

New Deal for Communities

The National Evaluation

Research Reports

Exclusion from School: Addressing the Hidden Problem of Teenage Pregnancy

Research Report 28

The Neighbourhood Renewal Unit is currently sponsoring the 2002-2005 national evaluation of New Deal for Communities. This evaluation is being undertaken by a consortium of organisations co-ordinated by the Centre for Regional Economic and Social Research at Sheffield Hallam University. The views expressed in this report do not necessarily reflect those of the Neighbourhood Renewal Unit.

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Sheffield Hallam University

**Exclusion from School:
Addressing the Hidden
Problem of Teenage Pregnancy**

Research Report 28

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Executive Summary

It is common for educational debate to focus on the attainments of children and young people. However, many children have a difficult time in school and some are formally excluded, either temporarily (sometimes known as suspension) or permanently (also known as expulsion).

The numbers of pupils being permanently excluded from school rose dramatically during the early 1990s and in 1997 the Labour Government introduced a number of initiatives addressing the inclusion of children and young people. A major focus in these initiatives has been the exclusion of boys and young men, who make up the majority of the excluded population. However, there is evidence that a 'hidden' problem exists concerning girls and young women who become pregnant while at school. Officially, schools cannot exclude a child for this reason and are under a duty to meet their needs. In reality, however, many girls feel compelled to 'self-exclude' because of the inaction and/or intransigence of schools.

In this report we examine moves to address this problem. The report focuses on the Leicester Braunstone Community Association, where an education project has been developed which helps both at the level of pregnancy prevention as well as after young mothers have given birth. Peer educators with a personal experience of teenage pregnancy are trained to go into schools and work with pupils aged 11-16. The programme is delivered in single-sex sessions over three to four weeks aiming to raise awareness about choices open to young people, encouraging them to think carefully about relationships, contraception and lifestyle.

The project has been especially **successful** in certain respects:

- it enables teenage mothers to share the experience of pregnancy with local students from the secondary schools. It does this by identifying, training and empowering young parents from the Braunstone Estate to work in schools to help reduce the high local pregnancy rates
- it brings together and trains women who are or have been teenage parents and who would otherwise be isolated and/or excluded from mainstream education and training, creating a support network
- the project works within the ethos of NOT being simply 'anti-teenage pregnancy' in any patronizing or moralistic fashion. The objectives are to raise awareness about choices, encouraging young people to think carefully about relationships, contraception, and lifestyle

Key factors associated with success are:

- **young people with first-hand experience of the issues are central to the project:** the sessions are delivered by young people with direct experience of the problems who can make an immediate and important connection with the school pupils
- **sessions are unlike 'ordinary' schooling:** a Youth work approach is adopted that is informal, informative and fun
- **local schools have been welcoming** and happy to be involved with the project. Co-operation with the local schools and colleges has been essential to reach as many pupils as possible
- the scheme is relatively **simple and cost effective** in that it allows for local people to train and deliver the programme: once the programme is set up, and the materials are written, little or no further outside input is necessary
- **competent organisation and constant evaluation:** Besides the internal evaluations there is regular monitoring to maintain an overview of needs and developments

Some **barriers and problems** remain:

- the project agreed very early outputs on delivery and in retrospect a **longer period of funding** would have been beneficial in the development of materials and systems of work
- the part of the project which was aimed at **including parents and male peer educators** failed to take off in the same way as the rest of the project
- the project allows women to train and go on to do further qualifications - **but it is not like a full - or part-time job with the equivalent salaries.** It is not a replacement for, or an alternative to, a mainstream job
- Turning Point assists individual cases of teenage pregnancies outside of the peer education project's remit, as and when help is needed but this is not formalized. There is a **need to expand the project to include facilities for pregnant girls who are not yet able to be peer educators**
- **working with NDC and non-NDC residents:** There is no secondary school on the estate, and the secondary schools draw from a much wider area, but the project is supposed to be limited to the NDC area

Introduction

Projects meant to combat social and/or educational exclusion have been established in a number of New Deal for Communities (NDC) areas as a part of the education theme programme. Most schemes tend to focus on the formal exclusion (expulsion) of boys. However, exclusion from education is a much wider problem that also encompasses those who feel they have no choice but to self-exclude due to caring responsibilities and/or pregnancy. Pregnant teenagers and teenage mothers are potentially an invisible, highly vulnerable group, who are rarely targeted by specialised exclusion projects.

According to a Department of Health report, 'Neighbourhood renewal programmes are in an ideal position to carry out teenage pregnancy work in a positive, integrated and holistic way. These broader issues - education, health, employment, community safety and housing - play a crucial role in those choices (Department of Health, 2002). However, the reality on the ground shows that NDC interventions and projects offering support to pregnant teenagers or teenage parents are generally located within the health (as opposed to the education) strand of NDC work (Blank, Goyder and Peters, 2003). Often teenage pregnancy is not recognised as a problem by the local community and interventions are of a top-down model whereby NDC staff and health officials develop a project that might not necessarily generate local support.

This report was informed through case study visits to Leicester NDC and Liverpool NDC, as well as drawing on additional data collected during last year's evaluation by the Health Theme Team in Manchester and Derby NDCs. Overall, the most pertinent education based project was found in Leicester, and this report will focus primarily on the project developed there.

The evaluation focus is on the Leicester Braunstone Community Association, where an education project has been developed which helps both at the level of pregnancy prevention as well as after young mothers have given birth. The available evidence suggests that this Partnership is the leading NDC nationally, in terms of the progress that has been made in addressing this issue.

This report covers the following areas:

- the context in which the project has been established and the problems it is trying to address
- the nature of the intervention, its objectives and targeted beneficiaries
- the way in which the project has been delivered and the assumptions behind the intervention
- current outcomes and the impact of the project
- key lessons that have been learnt to date

Context and Problem

The policy context

In recent years the large numbers of children and young people excluded from school has caused widespread concern. Most attention has been focused on boys (who account for around eight out of ten permanent exclusions). As a consequence, girls have been largely overlooked in exclusion prevention strategies and research. This is despite statistics for 2000/01 revealing that more than 1,700 girls were permanently excluded from school (DfES, 2003); with numbers of 'hidden' (not officially recorded) exclusions likely to increase this number considerably (Osler, Street, Lall and Vincent, 2002).

Since 1997 the Labour Government has introduced a number of initiatives addressing the social inclusion of children and young people. In 1998 the Social Exclusion Unit Report *Truancy and Social Exclusion* set out a broad framework in which exclusions are to be tackled. Amongst other things, the report made clear that pregnancy is not valid reason for a school to permanently exclude a child.

Why we should be concerned about girls and exclusion from school

First, there is growing evidence of unofficial and self-exclusions, to which girls appear more vulnerable than boys. Unofficial exclusions remain largely hidden and are, by definition, absent from official statistics. Consequently, policy fails to address the problem and few resources are allocated to it.

Second, there are a number of experiences which affect girls disproportionately or exclusively and which may adversely impact on their ability to attend and achieve in school, placing them at greater risk of exclusion and educational failure. These include pregnancy and caring responsibilities.

Finally, it is a statutory requirement in the UK that children continue their education up to the age of 16 and desirable that they are given the opportunity to remain in the education system beyond that age if they wish to do so. The current provision of home tuition and special tuition centres (which is relatively expensive) does not meet the needs of many, if not most pregnant school girls and school girl mothers.

Why we should be concerned about pregnant girls/teenage mothers and exclusion from school

Teenage pregnancies average some 90,000 each year. It is known that girls who opt out of education early are more likely to become young mothers. The Government has recognised the problem and has made a clear commitment to reduce the number of teenage pregnancies, as highlighted in its report *'Teenage Pregnancy'* (Social Exclusion Unit, 1999). The aims are twofold:

- to reduce the rate of teenage conceptions, with the specific aim of halving the rate of conceptions among under 18s by 2010; and second
- to get more teenage parents into education, training or employment, to reduce the risk of long-term social exclusion

The actions for achieving these goals are summarised in four categories:

- a national campaign involving Government, media, voluntary sector and others to improve understanding and change behaviour
- joined up policy with new mechanisms to co-ordinate action at both national and local levels and ensure the strategy is on track
- better prevention of the causes of teenage pregnancy, including better education in- and out-of-school, access to contraception, and targeting of at-risk groups with a new focus on reaching young men (who have often been overlooked in past attempts to tackle the issue)
- better support for pregnant teenagers and teenage parents with a new focus on returning to education with childcare: working to a position where no under-18 lone parent is put in a lone tenancy and pilots around the country providing intensive support for parents and child

To this effect a Teenage Pregnancy Local Implementation Grant has been made available to support the implementation of the local teenage pregnancy strategies. For 2003/4 the total

grant to local authorities is £27,380,000 of which £3,390,000 is for Sure Start Plus pilots (LAC, 2003).

DfES and DoH guidance on the education of school age parents stipulates that 'All LEAs should maintain links with the teenage pregnancy co-ordinator in their area.' Local Education Authorities should also support the education of pregnant girls and school age parents. The statutory duties of LEAs are:

'To provide suitable education for all pupils for whom they are responsible, including pupils of compulsory school age who become parents. "Suitable education" must meet the particular needs of the pupil. This means that LEAs should not impose one policy for all but should consult the pupil, their parents or carers and their school to secure a package which is suitable to their age, ability, aptitude and individual needs, including any special educational needs they may have.' (DfES, 2001)

LEAs also have a duty:

'To provide "suitable" education to pupils who are unable to attend school. (...) For pregnant teenagers or those who are mothers, the young woman's school would normally be expected to oversee her education, including setting and marking work while she is away. The LEA may find a place at a pupil referral unit or other educational centre during periods of absence from school, or chose to provide home tuition. Decisions should be taken in light of individual needs. (...) Reintegration officers, the Connexions Service and Sure Start Plus personal advisors will provide a route for re-engaging young mothers who have dropped out of the system altogether.' (DfES, 2001)

The Government has, therefore, set in motion a series of steps meant to help address this issue. A sign of the highly politicised nature of these debates, however, is a recent report criticising the work of the Teenage Pregnancy Unit and calling for an abstinence based approach (Riches, 2004). Despite the polemical tone of the criticism the report received considerable press attention: further evidence of the difficult and highly contested nature of the problems.

Pregnant teenagers/teenage mothers - a problem on three levels

Prevention: Girls at risk tend to live in very disadvantaged areas where their expectations are low and schools have high truancy levels. This in turn affects achievement levels and where achievement levels are low; girls tend to have limited aspirations for their future and are more at risk of getting pregnant. In addition, sex education in school is often inadequate:

'The [UK] guidelines seem to borrow from practice in the US surrounding the prevention of teenage pregnancy, despite the high rate of pregnancy there (...) at their core, the guidelines seem to preach a profoundly anti-sex message, borrowed partially from anti-sex campaigns in the US.' (Epstein, O'Flynn and Telford, 2000/1)

Education during pregnancy: Superficially it might be argued that girls often leave school of their own free will. However, since a change in education regulations prevented schools from formally excluding because of pregnancy it seems that schools increasingly ignore and/or refuse to make any concessions to pregnancy. This apparent inaction and intransigence has the effect of leaving many girls little choice other than to remove themselves from school. The problem is generally assumed to lie with the girl when she gets pregnant. This frequently results in the girls leaving, for example, because they are being bullied, because they are not given extra support or because they miss too much school due to morning sickness or at the time of giving birth.

Education after giving birth: Girls who have given birth feel further isolated from their peers, as they now have to manage a baby and have missed school, often conflicting with the preparation demands of GCSEs. In some cases they have also had to leave home and are living in social housing and reliant on state benefits. There are frequently no re-integration strategies and no crèche/childcare facilities that would encourage them to return to school and complete their education. They become increasingly isolated and research shows that their problems are exacerbated by the fact that they are 'invisible' (i.e. absent from official statistics on exclusion which shape debate and policy).

Main Barriers for pregnant school girls and school girl mothers to continue mainstream education

The realities between what LEAs and schools should provide and actually do provide differ quite widely from area to area. Most pregnant school girls leave mainstream schooling and do not return. Often this is the case because they do not receive extra help and support during their pregnancy, they are bullied or made fun of - and they cannot cope with both the baby and school once they have given birth.

'OK, what time does school start? Ten past eight? You've been up three or four times in the night, then you've got to get up and get your baby ready, you've got to make sure she's fed, she's dressed, you've got to make sure you've had something to eat. There is no way of doing it. It is just not possible.' (Teenage parent)

In many cases the school is reported to do nothing at all when a girl gets pregnant:

'A friend of mine, she got pregnant while she was at school, she was only fifteen years old, and basically...I don't think the school wanted to know. So she just left. (...) But you sort of get pushed out a bit, don't you? And they think - well, we'll leave her and in a couple of month's time when she's showing, she'll be gone.' (Peer educator/teenage parent)

The government has recognised that the lack of appropriate or affordable childcare provision can prove to be a significant barrier to returning to education. The teenage pregnancy co-ordinator, the Connexions adviser and the Sure Start Plus personal advisor are all called to give advice to the young parent/s about accessing childcare. Only where family members are unable to help will the teenage parent be eligible for financial help with childcare. This of course leaves those young mothers with parents who are unwilling to help in a difficult situation.

Parents are seen as the only support available and when they are not willing the girl is on her own:

'...But some girls, like my friend, she's got nobody. She's seventeen, she's in a two bedroom flat with no partner, no mum to support her, and I think people like that, they do want to go out and they do want to get the qualifications, they want a good job to provide for the baby, but they can't, because there's no facilities.' (Teenage parent)

In some cases, with a lot of family support the girl manages to continue her education - however this is the exception rather than the rule:

'She left just before she was due to have the baby, went back for GCSEs after she had the baby and now she's gone on to college.' (Peer educator talking about a pregnant school-girl who was supported by her parents)

But in most cases girls eventually self-exclude:

'...We are recognising that young women were leaving school and then effectively just disappearing. (...) They were being lost from the school role. So they weren't part of the

school. They couldn't access further education because they weren't old enough and didn't have the childcare anyway to be able to access that. And so there just seemed to be a real void there. And I think there still is.' (Project staff)

Nature of the Intervention

Braunstone Teenage Pregnancy Project

The scheme developed by the Turning Point Women's Centre, and funded by the NDC, is a peer education scheme which addresses two central problems with respect to teenage pregnancy:

- prevention through effective sex education, and
- further training and education for teenage mothers

Peer educators with a personal experience of teenage pregnancy are trained to go into schools and work with pupils aged 11-16. The programme is delivered in single-sex sessions over three to four weeks aiming to raise awareness about choices open to young people, encouraging them to think carefully about relationships, contraception, and lifestyle. It covers the implications of teenage pregnancy; fatherhood and motherhood; contraception and safer sex advice; relationships and decision-making; and assertiveness skills.

The peer educators are aged between 17 and 25. The young mothers do not usually join the project straight after giving birth, as there is a substantial time commitment. But once the children are a little older they can use the on-site crèche facilities at Turning Point and be trained. The only conditions to become a peer educator are to have had personal experience of teenage motherhood and to live locally. There is a natural turnover of peer educators as they move on to further education or full time work. On average there are always 10 peer educators on the project. Aside from addressing the pregnancy prevention issue the project actually helps teenage mothers back into education, giving them the option to gain qualifications and either go to college or into the job market with some work experience behind them. For them, working with the teenage pregnancy project is a stepping-stone into their own careers.

The background to the project lies in research, which was undertaken by Turning Point, on issues of young and old motherhood. It emerged that the young mothers involved could contribute to the local teenage prevention strategy. However the project is not based on any other similar project run anywhere else in the UK and is, in this sense, pioneering new ground. The project has been running for three and a half years and has had four intakes of peer educators. The last two and a half years have been funded by the local NDC partnership, which has allowed it to be expanded across several local schools.

The project was set up with the help of a consultant. There are links with Sure Start Plus and the regional Teenage Pregnancy co-ordinator.

Aims and Objectives

Braunstone is ranked eighth in the East Midlands for rates of teenage conceptions and has the highest rates in the city of Leicester. This was identified through community consultation during the planning stage of New Deal for Communities as being a problem that needed to be addressed.

The aims of the project are to try and share the experience of some of the teenage parents from the local area with local students from the secondary schools. It does this by identifying, training and empowering young parents from the Braunstone Estate to work in schools to help reduce the high local pregnancy rates.

'One of the central themes of the strategy is to improve the Sex and Relationship education that young people receive. Research has shown that many young people feel strongly that Sexual Relationship Education they received was "too little, too late and too biological".' (Rae and Epstein, nd)

But the aims of the project go beyond simple pregnancy prevention - central to the project is the bringing together and training of women who are or have been teenage parents and who would otherwise be isolated and/or excluded from mainstream education and training:

'What we hoped to do was actually bring together a group of young women, all of whom had experience of teenage pregnancy themselves, train them in group-work techniques and then send them into secondary schools to work on the realities of teenage parenting.' (Project staff)

The project works within the ethos of NOT being 'anti-teenage pregnancy' in any simplistic or moralistic fashion. The objectives are to raise awareness about choices, encouraging young people to think carefully about relationships, contraception and lifestyle.

Beneficiaries

The principal beneficiaries are the pupils, the local schools and the young mothers. Over two years around 2,600 young people will have received the peer education in several schools and at the local community college. The schools have been asked how useful they have found the project and all of them have been positive and supportive of the work which has been undertaken.

As for the teenage mothers who become peer educators, the benefits lie on several levels. First there is the satisfaction of a job well done, then there is the formal training and work experience which can lead to the development of a career if the young woman wishes.

'There's benefits for the young people and for me. For me, it makes me feel like I'm doing a good job. I reward myself, I'm proud of myself, for what I'm doing. And I know I'm good at my job. I've got more confidence and I can see myself following this sort of career. And the young people, they get to ask questions that they daren't ask parents, teachers, they get a good look at what it's like to have a child at such a young age.' (Peer educator)

As seen in the statement above, the fact that the peer educators have personal experience of teenage parenthood makes them more accessible to the pupils they teach. They have a different relationship with the young people based on informality and trust. Lack of trust and information on sources of help are issues for a significant number of girls, especially when it comes to discussing matters as sensitive as sex and pregnancy. This is a central problem that is avoided by the Teenage Pregnancy Project.

'...They like it because they can call you by your first name and you are not a teacher. (...) So we are seen as a group of young girls, on their wavelength, down on their level, and they join in a lot.' (Peer educator)

The project work benefits different types of pupils - those who are officially seen as 'at risk' and those who tend to be good at school. In general there is an assumption that the girls who get

pregnant are the ones who truant and have behaviour issues. However, while there is a limited correlation between absenteeism and getting pregnant, not all girls fall into that category:

'Oh I loved school. I went every day, did all my exams.' (Teenage mother)

All of the pupils interviewed, boys and girls, remembered the session on contraception. The fact that they had been able to see first hand how contraception is used and been able to ask questions was a memorable experience:

'We got taught how to put contraception on. Got taught about the morning-after pill, the Femidom...' (Boy, Year 10)

In addition the boys seem to understand that getting a girl pregnant meant that they were responsible to pay bills and other expenses for the baby later on.

'...when you get a girl pregnant about all the bills you've got to pay, the nappies you've got to buy, you need a job, money, you need to work very hard for it.' (Boy Year 10)

The girls thought that the sessions had given them an insight into the life of a pregnant teenager:

'It gave you information of what it would be like. Like, if you don't really know anybody who has been pregnant you are not really going to know.' (Girl, Year 10)

The way that the peer educators delivered the programme was highly appreciated by the pupils. This was evident during the interviews, as well as on the evaluation forms, where students gave feedback after every session.

'It was just fun and interesting.' (Girl, Year 10)

Delivery

'We go into the local schools and do activities that involve contraception and relationships. The reality of teenage parenting. (...) It contains things like budgeting and how much money you get, and being a teenage parent. Because I was a teenage parent, that's the session that we put across our personal feelings, when we were that age, how it affected our lives.' (Peer educator)

The school based work

Work is done with 11-13 year olds, focusing on decision-making, confidence building and self esteem. Work with 14-16 year olds looks at more sensitive issues around sex, relationships and negotiation skills. All sessions are delivered in single-sex groups. There is separate work done with young men where the issues are addressed from a different angle. Again team building and problem-solving is addressed, but also verbal and non-verbal communication is discussed. For the slightly older boys (aged 14-16 in Key Stage 4) unplanned sex and future implications are discussed.

'If you get pregnant, if you become a father at 15, 16, how is that going to impact on your life?' (Project staff)

As a teenage parent explains - the kind of sex education provided at school is crucial for pregnancy prevention. Unfortunately, many teenagers feel the sex education they received was inadequate:

'We got basic sex education which was basically, this is the female body, this is the male body, put them together and you have a baby. (...) We never received any information about contraception, emotions or feelings. So when I started having sex I thought it wouldn't happen to me. I didn't know where to get the pill from. I didn't know what the pill would do if I took it. If my parents would find out. Too embarrassed to ask for condoms in the shops.' (Teenage parent)

The realities of teenage parenting are often not clear to the girls, some of whom (it is suspected) may be envious when they see a classmate getting pregnant.

'Her group of friends probably thought it was a brilliant idea at the time - oh we think it's lovely, we think it's great. We'll help you look after the baby. And when the baby comes along, not only has your school gone, your friends have gone as well. (...) Because you can't go to the pub anymore or go shopping - oh, yeah, I've got to bring the baby with me.' (Peer educator/Teenage parent)

The peer educators also show the teenagers what options they have if they do get pregnant. Clearly, and as the pupils themselves appear to recognise, the long-term consequences of the resulting loss of education is likely to outweigh any immediate benefits. The interviews with the girls suggest that education is valued and that they do not want to miss out.

The work with the peer educators

The peer educators hear about the project through various means. Some have known about Turning Point before, living on the estate, using the crèche and other facilities, others hear about it through the local paper.

The project runs regular training programmes for local women who become peer educators. The 12-week programme equips the peer educators to work in schools and with youth groups. It covers teaching and group-working skills, contraception and safer sex information. Peer educators are also trained on sex and the law, confidentiality issues and professional expectations. The training programme is now accredited by the Open College Network. At the end of the programme the peer educators deliver a mock practise session with other peer educators and Turning Point staff before starting to deliver the programme in schools. Newly qualified peer educators are paired with a more experienced team member to allow them to learn from each other. There are weekly project meetings, which all peer educators attend, where decisions about the project are made and programmes and materials are discussed.

The Teenage Pregnancy Project also makes possible an informal support network for the young mothers who can share their problems with the project staff or with each other.

Outcomes and Impact

Participants are extremely positive and generally the schemes seem to be very successful. As a member of project staff mentioned:

'I'm aware that one of the schools (...) said that the year 2001/2, where we worked quite extensively in the school, that they had no reported pregnancies in year eleven [16 year-olds] that year, and that they'd never had that before. Usually there had been seven or eight pregnancies on average between years 10 and 11.'

To date, 14 girls have been trained as peer educators. One has become a full time youth worker, another is doing a social work degree and four have moved into full time employment. It has brought a group of young women to a fairly good level of professionalism that allows them to move on beyond peer education when they are ready to do so.

Four resource packs have been developed which can be used in school and other youth group settings according to the age of the pupils. Although they have been developed based on local experience and data, they could easily be used in any school or youth centre in the UK. They are professionally designed and very effective. Resource Pack One is a work pack for Year 9, 10 and 11 pupils, looking at the realities of parenting, contraception methods, negotiation skills, relationships and decision-making. All activities and materials were drawn from the school-based programmes delivered by the peer educators. Pack Two includes a video demonstration on how the peer education project was set up and how peer education can impact young people and peer educators' lives. This was funded by Connexions and the Leicestershire Health Authority. Packs Three and Four are being compiled for single sex sessions drawing from the 11-13 programmes which are delivered in local schools, which include decision-making, goal setting, problem solving, relationship/friendship and anger management.

In addition to the teaching material that has been developed, the project has published two research reports based on the experiences of local teenage parents and the provision and support available for school aged parents. Both are excellent sources of information for any other organisation wanting to implement a similar scheme.

The set targets have been exceeded at all levels: in year one, 656 young people were contacted - 556 more than projected, in year two, 1,511 were contacted, 211 more than projected and in year three, 1,410 were contacted, 110 more than projected. The number of sessions provided also far exceeded the planned numbers. (Year 1 almost five times, Year 2 almost three times and year 3 almost twice what had been initially planned).

What Works?

Peer education is described as a promising approach by the Health Development Agency in its review of effective interventions with regard to Teenage pregnancy (NHS, 2001). Certainly, the success of the Braunstone project bears out the impact that can be made.

Local, competent organisation and constant evaluation

The project is competently run and has delivered what it set out to deliver. Its constant internal evaluation ensures consistent high quality delivery. Besides the internal evaluations there are regular monitoring visits from the Braunstone Community Association (BCA). They are also supplied with bi-monthly project reports.

'The peer educators themselves evaluate each session they deliver. (...) Young people are expected to evaluate every session they attend and the evaluations are analysed by the project worker.' (Project staff)

The fact that the project is run through a local organisation for local women has made a big difference as both schools and pupils have a higher degree of confidence vis-à-vis the peer educators.

'It's having peer educators from the local area. Now a lot of the time, because of the education they receive, because PHSE (Personal, Health and Social Education) is very limited in schools, having sex and getting pregnant don't seem to connect. So having these women that come from the area and have gone through the experience makes it very real. They are going in and talking about their experiences. Not going in saying - don't have a child.' (Project staff)

'They can relate to them as well, because many of them have attended those schools. They use the same language. There's a different way of talking.' (Project staff)

Youth work approach

The type of session, which is so unlike normal classroom teaching, has made the project popular with the pupils:

'...It's a youth work approach really to the subject - OK, stand up, move all the tables and chairs out to the side of the room, (...) and we do some really creative exercises with them. And it's a real break for them...' (Project staff)

Working with the local schools

Schools have been welcoming and happy to be involved with the project. Co-operation with the local schools and colleges has been essential to reach as many pupils as possible:

'They see us as a bit of a unique tool really. Which is provided for them, and they don't have to pay for, but it's provided on a very flexible basis and we can come in and complement the work that they are doing.' (Project staff)

Simplicity and cost effectiveness

The scheme is relatively simple in that it allows for local mothers to train and deliver the programme: once the programme is set up and the materials are written, little or no further outside input is necessary. The fact that the young mothers are being given a training allowance only, allows them to continue receiving benefits, whilst training and getting work-experience. Since the project is being run and managed through an existing community project, the costs are kept down.

Problems Encountered/Barriers to be Overcome

Short period of funding

The project agreed very early outputs on delivery and in retrospect a longer 'lead-in' time would have been beneficial in the development of materials and systems of work.

'In retrospect it would have been best to say - this is an unrealistic target. We need to spend a year with these young women, getting them ready to design their own teaching materials.' (Project staff)

Expanding the project to include parents and male peer educators

The part of the project which was aimed at including parents failed to take off in the same way as the rest of the project. There is also a problem in recruiting male peer educators.

'That would be fantastic, if we had male peer educators that were fathers that could come and work on the project. But what we do get around is actually make sure that there is a male role model in the room, to assist myself or the peer educators in delivering the sessions.' (Project staff)

Giving young women a proper job

The project allows women to train and go on to do further qualifications, but it is nothing like a full or part time job with the equivalent salaries. It does not empower the women in the same way as if they were in a mainstream job. This, of course, is a money and funding issue but also an issue of equity and entitlement.

Balancing demand and funding

Turning Point assists individual cases of teenage pregnancies outside of the peer education project's remit, as and when help is needed, however there is no education option on offer for pregnant teenagers. There is a need to expand the project to include facilities for pregnant girls who are not yet able to be peer educators. However this again is a funding issue.

Trying to limit the area

There is no secondary school on the estate, and the local secondary schools draw from a much wider area - but the project is supposed to be limited to the NDC area:

'...We also pointed out that Braunstone young people won't only be having sex with Braunstone young people. These relationships might well cross over boundaries.'
(Project staff)

Conclusions

Clearly the Teenage Pregnancy Project fills a gap that schools cannot fill. It is not enough that pupils have to depend on teachers who are not trained to help them with contraception and pregnancy issues. The lack of formal school policies with regard to pregnancy also makes the situation for the girls and the teachers more difficult.

'When we started writing a report on school-age parents no school we spoke to, and we spoke to senior staff in the PHSE department, had a policy of any sort around on what to do when girls are pregnant. (...) So if you go to speak to a teacher who knows about the Connexions personal advisor for pregnant teenagers, (...) or the special ante-natal care at the Royal, then you might do quite... but if you spoke to somebody who went - "Yeah, whatever now sort it out"...' (Project staff, describing how ad hoc help can be for pupils)

The project has been especially **successful** in certain respects:

- it enables teenage mothers to share the experience of pregnancy with local students from the secondary schools. It does this by identifying, training and empowering young parents from the Braunstone Estate to work in schools to help reduce the high local pregnancy rates
- it brings together and trains women who are or have been teenage parents and who would otherwise be isolated and/or excluded from mainstream education and training, creating a support network
- the project works within the ethos of NOT being simply 'anti-teenage pregnancy' in any patronizing or moralistic fashion. The objectives are to raise awareness about choices, encouraging young people to think carefully about relationships, contraception, and lifestyle

The project is making a genuine contribution and showing real signs of success. There is a strong case for expansion, with more peer educators being trained and more schools participating. Even if (due to NDC funding limitations) other schools cannot be included at this stage, a larger number of peer educators would allow for more sessions and for more face-to-face contacts with the pupils in the relevant age groups. ***The project should also be held up as an example of good practice to other NDCs who face similar problems with high conception and pregnancy rates.***

Both peer educators and pupils have commented on the fact that the project could be run more frequently and at more venues:

'I'd like to see this project go a bit further than the New Deal area. Widespread to more schools. Because being a peer educator, it's working for me, but the main point of the project is working for the teenagers as well.' (Peer educator)

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