

**NORTH YORKSHIRE COUNTY COUNCIL**  
**YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE**

**10<sup>th</sup> June 2011**

**Covering Report - Youth Support Service**

**1.0 Purpose of Report**

- To ask Members of the Young Peoples Overview & Scrutiny Committee to note the information in this report and the report attached at Annex A on the Children and Young Peoples Service, Savings & Transformation Strategy - Youth Support Service.

**2.0 Background**

- 2.1 At previous meetings of the Committee, Members have been provided with an overview of the Children & Young Peoples Service (CYPS) Savings and Transformation Strategy. The Committee has also received regular summarised updates and position statements on the targets; the savings identified and in-depth briefings on a number of the identified eighteen projects areas that will deliver savings in 2011/12 and beyond.

The briefing report attached at Annex A relates to Project 4 of the CYPS Savings and Transformation Strategy and provides Members with background information on the proposals to re-organise the management structure of Integrated Youth Support and the Youth Service. Included in this report is a brief update on the position in relation to Young People Not in Employment, Education or Training (NEET), Teenage Pregnancy and Young Peoples Substance Misuse.

Officers from CYPS will expand upon all areas during the course of their presentation.

**3.0 Recommendations**

- 3.1 Members of the Committee are requested to note the information in this report and the Report attached at Annex A.

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Background Documents: None

Annexes: Annex A

**YOUNG PEOPLE'S OVERVIEW & SCRUTINY COMMITTEE**

**FRIDAY 10<sup>TH</sup> JUNE 2011**

**CHILDREN AND YOUNG PEOPLES SERVICE**

**Savings and Transformation Strategy – Project 4: Youth Support Service**

**Briefing Paper**

**Background Information**

One of the objectives of Project 4 of the Children and Young People's Service's (CYPS) Savings and Transformation Strategy was to, '*reduce management numbers and costs by a variety of measures, including by integrating structures for Youth Service and Integrated Youth Support*'. This resulted in the establishment of a senior management team for the new Youth Support Service comprising of a Principal Officer, four Senior Youth Support Service Officers and a Strategic Manager responsible for the Young People's Substance Misuse and Teenage Pregnancy strategies. These posts have strategic management responsibilities and are accountable for the delivery of the service within the context of the Children and Young People's Service's strategic plan.

Whilst the strategic management team has been established the delivery of services remains disjointed. To address this a review has been undertaken and a restructure proposed to establish a more coherent Youth Support Service workforce and operational structure.

**Proposed reorganisation of the Youth Support Service (YSS)**

The reorganisation provides an opportunity to identify what the scope of a Youth Support Service should be. The Youth Support Service will work with young people aged 11 -19 and up to 25 for those with Special Educational Needs or Disabilities. Its priorities are informed by and integral to the objectives of the Children and Young People's Service's Plan. The service cannot meet its service priorities without capitalising on existing and further developing its integration with the different service areas within the CYPS.

There are some critical interfaces across the CYPS and its service areas which the reorganisation of the YSS will strengthen. These include:

- Supporting vulnerable young people through early intervention using the Common Assessment framework and integrated processes. (Strategic Services)
- Establishing systems to identify vulnerable young people early and provide appropriate assessment and early intervention. (Strategic Services. Children's Social Care, Learning, Youth & Skills – Education Social Welfare)
- Establishing systems for recording and monitoring impact (Strategic Services- Performance & Outcomes)
- Providing young people with Special Educational Needs and Disabilities with appropriate careers advice and guidance. (Access & Inclusion)
- Ensuring that the Local Authority can meet its statutory responsibilities in relation to tracking and reporting of young people who are not in Education, Employment or Training (NEET). (Quality & Improvement, Learning, Youth & Skills – Strategy & Commissioning, Strategic Services – Performance & Outcomes).

- Targeting support at young people who are at high risk of becoming NEET (Quality & Improvement, Access & Inclusion, Children's Social Care).
- Health promotion including providing access to contraceptive/sexual health information and advice and young people's substance misuse services. (Quality & Improvement, Strategic Services, Children's Social Care)
- Providing access to good quality accredited and non-accredited learning opportunities. (Quality & Improvement, Access & Inclusion).

### **What are the challenges?**

The social context within which the service needs to operate has changed significantly from that in which youth services were originally created. The economic and technological changes on society have had both positive and negative impacts on how a service can communicate and interact with young people. These factors combined with earlier physical maturity of young people have altered the role and responsibilities of all services that work with children, young people and their families.

The Youth Support Service will aim to achieve a balance between providing a universal service that is accessible to all and targeted support to the more vulnerable and disadvantaged young people. Achieving this is made more challenging by the national policy directives which are placing greater onus on Local Authorities to focus resources on supporting vulnerable young people.

The Youth Support Service remains committed to the view that the provision of good quality, accessible universal services provides greater opportunities for the identification of and early intervention with vulnerable young people. However it is no longer appropriate nor feasible for the Local Authority to deliver universal youth work opportunities in every community across the county. One option which is possible is to work with partners, especially those in the voluntary and community sector to try to ensure that there is a range of accessible provision using different delivery models.

### **Targeted Youth Support**

Targeted Youth Support is aimed at helping vulnerable young people early to address their difficulties as soon as possible, preventing their problems escalating. This means working with young people who may not meet traditional thresholds for statutory or specialist services. It is not a crisis service and should not be viewed as an alternative route in to more specialist support, such as that provided by Children's Social Care.

Since the introduction of Targeted Youth Support in 2008 there has been a steady increase in the number of referrals. It is referred to within different strategies and as a key feature within a support pathway for a young person. This includes those systems and protocols that have been established relating to:

- Youth Restorative Justice
- Children that go missing from home.
- Homelessness
- Children's Social Care Open/Closed and Transfer procedure.

## **Raising participation and supporting young people that are not in education, employment and training (NEET)**

There are several policy changes that will impact on this area of work. These include those associated with the education system and payment of grants and benefits. Local Authorities will retain the responsibility for reporting on NEET but the systems and procedures that provided the data have changed and the 'all-age careers service' due to be introduced in September 2012 will not offer the same level of support for young people that Connexions provided.

The Government remain committed to raising the participation age which requires that all young people remain in learning until age 18 by 2015. This will present North Yorkshire with particular challenges. Historically the NEET figures have been low but a significant number of young people are not engaged in recognised learning or training.

There is ongoing work to consider the implications of the all the changing policies and to establish working practices, information sharing agreements and monitoring procedures that will assist the Authority to meet its responsibilities.

## **Teenage pregnancy and young people's substance misuse**

The latest data highlights that the reduction in teenage pregnancies continues in North Yorkshire. Data released in February 2011 shows that between 1998 and 2009 teenage pregnancies reduced by 29.5%. This compares to a national reduction of 18.1%. However there are still variations across the County and Scarborough teenage pregnancy rates remain higher than the national average. District reductions range from a 42.6% reduction in Ryedale to a 0.7% increase in Richmondshire. (*An additional paper to assist members of the committee with an overview in relation to teenage pregnancy is attached at appendix 1 of this report.*)

Alcohol and cannabis remains the most popular drug for young people. This is the case in all areas of North Yorkshire. Legal highs were an issue earlier in 2010/11 but fewer young people are using these drugs now. Class A and opiate use is low in this area. Demand for services continues to be higher in the coast and this is where resources have been prioritised.

The outcomes for young people who become pregnant at an early age or who misuse drugs and alcohol are a lot worse than they are for other young people. E.g. teenage parents are more likely to become NEET, more likely to smoke and their children are more likely to live in poverty and have accidents.

The strategy prioritises interventions that have been proven to be effective, and in areas where the need is greatest. NYCC commissions services that improve access to contraceptive services and also drug treatment services for young people. This is supported by work in universal and targeted settings to delay early sex and encourage young people to resist pressure to take drugs and alcohol.

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2<sup>nd</sup> June 2011

# Lead Members for Children's Services briefing on teenage pregnancy

The aim of this LGA/DCSF/DH briefing is to help Lead Members for Children's Services (LMCSs) fulfil their political leadership responsibilities in relation to teenage pregnancy. There are challenging central Government targets in this area but the fact that more than a hundred councils have chosen to focus on teenage pregnancy for their Local Area Agreement (LAA) shows what a priority it is for local areas. Reducing the under-18 conception rate and increasing the proportion of teenage parents in education, training and employment will help to improve the lives of children and young people, as well as support the drive to increase local economic prosperity. Drawing on evidence of what works and successful local practice, this briefing offers LMCSs some simple and straightforward strategies for ensuring their areas make really good progress.

## A key role for LMCSs

Lead members have an important political, strategic and community leadership role for their council and can use this effectively to support the drive to reduce teenage pregnancies and improve outcomes for young parents in their localities.

## How can LMCSs do this?

**GET INVOLVED** - ensure you and other members have a good understanding of what is happening to reduce teenage pregnancy rates and support young parents in your local area.

### Checklist for LMCSs

- ✓ do you have good links with the Local Teenage Pregnancy Partnership Board (TPPB), through the Director of Children's Services (DCS) or Chair of the Partnership Board?
- ✓ are you well briefed on local teenage pregnancy rates (including individual ward rates) and how you compare to similar councils?
- ✓ are you and other elected members sufficiently briefed to understand why reducing teenage pregnancy needs to be linked with work to raise aspirations and improve life chances?

**HELP PARTNERS WORK TOGETHER** - get senior level ownership and clear accountability from partners for the targets and outcomes you are working towards.

- ✓ are there champions for teenage pregnancy at a high level within the council, Primary Care Trust (PCT) and/or Local Strategic Partnership (LSP)?
- ✓ does the TPPB have senior representation from *all* partner agencies and is it linked to other key partnerships (LSP, Children and Young People Strategic Partnerships etc)?
- ✓ is the statutory Joint Strategic Needs Assessment (JSNA) being used to prioritise teenage pregnancy and link it to other LAA youth priority targets - health, education attainment, positive activities, emotional and behavioural health of children in care, reducing those not in education, employment or training (NEET)?

**MAKE SURE SERVICES ARE EFFECTIVE** - ensure progress on preventing teenage pregnancy is performance managed and that resources are used effectively.

- ✓ are you using the overview and scrutiny process to bring in other partners and find out what they are doing to in relation to teenage pregnancy?
- ✓ has the council underpinned teenage pregnancy prevention work with joint commissioning and partnership funding, and are additional monies (eg new contraceptive funding for PCTs<sup>1</sup> which is recurring in 2009/10 & 2010/11) being used effectively?

<sup>1</sup> £12.8m to PCTs via main allocation & further £10m via SHAs to improve access to contraceptive and sexual health services, DH Press Notice, Feb 2008  
<sup>2</sup> *Teenage Pregnancy: working towards 2010, Good Practice and Self-Assessment Toolkit*, DfES/DH, 2006

- ✓ has the local teenage pregnancy strategy been reviewed against the Teenage Pregnancy Unit *Self-Assessment Toolkit*<sup>2</sup> and have actions been taken to address any weaknesses?

**CHAMPION PREVENTION - ensure the *prevention* of teenage pregnancy underpins the local strategy and is a core element in programmes for young people.**

- ✓ is there senior strategic leadership of Personal Social and Health Education (PSHE) and Sex and Relationships Education (SRE) to ensure higher priority in all schools and colleges, with clear links to governors' statutory duty on safeguarding and wellbeing, School Improvement Partnerships and the Healthy Schools Programme?
- ✓ is teenage pregnancy prevention mainstreamed through Integrated Youth Support Services (IYSS) and Targeted Youth Support (TYS)?
- ✓ is young people's contraception, chlamydia screening and sexual health prioritised in PCT commissioning?
- ✓ is SRE workforce training is being delivered to all those who work with young people?
- ✓ is SRE work with parents and carers included in the parenting strategy and the Corporate Parenting role?

**LISTEN & SPEAK UP - engage with your local communities, ensuring the local strategy and commissioning of services is informed by the views of young people, parents, carers and community representatives.**

- ✓ are there adequate mechanisms in place to get the views of young women and men about teenage pregnancy and general health and wellbeing?
- ✓ are you seeking the opinion of all members of your local communities (especially parents), not just the vocal minority who make themselves heard?
- ✓ have you agreed how you can provide public support to the DCS and others leading the strategy locally and help challenge the sensationalist approach taken by some local press?

## What else LMCSs need to know

### Why does teenage pregnancy matter?

Teenage pregnancy is strongly linked with poor outcomes. Teenage mothers, young fathers and their children are less likely to be in good health or to complete their education and more likely to live in poor housing and spend long periods on benefits and out of work<sup>3</sup>. Teenage pregnancy matters as it:

- impacts on the *poorest communities* and *most vulnerable* young people
- widens health inequalities
- limits educational opportunities and attainment for young parents and their children
- contributes to worklessness and poverty
- carries avoidable costs to the NHS and public services

### The stark facts

- the majority of teenage conceptions are unplanned and about half lead to abortion
- half of all under 18 conceptions occur in the 20 per cent most deprived wards
- 20 per cent of teenage births to under 18s are second pregnancies
- Over a third of teenage mothers have no qualifications and 70 per cent are not in education, training or employment
- babies of teenage mothers have a 60 per cent higher risk of dying in the first year of life and have an increased risk of living in poverty and achieving less at school

Source: Teenage Pregnancy: Accelerating the Strategy to 2010, DfES, 2006

### Who is at risk of becoming a teenage parent<sup>4</sup>?

- young people in or leaving care
- daughters of teenage mothers
- young people excluded or truanting from school, or underperforming at school
- young people involved in crime
- members of some ethnic minority groups.

<sup>3</sup> Teenage Pregnancy: Accelerating the Strategy to 2010, DfES, 2006

<sup>4</sup> Teenage Pregnancy: Accelerating the Strategy to 2010, DfES, 2006

## What needs to be in place to improve local performance and reduce teenage pregnancy<sup>5</sup>?

High rates of teenage pregnancy are not inevitable. In some local areas rates have fallen by almost 40 per cent, whereas in others they are static, or increasing. Areas, including those with high levels of deprivation, which have been *most successful* in reducing rates have had the following in place:

- senior champions, strong leadership and clear accountability for delivery of the teenage pregnancy target
- joined up working between all statutory and voluntary sector services
- good use of local population data to help with assessing need and targeting
- accessible, young people friendly sexual health services with access to the full range of contraceptive methods
- good quality PSHE/SRE in all schools and colleges
- early intervention and preventative work with at risk groups of young people
- multi-agency workforce training on sex and relationship issues
- active integrated youth support services in the statutory and voluntary sector
- support for parents and carers on talking about relationships and sex to their children
- aspiration building programmes for those most at risk.

## What works in supporting young parents<sup>6</sup>?

- identifying vulnerable teenage mothers early and providing tailored maternity care
- dedicated, co-ordinated support from a lead professional through Targeted Youth Support, Children's Centres or Voluntary Sector, drawing in specialist expertise from multi-agency team on health, contraception, returning to education and childcare.

## How can work on teenage pregnancy support other LAA priorities and targets?

- *education* : action to raise aspirations of at-risk teenagers will reduce teenage pregnancy as well as narrow the gap on educational attainment; and action to keep young parents in education will help meet education and NEET targets
- *worklessness* : ensuring young parents have access to employment schemes will help achieve the NEET and worklessness indicators

- *health* : measures to help young parents access early ante-natal and post-natal care will support indicators on for example, infant mortality, breastfeeding and early ante-natal booking as well as improve outcomes for children of teenage mothers.

## And finally.....

**TEENAGE PREGNANCY RATES ARE AT THEIR LOWEST LEVEL FOR OVER 20 YEARS.** Effective local delivery of the Teenage Pregnancy Strategy in many parts of the country has reversed the previous upward trend and reduced the national under-18 conception rate by 12.9 per cent. If *all* local areas were performing as well as the top 25 per cent, the reduction would be more than double of that achieved so far.

- we know what works and that change *is possible*. Many of the most challenged local areas have had success in driving down rates by putting effective programmes (like those described above) in place. Senior leadership, good local delivery and access to services are key
- local strategies need to take account of how wider factors such as poverty, poor educational achievement and low aspirations drive conception rates in local areas
- there is strong evidence that good sex and relationships education delays early sex, and when linked to easy access to contraceptive and sexual health advice cuts teenage pregnancy rates<sup>7</sup>, contrary to what you may hear from some parts of the media
- there is agreement among professionals, young people and parents of all different faiths and cultures that good quality sex and relationships education should be provided in schools<sup>8</sup> and that confidential contraception and support services should be available for young people<sup>9</sup>
- there is a need for all local agencies, community organisations and the media to work together to give consistent messages to young people that challenge the acceptance of early sex, low aspirations and teenage parenthood.

## Useful links and where to find out more

[www.everychildmatters.gov.uk/teenage pregnancy](http://www.everychildmatters.gov.uk/teenage_pregnancy)  
[www.dh.gov.uk/sexualhealth](http://www.dh.gov.uk/sexualhealth)  
[www.lga.gov.uk](http://www.lga.gov.uk)

5 Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies, DfES, 2006  
6 Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts, DfES/DH, 2007

7 Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases, Professor Douglas Kirby, 2007  
8 Sex and Relationships Education: A review of SRE in Schools, DCSF, 2008

9 Teenage Pregnancy Strategy, BMRB Tracking Survey 12, 2004