after young people has been established at the Quays Swimming and Diving Complex, where the Nurse is available for face to face sexual health advice. For further information contact Rosalie Gurr (Service Manager, Southampton Primary Care Trust - Tel: 02380 388916).

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**'Sexual Health In Care', Sefton**

**Contacts:** Liz Kay (Teenage Pregnancy Co-ordinator) and Ruth Hibbert (Looked After

Children Development Officer)

**Address:** Liz Kay: Liverpool and Sefton Sexual Health Team, 36 Bolton Street, Liverpool L3 5LX

**Tel:** Liz Kay: 0151 708 5208 Ruth Hibbert: 0151 934 3674

**E-mail:** [Elizabeth.Kay@sotospeak.nwest.nhs.uk](mailto:Elizabeth.Kay@sotospeak.nwest.nhs.uk)

Ruth Hibbert c/o [loretta.port@social-services.sefton.gov.uk](mailto:loretta.port@social-services.sefton.gov.uk)

**Sources of funding:**

Following a conference in April 2001, the 'Sexual Health in Care' project was established. It is funded by Sefton Social Services and Teenage Pregnancy Local Implementation Funds.

**Other agencies involved:**

NHS based staff have been involved in the project.

**What is done, for whom, and how:**

A 'Sexual Health In Care' conference was held in April 2001. The aims of the conference were to support those involved in implementing the Sexual Health In Care policy and try to overcome some of the difficulties people had in implementing the policy. Many different agencies were present and the need to train, educate and support all staff working with looked after children (including foster carers) in providing sexual education and support was identified as a key issue. Training specifically around sexual health, at which attendance is voluntary, will be provided for foster carers by Social Services. Thus, although this initiative does not work directly with looked after children, it works with them through their carers.

The liaison nurse for looked after children has written an article about the training in the foster carer's newsletter and a further article is planned with the hope of encouraging greater attendance at future training and increased awareness about this aspect of foster carer's roles. The Family Placement Team is liaising with the Sexual Health Outreach Team to develop this training for foster carers.

**Learning to date:**

Feedback from those who attended the 'Sexual Health In Care' conference was very positive. The involvement of many different agencies in the conference encouraged a co-operative and positive atmosphere.

Three more 'training days' for residential staff were held in November and December 2001 and January 2002. There are plans to include foster carers in further training and events. It is anticipated that the training and support provided to foster carers will adapt to meet their needs.

**Future Plans:**

Future plans include the involvement of more foster carers, with the intention that they have a role in developing training and supporting their peers.

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**INITIATIVES SUPPORTING ALL YOUNG PEOPLE, INCLUDING LOOKED AFTER CHILDREN AND CARE LEAVERS**

Young people in/leaving public care should benefit from a range of initiatives established to support all young people.

In some local authorities, **initiatives** have been **developed to provide advice and support concerning any issues of relevance to young people:**

**‘Youth Advisory Centres’** North Dorset Primary Care Trust, Dorset  
**Contact:** Jayne Ray (Local Teenage Pregnancy Co-ordinator)  
**Address:** 55 High West Street, Dorchester, Dorset, DT1 1UT  
**Tel:** 01305 267 141

**Sources of funding:**

The first Advisory Services Information Centre was established in Weymouth in 1989. There are now 10 Centres in total. Key funding comes from Social Services, The Health Service and the Careers Service. Voluntary organisations such as the Children’s Society are also fund holders, although funding varies between the Centres. Some of the Centres have also received lottery money and grants from the European Social Fund as well as funds from statutory services and local fund raising.

**Other agencies involved:**

The Centres work with a number of voluntary organisations, such as the Children’s Society, as well as professionals from other key fund-holders. There are different models for each area. However, they all tend to involve voluntary services, youth services, social services and health services.

**What is done, for whom, and how:**

The ‘Youth Advisory Centres’ provide free and confidential services to vulnerable young people (including looked after children) up to the age of 25. They provide help and advice about issues concerning sexual health, such as emergency contraception and access to condoms. The Centres also provide outreach, education-related services in schools and youth clubs.

**Learning to date:**

The Centres have learned that it is difficult to provide services for those who may be reluctant to visit a Centre and have therefore attempted to develop their outreach services. Outreach work in schools has increased the uptake of Centre’s services as young people are introduced to Centre Project Workers and then feel more confident about speaking to them in the Centres. The Centres have also developed an inter-agency approach and this is seen as a key feature of their success. For example, Health Nurses working at the Centres have also been trained in youth work and are using this training in their outreach work. The Centres work extensively with the voluntary sector; helping to provide a range of services that the statutory sector on its own may have difficulty accessing.

The Centres produce annual reports and the Centre in Weymouth has been working with the Children’s Society to produce their annual report in an accessible format for young people. For further information contact Vanessa Harris (Tel: 01305 768768).

**Comment [B1]:** Could not find out any more information on this as the main contact is presently on sick leave.

Other Centres are currently working to produce an information pack aimed at supporting teenage parents in independent living.

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**‘City Centre Project’, Manchester**  
**Contact:** John Hartshorn (Project Manager)

**Address:** 52 Oldham Street, Manchester, M4 1LE

**Tel:** 0161 228 7655

**E-mail:** [john@citycp.freeseve.co.uk](mailto:john@citycp.freeseve.co.uk)

**Sources of funding:**

The 'City Centre Project' first began 30 years ago as a broad youth work based initiative. Its current format was established in 1993. It is funded by a variety of agencies, each funding different elements of work: Department for the Environment, Transport and Regions; Department for Education and Skills; The Community Fund; and various charitable trusts.

**Other agencies involved:**

The 'City Centre Project' works alongside a range of agencies, including: The Albert Kennedy Trust (which works with gay and lesbian young people in Manchester); Manchester City Council Housing Department; Manchester Benefits Agency; Manchester Advice; 42<sup>nd</sup> Street (which works with young people around mental health issues in Manchester); The Bibini (which works with young, Black people) and The Big Issue.

**What is done, for whom, and how:**

The 'City Centre Project' primarily works with young people aged 16-25 who are disadvantaged by homelessness. The project offers advice, resources, activities, a cafe, outreach work, opportunities to participate, a laundry, shower facilities, supported housing and resettlement support. Project workers help young people make informed decisions about their lives and encourage participation in the Project. They aim to respect and empower young people.

A resettlement team offers advice, information, home visits, help with grant applications, benefits advice and furniture resources. Good links have been developed with housing associations and local council housing teams. A Supported Housing Team work with the Family Housing Association, North British Housing Association, Guinness Trust, Arawak Housing Association and Homes for Change. This scheme offers vulnerable young people secure, quality, furnished accommodation. The team works in an empowering way to provide an appropriate package of support and enable young people to settle within the community. Support is provided Monday – Friday at the City Centre Project so that young people can access a wide variety of other services and opportunities in one visit. Situated within the Project, the cafe - designed and developed by young people - is the main focus point for advice, information, social contact, educational activities and opportunities for participation.

**Learning to date:**

A major success has been the development of an advanced youth work approach to supporting young people, which works holistically and aims to address all their problems. Since it began, the 'City Centre Project' has changed in many ways.

Key factors influencing success are: the Project is participative and perceives young people to be integral to decision making; the Project is flexible - adapting to changing requirements and needs-led; the Project employs a high calibre of staff.

The 'City Centre Project' has been involved in disseminating its learning. Between March and July 2001 (in partnership with 'The Bibini') a study was undertaken to consider the needs of young Black people who have experienced homelessness. This research found that young Black people who have been homeless are less likely to use city centre based provision, and

are more likely to stay with family or friends. Young Black people believe that many projects are 'culturally white' and therefore feel excluded from them (For further details, contact David Baxter - Tel: 0161 881 8558). As a result of this research the project has developed a multi-agency drop-in service for Black and Asian young people. The Project manager is Chair of the group developing the Single Homeless Strategy (in partnership with Manchester City Council and other agencies). With young people who have experienced homelessness, the 'City Centre Project' developed a board game to use in peer education with young people who may be at risk of homelessness. This has been used in schools as a way of engaging young people about such issues, and is available for sale from the project (contact John Hartshorn).

**Future Plans:**

The Project is currently developing its work with young parents and young people at risk of unplanned pregnancy. A parent support worker and a children's worker have been employed to join the housing team to take this work forward. This will involve units of supported housing along with individual and group work programmes on issues such as sexual health and parenting skills. The basement of the current building is being converted in order to house a crèche facility for young parents. Future plans include: doubling the size of the supported housing project by 2003 and developing a Connexions service within the 'City Centre Project'.

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**'331 Young People's Centre, Barnet**

**Contact:** Judy Mace or Anne Turner (Project Managers)

**Address:** 331 Ballards Lane, North Finchley, N12 8LJ

**Tel:** 0208 492 7332

**E-mail:** [threethreeone@hotmail.com](mailto:threethreeone@hotmail.com)

**Sources of funding:**

Preceded by two years of research by the Project Managers into what young people (locally and nationally) needed and wanted, the Centre began providing services for young people in September 2000. The '331 Young People's Centre' is currently funded by the Health Authority, the London Borough of Barnet and Connexions until 2003.

**Other agencies involved:**

The Centre uses a multi-agency approach; facilitating access to a range of agencies and professional services for young people, including: the Family Planning Service, a GP and Health Nurse, and the Officer for Looked After Young People.

**What is done, for whom, and how:**

The '331 Young People's Centre' runs a variety of services for young people concerning sexual health, education and careers advice. A large percentage of young people who use the Centre are looked after or care leavers. In the first year of the Projects operation, the Centre saw 2,633 young people, half of whom were male. The Centre is currently working to develop a teenage pregnancy course comprising of five drop-in sessions where young people will meet to discuss issues such as child-care and parenting.

**Learning to date:**

The Centre has developed in a number of ways. Its opening hours have been extended to cope with the demand from young people. The Centre now offers informal support and advice to other professionals about issues concerning young people. For example, the Project Managers consulted with a local GP who was attempting to establish a sexual health clinic for young people in the area - advising the GP about making the clinic accessible to young people, especially young men.

The Centre has attempted to involve young people in all aspects of its organisation. For example, young people have interviewed all outside professionals who provide services at the Centre and all Centre leaflets are proof read by young people. The Centre sees the integral involvement of young people as a key factor in its success. Other factors include the professional commitment of the staff and the fact that the Centre is directly based on what young people say they need.

As the project is still fairly young, evaluation has been internal. This has taken the form of half-yearly reports and feedback from young people who use the service.

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In many authorities, **multi-agency projects** have been **established to provide advice and support concerning sexual health and contraception for young people:**

**'Young People's Health Bus',** Sheffield

**Contact:** Anne Shutt (Project Co-ordinator)

**Address:** Centre for HIV and Sexual Health, 22, Collegiate Crescent, Sheffield, S10 2BA

**Tel:** 0114 2261900

**Sources of funding:**

Established in January 1998, the 'Young People's Health Bus' has received mainstream funding from Sheffield Community Health, some of which has been directed via the budget for reducing teenage pregnancy.

**Other agencies involved:**

The 'Young People's Bus' works very closely with other services for young people in local areas. GPs, nurses, drugs workers and health visitors are invited onto the bus when it visits their community, so that support can be sustained after the bus leaves.

**What is done, for whom and how:**

The 'Young People's Health Bus' is a double-decker and visits communities within Sheffield on a weekly basis. A significant period of time is spent identifying which localities should be targeted and what services are already available within those areas. The areas are identified using certain criteria – high rate of teenage pregnancy, high levels of social disadvantage (calculated using employment and health indicators), few services accessed by young people, or an area of geographical isolation. A chosen area must also have a

GP practice nearby to which young people who use the Bus's services can be referred. The Bus has targeted looked after young people or those leaving care, working with the YMCA and the CAST drop-in service for looked after young people.

Once an area has been identified as 'in need' of the service, contact is made with other services in the area. If characterised by particularly high rates of drug use, for example, a local drugs worker will be invited to attend and their service will be promoted on the Bus. Fliers are then distributed throughout the community – in local GPs surgeries, schools, sexual health clinics. The Bus always has both youth and community workers and a nurse on board. It offers support and advice around health issues as well as a confidential clinic with the nurse where young people can obtain condoms, emergency contraception and pregnancy tests. Professionals from local agencies facilitate discussion groups and there is a television and video available. As the Bus has limited space, there are restrictions on how much work can be done with the young people. However, if additional support is needed referrals are made to services within the community. Leaflets and information are made available to the young people about the type of provision that is available locally.

The Bus re-visits each area once a week over a 6-8 week period. This enables the young people to develop a relationship with the project workers and other teenagers using the service. The Bus can accommodate up to 20 young people at one time, and each session is for 2 hours. The service can be accessed by 11-20 year olds, both male and female, although the majority of service users are male. Between 30 to 60 young people access the service each week.

**Learning to date:**

Young people are asked what they think of the service at the end of each 8 week programme. When asked what they would change, the majority say "you can't improve it". This success has been attributed to the fact that the project is an informal and fun service which comes straight to where the young people are. The Bus is also a novelty – a bus attracts more attention than bricks and mortar!

The project has realised that it is essential to involve local workers, who know the community and the young people. Familiar faces allow the young people to feel more relaxed and relationships between staff and service users develop more rapidly.

Quantitative data is collected from each session. Young women and men are given different coloured raffle tickets when they arrive so that the number of males and females can be recorded. Monitoring forms are also completed by anyone who accesses the confidential service with the nurse. Their age, gender, ethnicity, the type of service they required, whether they have used the service before and which other services they access in the area is all recorded. The project workers are asked for their feedback and the young people are given short questionnaires to complete. A final report to evaluate the service is then produced at the end of each 8 week programme.

**Future Plans:**

Future plans include acquiring a new bus and becoming a full time service so that the project can broaden its health remit and access more young people.

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**'Paddington Arts'**, Westminster  
**Contact:** Steve Shaw (Director)  
**Address:** 32 Woodfield Road, London, W9 2BE  
**Tel:** 0207 286 2722  
**E-mail:** [steve@padarts.idps.co.uk](mailto:steve@padarts.idps.co.uk)

**Sources of funding:**

'Paddington Arts' was set up in 1987 and is funded by 15 different bodies. Its core funders are Westminster City Council and London Arts.

**Other agencies involved:**

'Paddington Arts' works with a number of different organisations including the Youth Offending Team and 'Roundhouse' (a local charitable trust and performance venue).

**What is done, for whom, and how:**

"Teen-Scene" is a series of videos produced by 'Paddington Arts' since 1998 and based on the principle of peer education. These videos follow a chat-show format and are aimed at young people aged principally between 13 and 19. The intention is to provide young people with a way of discussing issues in an informal and easily accessible way. One of these videos, "Teen-Scene: Teenage Parents" uses this format to address the issue of teenage parenthood.

**Learning to date:**

Evaluation of "Teen-Scene: Teenage Parents" has been internal. For example, the video was played in a local school to a group of drama students and was followed by a discussion about how useful they found it. As a result, the organisers learnt that the video was constructed in an accessible format and enabled young people to discuss their experiences openly and frankly. This was perceived as a key success of the project. The makers of the series have learned that peer discussion is an effective way of addressing the sensitive issue of teenage parenthood.

'Paddington Arts' has changed the title of the series from "Teen-Scene" to "How Far Would You Go?" to make it more appealing to young people. Copies of the video, "Teen-Scene: Teenage Parents" have been distributed on a small scale, ad-hoc basis to local agencies such as schools and the Westminster Youth Offending Team (Contact: Steve Shaw, Tel. 0207 286 2722).

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**'The Straight Talking Project'**, Kingston and Richmond  
**Contact:** Hilary Pannack (Charity Co-ordinator)  
**Address:** 35 Elm Road, New Malden, Surrey, KT3 3HB  
**Tel:** 0208 605 0900  
**E-mail:** [straight.talking@virgin.net](mailto:straight.talking@virgin.net)

**Sources of funding:**

'The Straight Talking Project' was set up in 1998 and is funded through a number of voluntary sector organisations, including: Help a London Child, the Garfield Western Foundation, the Henry Smith Charity, the Peacock Charitable Trust, the Nationwide Foundation and the Wates Foundation. 'The Straight Talking Project' also receives some funding from Association of London Government Grants.

**Other agencies involved:**

'The Straight Talking Project' has worked with organisations such as Kingston and Richmond Health Authority, youth counselling services and with teachers, School Nurses, youth workers and Teenage Pregnancy Co-ordinators.

**What is done, for whom, and how:**

'The Straight Talking Project' runs a five-week course of one lesson per week in secondary schools for young people aged 13 to 17. It provides a balanced view of parenthood, which includes the positive aspects of parenting but stresses the difficulties encountered by teenage parents (who often have limited education or employment experience). For example, young people are played an audio tape of a baby screaming continuously and attempt to manoeuvre a 10-pound doll and buggy up a flight of stairs. The Straight Talking Project uses 'youth-friendly' materials, including fluorescent paper and computer graphics, as part of interactive games. These activities are designed to highlight the intensity of parenting and how demanding the role can be.

'The Straight Talking Project' employs teenage parents as peer-educators to engage young people effectively and support them in moving on.

The course is run in state schools including mixed, single sex, special needs, Catholic schools and pupil referral units.

The project delivers a 2 day multi-disciplinary training course to teachers, youth workers and school nurses, and provides a complete training pack of materials.

**Learning to date:**

Project workers describe 'The Straight Talking Project' course as unique, fun and interactive - key factors in the course's success. The organisers have learned that a definite demand for the service exists; that boys and girls have very different agendas in this area; that girls are more likely to become pregnant if they have a low sense of self-esteem; and that this type of service needs to be youth friendly.

'The Straight Talking Project' was positively evaluated in 1999 and all the recommendations have been implemented. For example, to increase accessibility for young men, a male project worker has been employed. An independent evaluator has been commissioned to analyse and report on the results of 3000 questionnaires and focus groups surveying young people's opinions both before and after the course. A report is available (Contact: Hilary Pannack).

**Future Plans:**

With Nationwide funding, 'The Straight Talking Project' has conducted a feasibility study into the possibility of establishing a satellite project employing

local teenage parents in an area of London with high rates of teenage pregnancy. A pilot satellite project is due to start in September 2002. The project is currently trying to raise funds to provide driving lessons for the peer educators, which will enable them to increase their own skills and help extend facilities.

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**‘Social Marketing of Condoms Through Vending’, Manchester**

**Contact:** Steve Penfold (Head of Family Planning Service)

**Address:** Central Manchester Primary Care Trust, Palatine Centre, 63-65 Palatine Road, Withington, Manchester, M20 3LJ

**Tel:** 0161 448 4913

**E-mail:** family.planning@virgin.net

**Sources of funding:**

This project is still at the pilot stage, which is due to run for a year until August 2003. It is funded by the NHS, Teenage Pregnancy Unit and New Deal for East Manchester.

**Other agencies involved:**

The Project is working alongside a range of different agencies including: Galaxy 102 (local radio station), the Teenage Pregnancy Unit, private companies supplying condoms and condom machines, a third party who it is hoped will co-fund a major marketing campaign and Population Services International.

**What is done, for whom, and how:**

Recent research has shown that many men are too embarrassed to enter family planning clinics or that clinics are too inconvenient. Consequently, young men use vending machines as their main source of condoms. Young men under 16 use condoms as their preferred method of contraception - in 1999, 74% of young men bought condoms from a vending machine (Harden and Ogden, 1999). 49% of women under 16 chose to use condoms in 1999-2000 (Department of Health, 2000) and 33% bought them from condom machines (Harden and Ogden, 1999). Many Asian women also prefer condoms for fear that their use of the pill may be discovered. Of all young people aged 16-19, 73% said a condom machine was easy to use, 68% said they were comfortable to use, and 52% appreciated the confidentiality offered by condom machines (Harden and Ogden, 1999). Vending machines are quick, convenient and not embarrassing.

Currently, vended condoms are expensive. Most are in licensed premises or restaurants, making them inaccessible to young men. Manchester’s Family Planning Service is aiming to provide cheaply vended condoms (based on the idea of social marketing, where they are sold at an affordable price) in easily accessible locations. The Teenage Pregnancy Unit notes that “condoms should be made available (to boys and young men) either free or at a reasonable cost”. Condoms will be priced at 50p or £1 per pack of 3. The locations considered include leisure facilities, youth clubs, colleges, shopping centres and unlicensed premises within or near the New Deal for East Manchester area as well as 3 other areas within the city with high rates of teenage pregnancy. Locations will be heavily advertised by Galaxy 102 - a commercial radio station in Manchester. Condoms will also be sold in

packaging designed by Galaxy 102 under their name and logo, which will provide the phone numbers of local clinics and emergency help-lines. The scheme was launched in August 2002, with a radio campaign - 'Red Hot Summer Loving' - throughout the summer.

**Learning to date:**

A feasibility study presented to the TPU in November 2001 by Population Services International, stressed a number of key points, not least of which was the need to take a high profile approach to marketing the product.

**Future Plans:**

It is hoped that, if successful, the project will be implemented throughout Manchester. The Teenage Pregnancy Unit will also consider the implications for national policy. It is anticipated that a paper will be produced as a result of baseline research about where young people obtain condoms.

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Some of these **services** are **aimed at young women:**

**'My Body, My Spirit'**, Calderdale Metropolitan Borough Council

**Contact:** Mary Kiddy (Teenage Pregnancy Co-ordinator) and Elaine Whitewood (Director of Whitewood and Flemming Theatre Company)

**Address:** Social Services, Southgate, Elland, West Yorkshire, HX5 OER

**Tel:** Mary Kiddy: 01422 373491, Elaine Whitewood: 01422 321249

**Sources of funding:**

This work was conceived in February 2001. However, the project began in September 2002, funded by the Teenage Pregnancy Strategy.

**Other agencies involved:**

'My Body, My Spirit' works alongside a number of other agencies, including Looked After Children's Teams, The Loft Project (Behaviour Support Service), Whitewood and Fleming Theatre and Music.

**What is done, for whom and how:**

'My Body, My Spirit' Project initially planned to produce a video for Looked After Children concerning issues around teenage pregnancy. It became evident that a number of videos were being produced within the area and that a direct approach might be more effective. After meeting with a local theatre group, it has been decided that the focus should be on young women at high risk of becoming pregnant.

The theatre group works with 6-12 girls aged between 13 and 16. Some are looked after, others are vulnerable and socially excluded in other ways. The Project concentrates on 'learning to like yourself' and takes a holistic approach. An initial residential weekend concentrates on 'my body' and includes massage and aromatherapy while exploring how the young women want to develop the work of the Project. It is envisaged that a final piece of sculpture or art will be produced, giving a sense of achievement and increased confidence to those involved.

**Learning to date:**

The theatre company have a proven track record in working with looked after and other vulnerable children in Calderdale. Looked after children have benefited from involvement in similar projects, although it is too early to identify learning from this particular project.

Evaluation will be built into the project and will involve collecting the views of both the young women, their foster carers/parents and the tutors involved.

**Future Plans:**

If the evaluation demonstrates that the programme has been effective, the Project will continue to work with other vulnerable young women in this way.

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**‘Soul Sisters’: A Sexual Health and Assertiveness Course for Young Women, Coventry**

**Contact:** Lynwen Jones (Sexual Health Programme Co-ordinator)

**Address:** SHADOW Project, Southfield Old School, South Street, Coventry, CV1 5EJ

**Tel:** 0247 622 7083

**Sources of funding:**

Developed in 1999/2000, ‘Soul Sisters’ is funded by Coventry Health Authority and Coventry City Council.

**Other agencies involved:**

‘Soul Sisters’ was developed in partnership with Health Promotion Services (Coventry Health Authority), The Health Development Unit (Coventry City Council), Coventry Relate and the Women’s Health and Information Centre. ‘Soul Sisters’ is now funded and based within the SHADOW (Sexual Health And Drugs Outreach Work) Project, which is part of Coventry Youth Service.

**What is done, for whom and how:**

Delivered by a team of experienced sexual health workers from the SHADOW Project, the aim of the ‘Soul Sisters’ Project is to provide a safe environment in which vulnerable young women can develop their self-esteem.

Experimental learning activities are used to empower and enable young women to develop skills in assertiveness and communication within a framework of rights and responsibilities. These form the foundation on which issues surrounding sexual health are then explored. To date the programme has been delivered to young women from a number of different agencies, including Valley House (accommodation for young homeless people).

The programme consists of ten three-hour workshops, run over a period of 10 weeks to ensure time for reflection between sessions. By the end of the course ‘Soul Sisters’ hope that the young women will be equipped with skills that enable them to cope with, and negotiate, their sexual health and relationships. The course also enables young women to develop support networks which persist long after completion of the programme.

**Learning to date:**

The initial idea for the course was to follow the experiences of a fictional character, Chloe, as she progresses through her life from 15 to 18. While this has proved effective with younger age groups, older girls were able to discuss

issues without the aid of Chloe. Flexibility is therefore a vital aspect of the course - essential in maintaining its relevance to individual groups, depending on their age and life experiences. Although not yet formally evaluated, participating young people are asked to complete evaluation forms at the end of each session and encouraged to feed back anything they have learnt, or require answers to, throughout the course.

**Future Plans:**

Future courses are planned for those in residential care and individuals who require behavioural support.

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**Other services are provided specifically for young men:**

**‘The Lads Room’, Bradford**

**Contact:** Ralph Saunders (Men’s Health Co-ordinator, Bradford City Primary Care Trust) and Nick Davy

**Address:** Kensington Street Health Centre, Whitefield Place, Bradford, BD8 9LB

**Tel:** 01274 322427

**Sources of funding:**

Established in October 1999, the ‘Lads Room’ is funded by the Health Action Zone and Teenage Pregnancy Implementation Fund.

**Other agencies involved:**

The ‘Lads Room’ uses Youth Service premises and receives referrals from them.

**What is done, for whom and how:**

The ‘Lads Room’ is an open-access service available to young men between the ages of 14 and 24. The majority of the service users are aged between 15 and 17. The service is advertised widely throughout the community – in the local newspaper, through Youth Service mailing lists, posters in schools and colleges and the distribution of ‘credit card’ advertisements. Although the service is not specifically targeted at looked after young men, its promotion via the Youth Service ensures that young people in care do have access to the service. As a result, a number of the young men who attend are looked after.

The ‘Lads Room’ operates twice a week as a drop-in from 12.30pm until 4pm [Tues], 3.00 pm until 4.30 pm [Thurs] so that young people can visit during their lunch hours and after school. The initiative offers a range of health related services, from general advice and signposting to appropriate agencies to provision of free condoms. The project workers are both male nurses. The type of support that the young men receive depends on what they want from the service. Some individuals require one to one advice, while others visit the project in groups.

The project also offers monthly group-work at Vicar Lane Housing, which accommodates young people who have left care. These sessions are held at monthly intervals and offer advice and support concerning all health issues, including sexual health and relationships.

**Learning to date:**

Over the time that the service has been running there has been a steady increase in the number of young men attending the 'Lads Room'. At present, an average of 20 young people visit the 'Lads Room' per session. The number of young men returning to use the service is also rising - over 50% of those who drop in have used the service before. This success is attributed to the fact that the 'Lads Room' offers something different. It is a health-based service run by men which works specifically with young men.

The young people are not forced to attend, but can visit whenever they feel they want or need to. The service also offers them choices - it is the young people who define what their needs are and they are then free to choose how to use the advice they are given.

The 'Lads Room' has been carefully situated to provide a service in non-threatening and neutral territory – outside the parameters of school, social services or youth clubs. It provides a relaxed informal atmosphere to avoid intimidating the young people attending the service. This success has led to the development of 6 further drop-in 'Lads Rooms' throughout Bradford. Ongoing evaluation is based on collection of quantitative data. The 'Lads Room' interviewed 29 young men in 2001 – to evaluate the service and ascertain how it could be changed/developed to better meet their needs (a copy of the report is available from Anne Halliday, Leeds Metropolitan University: Tel. 0113 2831747)

**Future Plans:**

The 'Lads Room' hopes to increase the number of drop-in services in Bradford as well as access young men in youth groups and through the Youth Offending Team. The project has been asked to implement further support groups in Housing Projects for young people leaving care.

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**'Wyse Guys', Manchester**

**Contact:** Matthew Trickett or Tony Shepherd (Project Workers)

**Address:** Signpost, St Andrew's Church Hall, Brownley Road, Wythenshawe, M22 0DW

**Tel:** 0161 436 5432

**E-mail:** wyseguys@signpostadvice.org.uk

**Website:** www.signpostadvice.org.uk (wyseguys page)

**Sources of funding:**

Established in October 1999, 'Wyse Guys' is funded by the National Youth Agency and the Teenage Pregnancy Strategy.

**Other agencies involved:**

'Wyse Guys' works closely with the YMCA, Route 43 (a school non-attenders project, focused on providing mentors for young people), Starting Out (a supported housing scheme for young people) and Starting Point (a detached youth work project).

**What is done, for whom, and how:**

'Wyse Guys' aims to help young men deal with the 'straightjacket of masculinity' imposed on them by society and provide them with alternative options for behaviour. The Project focuses solely on young men, aged 14 to 25. Although not specifically for those in or leaving care, it includes these young men in its work. 'Wyse Guys' focuses on young men as partners, fathers, friends and citizens. The aim is to provide new opportunities and experiences (such as residential trips, day trips, outdoor activities), as well as different ways of looking at things/dealing with problems. However, the Project works according to the needs of those involved. With a group of young men uninterested in education, 'Wyse Guys' is running the Duke of Edinburgh's Award Scheme. With a group of quieter young men the project is focusing on relationships in a programme called 'How to be a Sex God'! This includes consideration of issues such as: domestic violence, sexual health, fatherhood, relationships. In a local high school, young men are running their own project (having been involved in 'How To Be A Sex God') dealing with fatherhood - using practical lessons with virtual babies as well as discussion. Project workers attend to provide help and guidance when necessary.

**Learning to date:**

The initial success has been in persuading young men to become engaged with, and attend, the Project. Many have become more happy and confident, feeling better equipped to deal with life as a result of their involvement in the Project.

Key factors influencing success include: flexibility – the Project is adaptable and works to meet the needs of those involved; provision of opportunities for young men to become a part of something; provision of access to other relevant services (eg contraceptive advice); committed and enthusiastic project workers.

'Wyse Guys' presented a Boys and Young Men Group at the launch of the Teenage Pregnancy Strategy in July 2001 and to the Detached Youth Workers Conference. The National Youth Agency has disseminated information about the Project. The project workers have been invited to run sessions outside Wythenshawe with other groups of young men; sharing their ideas and experiences. The web-site is becoming an increasingly important method of dissemination. As the Project is due to close in March 2003, an external evaluator is conducting an evaluation, which will be published in December 2002 (contact the project for further details).

**Future Plans:**

The Project plans to liaise with Manchester Metropolitan University to share learning following publication of the evaluation report. Funding will be sought to continue the Project in a consultation capacity, in which the 'Wyse Guys' project workers would visit other groups to share their ideas/suggestions with both young men and staff, and provide a catalyst for these groups to develop themselves.

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Projects providing **support for pregnant teenagers** generally intend to help young women make informed decisions about their lifestyle; health, including sexual health and contraception; education and employment opportunities:

**'Teenage Pregnancy Support', Blackburn**

**Contact:** Sheena Byrom (Consultant Midwife)

**Address:** Tower View Offices, Queen's Park Hospital, Blackburn, Lancs, BB7 9RX

**Tel:** 01254 293991

**E-mail:** Sheena.Byrom@mail.bhrv.nwest.nhs.uk

**Sources of funding:**

This initiative was established in April 2000 with funding from Blackburn with Darwen Primary Care Trust.

**What is done, for whom, and how:**

The aim of the 'Teenage Pregnancy Support' project is to help pregnant young women/mothers make healthy and informed choices about their lifestyle; contributing to both their own and their child's future health. Innovative support is provided in response to the expressed needs of the client group. 'Teenage Pregnancy Support' aims to increase self-confidence and empower young women to take ownership of their future through access to education, training and employment, and choice about contraceptive needs. A multi-agency approach to teenage pregnancy is used within the community, to ensure involvement and ownership of the project by young people themselves.

**Learning to date:**

A multi-agency steering group has been established to take the project forward and initiate ideas about supporting young women. An effective referral system has been set up so that midwives and other agencies can refer pregnant women to the project within hours of having their pregnancy confirmed. Young women can also be referred to other relevant agencies (eg housing, benefits, etc). Funding has been used to employ a young woman who was a teenage mother herself. She helps to facilitate groups and has undergone training in health promotion, confidence building and group empowerment.

Two factors have influenced success: a midwife at the project oversees the health needs of each client and can be present at the birth, if requested; the project is based at the local college, which is a central, non-judgemental and encouraging environment.

The project is being evaluated by the University of Central Lancashire and a report will be available from September 2002 (contact Sheena Byrom for further details).

**Future Plans:**

Future plans include: Family Planning training to promote reasonably spaced families and prevent unwanted second pregnancies; development of further networks for young women using the service; provision of a continuum of care with Health Visiting Services; capacity building and education for young women; facilitating and encouraging ownership by the client group through a community development approach.

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**'Manor Education Centre', Bedfordshire County Council**

**Contact:** Jane Pearce (Teacher in Charge)

**Address:** Pupil Referral Unit, Greys House, Manor Drive, Kempston, Bedford, MK42 7AB

**Tel:** 01234 408477

**Sources of funding:**

The 'Manor Education Centre' was opened in March, 2000, although planning began in 1997. It is fully funded by the Local Education Authority.

**Other agencies involved:**

The 'Manor Education Centre' works closely with health professionals such as health visitors who, with the designated school nurse and doctor, visit the Centre regularly. There are also close links with the Careers service, which runs workshops as well as supporting individual students. Where appropriate, there is liaison with Social Services.

**What is done, for whom and how:**

The 'Manor Education Centre' is one of 4 pupil referral units serving the county of Bedfordshire. The Centre provides support for pregnant school girls and young mothers so that they can continue their statutory education and eventually be reintegrated into mainstream education, training or employment. Although the service is not specifically provided for looked after young people, it frequently works with children who have been in care or are still looked after. Many of the pupils have been excluded from mainstream schools or are at risk of exclusion. They often have histories of anti-social behaviour and poor self-esteem.

The school provides a nursery so that the pupils' babies are cared for while they are in lessons. There are places available for 12 young women and 6 babies. Young women attend the 'Manor Education Centre' any time after 4 months of pregnancy, including following the birth of their child. Pupils generally return to the Centre three or four weeks after their baby has been born and remain there for up to six months.

As well as providing a flexible education programme tailored to the needs of each individual, the Centre aims to provide emotional support during the young person's pregnancy and in motherhood. Parenting and health programmes are also delivered to each pupil.

**Learning to date:**

Many of the pupils have poor histories of school attendance. However, the 'Manor Education Centre' has achieved high rates of attendance and the young women have maintained good academic records despite experiencing additional difficulties compared with those in mainstream schools.

The success of the 'Manor Education Centre' has been attributed to its atmosphere and ethos. The students are valued, treated as individuals and encouraged to play an active role in decision making within the Centre. A flexible approach is adopted so that the young people receive education tailored to their needs. Routines and systems have therefore been adapted as the project has developed so that an appropriate service is provided for the young women involved.

**Future Plans:**

The 'Manor Education Centre' is currently undertaking an information gathering project with a view to enabling improved co-ordination of post-placement support.

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Many multi-agency projects have been established to provide a **co-ordinated approach to supporting young parents:**

**'Moving Forward: Gurgles Project'**, Medway Towns  
**Contact:** Breeda Joyce (Project Manager)  
**Address:** 31 Cross Street, Chatham, Medway ME4 5LT  
**Tel:** 01634 827 772

**Sources of funding:**

The 'Gurgles Project' was set up within 'Moving Forward' in 2000 and was funded by the Princess Trust on a one-year basis. It is now self-maintained within the 'Moving Forward Project'. The 'Moving Forward Project' is one project within Kent Community Housing Trust (a registered charity).

**Other agencies involved:**

The 'Gurgles' group works closely with Health Visitors and various other agencies which support young people, including Sure Start.

**What is done, for whom, and how:**

'Gurgles' is a group of teenage parents, some of whom are looked after and care leavers, who come together to meet other parents, discuss issues relating to teenage pregnancy and organise activities. The group also receives access to professional advice about sexual health matters as well as information and advice concerning education and training opportunities.

**Learning to date:**

The fact that some of the young people involved in the 'Gurgles Project' have gone on to book-keeping and administration courses is perceived to be one of the main successes of the project. This was attributed to the commitment and dedication of the young people as well as the fact that they have been an integral part of the running and organisation of the group, especially in the early stages.

Project staff, within guidelines established by the Princess Trust, have evaluated 'Gurgles'. They found that young people who use the service value the group and are keen for it to continue. The group has produced posters, designed by young people, advertising the project and the activities they organise.

**Future Plans:**

Project staff are hoping to expand the age group of children that 'Gurgles' works with (from 0-3 to 0-5) so that more young parents can be included.

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**'Off the Record Young Parent's Project'**, Bath and North East Somerset  
**Contact:** Ruth Sexton (Young Parent's Project Worker)  
**Address:** Young Parents Project, Off the Record, Milward House, 1 Bristol Road, Keynsham,  
**Tel:** 0117 9860691  
**E-mail:** [bathotr@freenetname.co.uk](mailto:bathotr@freenetname.co.uk)

**Source of funding:**

'Off the Record' was established in Bath in 1994. The 'Young Parent's Project' was established in 2000 and is part way through a three year funding contract from the Health Authority.

**Other agencies involved:**

Referral to 'Off the Record' comes from a number of statutory bodies, including Social Services, Health Visitors, Midwives, Doctors, Connexions and local schools. Referrals to the 'Young Parent's Project' are mainly from Health Visitors and Midwives.

**What is done, for whom, and how:**

The 'Young Parent's Project' offers advice and support to young parents and young parents-to-be. This includes access to medical and careers advice. The project also facilitates a young parents and parents-to-be group called 'The Source', which meets to discuss issues relating to teenage pregnancy and to organise activities for young people and their children.

**Learning to date:**

The project initially started as a Drop-in Centre but found that attendance levels from teenage parents were low. As a result, the Project concentrated on outreach work to actively recruit young people. One of the central factors attributed to the success of the Project is the fact that young parents are an integral part in its operation. For example, 'The Source' is run jointly by a young mother. Another factor is the good reputation that 'Off the Record' appears to have with young people. For example, many of the young people who use 'Off the Record' come back for further information or advice and say that they are pleased with the services provided.

The Project has developed *The Resource Pack*- an information resource about issues surrounding teenage pregnancy which young parents from the Project have been actively involved in developing (contact Ruth Sexton, Tel: 01225 312481).

**Future Plans:**

The 'Off the Record Young Parent's Project' is developing a young parent and toddler group. The Project also hopes to develop a mobile unit to enable young people's workers to provide support and information services to young parents in isolated rural areas.

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**'Coram Teenage Parenting Project', Camden**

**Contact:** Lucy Draper (Project Manager), Jenny Glen (Project Worker – Camden), Amelia Beaumont (Project Worker – Islington)

**Address:** Coram Parents Centre, 49 Mecklenburgh Square, London WC1 N2QA and Holloway Parents Centre, 38 Mayton Street, London, N7

**Tel:** 0207 520 0311 (Camden) and 0207 7003690 (Islington)

**E-mail:** [Lucy@coram.org.uk](mailto:Lucy@coram.org.uk)

**Web-site:** [www.coram.org.uk](http://www.coram.org.uk)

**Sources of funding:**

The 'Teenage Parenting Project' was established within the Coram Parents Centre in Summer, 2000, and is funded by the Health Authority and the

Department of Education. The development of close links with Sure Start programmes has also provided further funding.

**Other agencies involved:**

The Project has established a multi-agency advisory group with representatives from Housing, Social Services, Health and Early Years.

**What is done, for whom, and how:**

The 'Teenage Parenting Project' provides resources and support to help teenage parents re-enter education. In doing so, the Project works collaboratively with the Coram Leaving Care Service. The Project provides funding for childcare, learning support, travel and educational assessments as well as information and support to young parents about parenting issues. The Project has also made a video containing interviews with young people who use the Centre about their experiences (copies can be obtained from the Project).

**Learning to date:**

Initially, the 'Teenage Parenting Project' found it hard to reach young people who may need the services. The Advisory Group has helped to create strong links between professionals working in this area. This has proved to be particularly effective in terms of referrals to the Project.

Workers at the Project identify the co-ordinated approach with outside professionals, the Centre's own Leaving Care Team and the 'Teenage Parenting Project' as key factors in the Project's success as a comprehensive and integrated service for young people. For example, the close working relationship between the Coram Leaving Care Service and the 'Teenage Parenting Project' has led to increased awareness by staff working with teenage parents about the issues affecting looked after children and vice-versa.

The 'Teenage Parenting Project' conducts internal evaluations. It has also been externally evaluated during 2001 by the Institute of Education, which plans to continue evaluations on a yearly basis. The initial evaluation recommended that the Project expand its focus to provide support in areas such as housing and entitlements to state benefits. The Project has implemented these recommendations and distributes leaflets informing teenage parents about the services available at the Centre.

**Future Plans:**

The project plan to produce a second video focusing on the views of young people and their experience of the project.

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**'KANARA Family Resource Centre'**, Greenwich

**Contact:** Patsy Montague (Project Worker)

**Address:** KANARA Family Resource Centre, 236 Plumstead Road, High Street, Plumstead, SE18 1JL

**Tel:** 0208 921 3666

**Source of funding:**

The 'KANARA Family Resource Centre' was formally established in September 1999 and is funded through Greenwich Social Services.

**Other agencies involved:**

Some of the Centre's work is carried out in conjunction with the Eltham Youth Offending Team.

**What is done, for whom, and how:**

The 'KANARA Family Resource Centre' provides a variety of services for young people (including looked after children) aged 13-18. The Centre established a Sexual Health Task Group comprised of young people aged 15-17. This group worked to produce a leaflet aimed at informing other young people in Greenwich about services available to them. The Centre, in conjunction with the Eltham Youth Offending Team, also runs a parenting group for parents/carers of young offenders.

**Learning to date:**

The 'KANARA Family Resource Centre' has developed its work with the whole family rather than just the young person and perceives this as a key factor in its successes. The Centre has learned from its own practices that there needs to be more work in the area of teenage pregnancy with young men.

An external evaluator has positively evaluated the Centre. Feedback from the families who use the services was an integral part of the evaluation. The Centre also carries out internal evaluations.

**Future Plans:**

The Centre plans to disseminate more information about its work.

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**'Young Parent's Project', Sunderland.**

**Contacts:** Alison Horrix (Sure Start Plus Advisor) and Jill Varndell (Young People's Service

Manager)

**Address:** Winchester House, Baxter Rd, Town End Farm, Sunderland, SR5 4LW

**Tel:** 0191 537 3231

**Sources of funding:**

The 'Young Parent's Project' was established in January 1999. It is a multi-agency Project, with funding/staffing provided by a range of agencies. There are close links with Sure Start Plus who provide funding for a Child Care Development Worker and a Sure Start Plus adviser is currently undergoing Connexions training.

**Other agencies involved:**

Learning Support (Education), Housing, Careers, Leaving Care, Hospital Social Work, Health Authority, Sure Start Plus, Priority Health Wearside, City Health services are all linked to the Project, providing daily/weekly contact. Additional agencies can be contacted or accessed if required by young parents.

**What is done, for whom, and how:**

The 'Young Parent's Project' is accessible to any young parent living in Sunderland, and transport/assistance with bus fares is provided by the Project if necessary. It aims to support teenage parents - through education, information and advice about health, parenting and housing - within a safe, structured environment. Outreach groups have been set up and are running successfully.

Under 16s: For young people who become pregnant while at school and are unable to maintain attendance at mainstream school, or require a shared placement, the Young Parents Project provides a classroom (Tuesdays, Wednesdays and Thursdays). This facility enables young parents to continue their education and gain additional support (eg the Health Visitor provides a 1 hour session/week and the Midwife provides antenatal preparatory sessions every 2 weeks, including a visit to the hospital maternity unit). Once a young parent has their baby, they are supported to return to school. However, if this proves impossible, they are able to return to the onsite Education provision.

Post 16: The Project is open 5 days/week. Crèche facilities are offered on Tuesdays, Wednesdays and Thursdays; enabling young parents to access courses while their children are in the crèche. Courses include Bridge Connect – a 30 week course run over two days/week (for which they receive £10 if they attend 2 days/week) aimed at developing self-esteem/confidence and leading to a City and Guilds certificate. Courses also include: crafts, cookery, parenting, personal hygiene/exercise, play activities, safety, etc.

On Mondays and Fridays, when a crèche is not available, young parents are offered activities to carry out with their children (such as baby massage, Parents and Toddlers Together Exploring Resources).

A Drop-In for all young parents provides opportunities to meet with friends and access professionals who are available to offer advice/support concerning health, housing, careers, parenting, etc. A Toy Library is provided, with advice about age appropriate toys. A Housing Tenancy Support Worker offers advice/support and assistance with the transition from dependent to independent living – including tenancy issues as well as budgeting, social isolation and benefits information. All young parents who have applied for council accommodation are encouraged to enrol on an 'Independent Living Skills' course. A Health Visitor offers parent-craft courses, a well-baby clinic and advice about health issues such as feeding, sleep management, growth and development. As a Nurse Prescriber, she can also provide efficient and effective treatment for common ailments (eg thrush, head lice, dry skin) for the child and family. In a One to One clinic, the Health Visitor provides support/advice about issues including diet and exercise, contraception and sexual health, smoking cessation. Once a week, a Link Careers Adviser is available to provide information requested by parents on an informal basis (eg general careers advice, information about current vacancies, job search and interview techniques), as well as ensuring that young mothers receive the same information and guidance as young women in mainstream education.

### **Learning to date:**

Many under 16s obtain GCSE's, including one girl who recently achieved 8 B grades and 2 C grades whilst caring for a 2 year old child. Young people who attend the Project tend to remain involved with it, going on to complete courses and gain qualifications.

The key factor influencing success is the fact that the service is user-friendly - young people feel as though they receive non-judgemental support/care and

can be themselves. In a parent's committee regularly attended by young parents, they are actively encouraged to participate in planning events, identify courses that they think are needed, and develop ground rules. Project staff are committed to listening to, and acting on, the voices of the young parents.

Annual reports were produced in April 2001 and September 2002 (contact the Project to receive a copy).

**Future Plans:**

The Project plans to further develop outreach work with teenage parents in the community. Mentors have been trained and are due to be 'paired' with young people in October 2002. It is also planning to offer a baby-sitting service.

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**'Stockport Young Parents Project', Stockport**

**Contact:** Alison Lockley (Project Co-ordinator)

**Address:** Moat House, 6 Lower Moat Close, Stockport, SK4 1SZ

**Tel:** 0161 480 2348

**E-mail:** alisonlockley@youngparents.fsnet.co.uk

**Sources of funding:**

This 3 year initiative was established in July 2000. It is funded by the Department For Education and Skills.

**Other agencies involved:**

The 'Stockport Young Parent's Project' works closely with Reddish Vale Early Excellence Centre and the specialist referral unit for school-aged mothers in Stockport.

**What is done, for whom, and how:**

The main aim of 'Stockport Young Parent's Project' is to encourage young parents aged 16-17 (both male and female) to return to/continue with their education. Although not exclusively for looked after children or care-leavers, the project does work with such young people. Young people can be referred by anyone but are predominantly referred by health visitors, the school unit for school-aged mothers, mainstream schools, their parents and young people themselves.

The Project co-ordinator provides support in finding, choosing and continuing attendance at college courses; helping young parents with any issues which may affect their ability to attend college (eg housing, family, relationships, health) and referring them to specialist agencies where appropriate. She helps find, and then provides funding for, childcare and travel to college/the childcare centre. For those who leave college/chose to find work, she also provides support.

**Learning to date:**

In its first year the project worked with approximately 18 young parents. By the end of the year, 10 were still attending college and had chosen to continue for a second year and 4 had obtained employment. 3 young women were not interested in education at all, but were persuaded to attend group sessions. The progress of one young couple has been a particular success - the woman is a care leaver and both parents attended college whilst their child was in a private nursery, funded by the project. The young man is completing an academic course and hopes to join the RAF, whilst the young woman is completing a beauty therapy course and hopes to use her skills as she follows him around the world.

In the first year of the project, most parents chose to undertake vocational courses. The Project co-ordinator is now encouraging those who are interested to study more 'academic' courses.

Links with the specialist referral unit for school-aged mothers have helped gain access to those who, with support, may continue with their education. The unit also raises the self-esteem of young mothers and creates a positive attitude towards motherhood.

An interim report about the work of the Project has been produced and is now available. The key findings were:

- The young women most likely to benefit from the project are those who had aspirations before they became pregnant, or those who have had their aspirations raised by the unit for school-aged mothers
- Many young people would like 'time off' to bond with their baby before returning to school, further education or employment. [According to DFES guidelines, the project can only fund young people until they are 16, 17, or 18 if they were enrolled in college before they became involved in the project.]
- Use of public transport is a deterrent to attending the project. Although the project provides bus passes, there is a higher attendance rate when taxis are provided.
- Young parents are more likely to attend education or work if childcare is available on site, so that they can visit their child and be contacted in an emergency
- Young people in the project do not generally work as a group - they have their own friends where they live. Young parents are commonly regarded as socially excluded, but many have friends and participate in social activities.

**Future Plans:**

It is a future intention to organise social groups with the aim of raising the self-esteem and confidence of those parents who have no interest in further education. The ultimate objective would be to involve them in education, but increasing their confidence and happiness would be regarded as positive outcomes.

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**'Young Families Plus Project' , Wakefield**

**Contact:** Janet Kent (Project Leader)

**Address:** Flanshaw Children's Centre, Springfield Grange, Wakefield, WF2 9QP

**Tel:** 01924 304152

**Sources of funding:**

Health Action Zone, Sure Start Plus and the Learning and Skills Council have funded this project since September, 2000.

**Other agencies involved:**

The Project is attached to, and therefore works closely with, Sure Start Plus when accessing young people under the age of 18. Connections have also been established with the youth service, housing and social care teams within Wakefield. Voluntary agencies such as the Well Women Clinic are involved.

The Project has additional links with Primary Care workers such as health visitors and GPs, as well as the education department.

**What is done, for whom and how:**

The 'Young Families Plus Project' offers a range of services for young parents (mainly women). Although not specifically targeted, 60% of the young people have been or are looked after. Young parents approach the Project themselves or are referred through Social Services/other local agencies. Posters advertising the service are distributed throughout the community – in all the high schools, youth agencies, social services offices, chemists and doctors surgeries.

The 'Young Families Plus Project' offers individual support packages to young parents; providing one to one advice and support about a range of practical issues such as sexual health, parenting, how to register at a GP and how to claim benefits. Group work programmes are also offered - encouraging the young people to support one another. After realising that many young parents felt intimidated accessing ante-natal services within the community, 'Young Families' (with midwives and health visitors) set up a group to address this issue. The Project offers educational courses which are accredited by the Open Learning College. Child care is provided free of charge and young parents are offered courses focusing on citizenship, the rights of stakeholders, personal development and healthy living. Those who complete the courses are awarded a certificate equivalent to an NVQ level 1. In addition, the Project offers one-off consultation and participation events; providing the young parents with opportunities to voice their opinions about what should be provided and how. These events focus on particular themes, such as housing, or issues surrounding self-esteem.

**Learning to date:**

The educational courses have been particularly successful. Many of the young people attending the courses have limited educational achievements. The courses provide them with the opportunity to complete a course and obtain an award - which has a positive impact on self-esteem and their sense of achievement.

The consultation events have also proved to be successful. Any issues raised by the young people are incorporated into bids for Project development. As a result the young people feel they are valued as individuals and have a direct impact on developments.

Success has been attributed to the team, which is small and therefore provides an intimate and relaxed environment for the young people.

The young people are asked to evaluate the project at the end of every event. The Health Action Zone has provided funding for the 'Young Families Project' to provide an annual report. As the Project is now affiliated with Sure Start Plus, external evaluation will be incorporated into the work carried out with young people under the age of 18.

**Future Plans:**

Health Action Zone funding for the 'Young Families Project' ends in March 2004. The project aims to mainstream its service provision so that it can continue after this funding has ceased. Future plans focus on tenancy support

for young parents. A property has been bought with funding from 'Supporting People' and this will be converted into 4 self-contained flats. There will also be satellite properties where young people can move once they feel able to support themselves more independently. All the young people will be eligible for housing benefit and will be able to access funds through this for support and counselling provided by 'Young Families'.

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Some projects focus on **provision of accommodation for young parents, with additional support concerning education, training, parenting and personal development:**

**'The Old Vicarage', Nottingham**

**Contacts:** Delores Price (Project Manager) and Nicola Goode (Senior Project Worker)

**Address:** The Old Vicarage, Scotholme Avenue, Hyson Green, Nottingham, NG7 6FB

**Tel:** 0115 9121292

**Sources of funding:**

Established in July 2001, the project is mainly funded by the Housing Authority. The Supported Housing Management Grant (SHMG) also funds the project. One off 'start up' funding was provided by the Health Authority.

**Other agencies involved:**

The 'Old Vicarage' project has no partnership agencies and can receive referrals from any source.

**What is done, for whom and how:**

The 'Old Vicarage' provides accommodation for young women aged 16-25 who are expecting, or have recently had, a child. The aim of the service is to work with young Black women (African Caribbean, Asian and Dual Heritage), although other ethnic groups can access the service, in a manner that recognises their vital links to their own communities. The Project houses 7 young women in separate self-contained flats. Referrals are taken from any source (eg the young women's families, Social Services, an agency for the homeless). Although the Project is not specifically for young people in care, it does focus on young women who are homeless, threatened with homelessness and/or at risk – many of whom have been looked after by the local authority.

The 'Old Vicarage' provides Key Workers for all the young people in its care. Through their Key Worker sessions, the young women are encouraged to continue or pursue educational and training courses. Training and support groups are also offered on-site. Group training is offered in areas such as sexual health, child care and issues surrounding infant health in collaboration with New College Nottingham. Fathers are encouraged to join the group sessions at the 'Old Vicarage'. Working in collaboration with Broxtowe College, the Project also offers group work sessions on self esteem.

**Learning to date:**

The 'Old Vicarage' has actively involved the young women in decision-making processes. This has been particularly effective in developing the 'rules' within the Project. Issues such as visitor access were openly discussed with tenants and compromises were made between the project workers and the young women. The Project perceives this to be an on-going process; encouraging tenants to voice their opinions about issues as they arise. Changes made so far are, therefore, a result of discussions with tenants about how they think the Project should be run.

**Future Plans:**

The 'Old Vicarage' plans to expand on-site training to include guidance about further pregnancies. They also hope to work with the Education Department, giving young mothers the opportunity to visit local schools and talk to other young people about their experiences of being a teenage parent.

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**'Cardiff Young Families'**, Barnardo's Marlborough Road Project, Cardiff

**Contact:** Sally Jenkins (Project Leader)

**Address:** 46 Marlborough Road, Roath, Cardiff, South Glamorgan, CF23 5BX

**Tel.** 0292 049 7531

**Sources of funding:**

'Cardiff Young Families' scheme has been established since December 1992. It is funded by Cardiff County Council Social Services, the Supported Housing Revenue Grant and Barnardos. Funding also includes rent income from Housing Benefit, to which most of the young people accommodated are entitled.

**Other agencies involved:**

The scheme works closely with local Housing Associations to provide accommodation and housing services for young parents. It has developed links with community education agencies, child minders, local family centres and Sure Start.

**What is done, for whom and how:**

The 'Cardiff Young Families' scheme offers young parents aged 16-21 (the majority of whom are single mothers) supported accommodation for a period of between six months and two years. The service is offered to vulnerable young families, most of whom have spent time in local authority care. They are referred via social services, health visitors and (occasionally) self-referrals.

Each young family is assigned a Key Worker who works alongside them to develop an individual action plan. This one to one support focuses on all aspects of independent living and is intended to develop practical, personal and parenting skills. Much of the support is based on raising awareness about other available services – such as education and training, child care and parent's groups. A 24 hour on-call service is also available to all the young families within the project.

**Learning to date:**

'Cardiff Young Families' is now a well-established scheme with a reputation for good practice. The previous experiences of accommodation for many of the young people involved have been insecure and constantly changing. For those who stay in the accommodation for the full 2 years it may have been the first time that they have lived in the same place, in good quality accommodation, for such a substantial period of time.

While in supported accommodation, the young people have a strong support network around them – which is crucial for young parents from vulnerable backgrounds. Support is available for their child and, as first time parents, this is essential too. In addition, the project offers consistency - the young people have an allocated Key Worker but all the project workers offer a consistent approach. The young people are consequently clear about what they can expect from the support available.

They have the opportunity to meet twice a year with all the other service users and staff to discuss any issues they want to raise about service provision. They are also invited to attend focus groups during the annual review and therefore have the opportunity to affect service developments. The scheme is regularly internally evaluated.

Workers at the project frequently contribute to media and policy debates about teenage pregnancy, and attempt to counter the pervasively negative images which persist about teenage parents.

**Future Plans:**

Short term plans include extending funding so that the local authority funds all the accommodation units within the scheme, enabling more young people referred via Social Services to be offered support.

The various funding sources for Supported Housing are coming together under one body - 'Supported People'. This funding will be held by the National Assembly in Wales until 2006, when the funds will be devolved to local authorities. It is predicted that supported living for young people will no longer be a priority for funding. As a result, the service intends to redirect its focus to work more closely with initiatives such as Sure Start and those concerning Mental Health for the period after 2006.