

November 2002

TEENAGE PREGNANCY and Parenthood

Strategy &
Action Plan
2002-2007



Department of Health, Social Services and Public Safety
An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

Index

Chapter 1 – Why We Need a Strategy	03
Chapter 2 – Aims	06
Chapter 3 – Action Plan	09
Chapter 4 – Summary of Action Points	16
Chapter 5 – Making it Happen	18
Annex – Equality Implications	20

CHAPTER 1

WHY WE NEED A STRATEGY

CHAPTER 1

WHY WE NEED A STRATEGY

- 1.1 The Executive in its Programme For Government under the theme “Working For A Healthier People” gave a commitment to tackling the problems associated with teenage pregnancy. In addition an overarching strategy for children and young people is being developed which will set out the vision, values and underlying principles for all children and young people and the long-term goals to make that vision a reality.
- 1.2 The “*Investing for Health*” Strategy provides the framework for the Government’s attack on preventable disease, ill health and inequalities in health. It identifies sexual health and teenage pregnancy as important areas for action.
- 1.3 With 1,700 births per year, our rates of teenage pregnancy are among the highest in Europe. Rates are highest in areas of greatest social and economic deprivation. While some older teenagers may choose to become pregnant, the majority do not.
- 1.4 Many young people are successful in adapting to the role of parenthood and have happy, healthy children. For too many, however, unplanned teenage pregnancy and early motherhood is associated with poor educational achievement, poor physical and mental health, social isolation and poverty. For those who are particularly young with little or no family or financial support teenage pregnancy can cause considerable distress, not only for the young persons concerned, but also for their families.
- 1.5 Unplanned pregnancy represents a traumatic interruption to the lifestyles of young parents – they are suddenly forced into the realities and decisions of adulthood, with which they are generally unprepared and ill-equipped to cope. They face limited prospects in the areas of education and training and are relegated to working in low paid, low status jobs or to unemployment and dependence on state benefits.
- 1.6 In 1999, teenage parenthood was identified as an issue to be addressed under the Promoting Social Inclusion initiative. The Department of Health, Social Services and Public Safety (DHSSPS) subsequently issued the report of a Working Group on Teenage Pregnancy and Parenthood entitled “Myths and Reality” for public consultation in November 2000.
- 1.7 The report contained an analysis of the birth pattern of teenage mothers and research evidence on associated risk-taking behaviour among teenagers. It explained why efforts to reduce rates of teenage pregnancy must focus on raising the expectations among young people and on equipping them with the confidence and skills to manage relationships. The report also stressed the importance of cross-sectoral partnerships to promote change and to improve the life chances of young parents and their children.

1.8 Responses to the consultation, and in particular young people's views acquired through a series of focus groups, have helped shape this Strategy and Action Plan. The vast majority of respondents welcomed this initiative to tackle the problem and highlighted a number of priorities including:

- the importance of parent/child communication;
- sex education in the context of relationships and personal and social education;
- promoting self-esteem;
- good accessibility of services particularly in areas of deprivation;
- the importance of adequate funding to implement the recommendations.

1.9 Section 75 of the Northern Ireland Act 1998 requires public authorities in carrying out their functions to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status, sexual orientation, gender, disability and persons with dependents or without. DHSSPS together with its associated bodies conducted a 2-stage joint consultation exercise on the equality implications of its policies between December 2000 and June 2001. This helped to identify priorities for an Equality Impact Assessment (EQIA)

programme, which includes in year one teenage pregnancy as a new policy requiring EQIA. A Working Group, representative of the main interests involved, was established to further develop the Strategy and an EQIA.

1.10 The Human Rights Act 1998 came fully into force in October 2000. It provides additional focus and emphasis to the rights and freedoms of individuals guaranteed under the European Convention on Human Rights. There are some 18 Convention rights and protocols which range from the Right to Life to the Right to Education. The Act requires legislation, wherever enacted, to be interpreted as far as possible in a way which is compatible with the Convention rights; makes it unlawful for a public authority to act incompatibly with the Convention rights; and, if it does, allows a case to be brought in a court or tribunal against the authority. DHSSPS will ensure this policy is compatible with the Human Rights Act.

CHAPTER 2

AIMS

CHAPTER 2

AIMS

2.1 The aims of this Strategy are to:

- facilitate a reduction in the number of unplanned births to teenage mothers; and
- minimise the adverse consequences of those births to teenage parents and their children.

2.2 The aims will be realised through concerted inter-departmental and multi-sectoral co-operation building on the existing strengths and skills of all young people, the vast majority of whom are making responsible decisions in relation to their sexuality. Parents, family, schools, churches and communities have important roles in influencing and supporting young people.

2.3 The Strategy sets the following targets:

- a reduction of 20% in the rate of births to teenage mothers by 2007;
(Baseline 19.5 per 1,000 women aged 19 years and under, 1998 –2000)
- a reduction of 40% in the rate of births to teenage mothers under 17;
(Baseline 4.1 per 1,000 girls aged under 17 years, 1998 – 2000)
- 75% of teenagers should not have experienced sexual intercourse by the age of 16;
- 100% of teenage mothers of compulsory school age should complete formal education;
- 50% of teenage mothers should participate in post 16 education beyond school leaving age.

2.4 Actions arising from the Strategy will focus, in particular, on areas of socio-economic deprivation where rates of teenage pregnancy are highest. In addition, the particular needs of young people living in rural areas will be taken into account.

Principles

2.5 This Strategy adopts the framework of values and principles set out in the *“Investing for Health”* Strategy. In addition, the following principles are appropriate for action on teenage pregnancy and parenthood. These principles form the foundation of the Strategy and provide the criteria against which interventions, services and practices will be delivered and evaluated.

• Involving Youth

Young people’s views should be sought and taken into account by those who make decisions on their behalf.

• Avoiding Personal Prejudice

All young people have the right to be treated in a non-judgemental manner.

• Building on Success

Future activities should, where possible, build on existing, evaluated good practice.

• Acting on Evidence

Action to reduce the problems associated with teenage parenthood must be based on an evidence-based approach.

Taking the Strategy Forward

2.6 This Strategy will be taken forward in the context of the *“Investing for Health”* Strategy, which provides a framework for the Government’s action on preventable disease, ill-health and health inequalities. The actions set out in Chapter 3 have been developed to take account of the fact that young people living in areas of socio-economic deprivation are at greater risk of becoming teenage parents. Implementation of the actions will require innovative approaches involving the use of the voluntary and community sectors.

2.7 The Strategy comprises a number of actions grouped under the following areas:

- policy development;
- information and education;
- parent/child communication;
- improving services;
- confidentiality;
- improving training;
- providing support;
- research.

2.8 Chapter 3 sets out for each of these areas, the actions to be taken, initial target dates and the main partners.

CHAPTER 3 ACTION PLAN

CHAPTER 3

ACTION PLAN

Policy Development

- 3.1 The Myths and Reality Report noted that “socio-economic disadvantage can be both a cause and a consequence of teenage parenthood”. Consequently the problem cannot be tackled in isolation but has to be addressed through policy development in the areas of New TSN, equality, social inclusion and community development. This requires a multi-agency approach and the development of strong cross-sectoral partnerships.

Action 1

DHSSPS will establish a Multi-Agency Implementation Group to direct and oversee implementation of the Strategy and Action Plan.

Target Date: January 2003.

Action 2

DHSSPS in partnership with the Department of Education (DE) and Department of Employment and Learning (DEL) will establish a multi-agency group to develop a Regional Sexual Health Promotion Strategy which will include the needs of young people.

Target Dates: 1. Group to be established by November 2002.

2. Strategy to be completed by June 2003.

Information and Education

- 3.2 Ignorance about sex is a key risk factor in teenage pregnancy. Research shows that good comprehensive relationships and sexuality education can help young people delay starting sexual activity and make them more likely to use contraceptives when they do.
- 3.3 In schools, an effective Personal and Social Education Programme which includes Relationship and Sexual Education (RSE) is essential in providing young people with the knowledge and skills to promote responsible decision making. A major step towards achieving this has been the recent issue of RSE Guidance for Primary and Post Primary Schools.

Action 3

DE in partnership with Education and Library Boards, Health and Social Services Boards and Trusts and Health Promotion Agency will facilitate and support the implementation of the guidelines on RSE and progress will be assessed through the Inspection Programme of Schools.

Target Date: To commence school year 2002/03.

Action 4

Health and Social Services Boards and Trusts in partnership with Education and Library Boards, Voluntary and Community organisations will publish local directories of resources, which are accessible to all young people, offering information on services.

Target Date: December 2003.

Action 6

Health and Social Services Boards and Trusts in partnership with Education and Library Boards, and Voluntary and Community organisations will facilitate the further development of community based programmes and courses on parent/child communication.

Target Date: October 2003.

Action 5

Health and Social Services Boards and Trusts in partnership with Voluntary and Community organisations will further develop, particularly in areas of socio-economic deprivation and rural areas, community based teenage personal development programmes that will incorporate sexual health issues and risk-taking behaviour.

Target Date: April 2004.

Improving Services

3.5 Services refer not only to traditional health services such as family planning services but to the broader range of services, which promote health and well-being.

3.6 As teenage parenthood rates are highest in areas of social deprivation there is a need to target initiatives to improve the health and social well-being of teenagers in these areas in partnership with local communities. The development of specific teenage programmes that build on the success of evaluated projects could provide a valuable contact point for teenagers to obtain information, advice and referral to specific services. Through a holistic approach such programmes could provide a mechanism for the promotion of teenage health whilst promoting social inclusion and community ownership.

Parent/Child Communication

3.4 Adolescence is often seen as a time of heightened conflict between parents and children. The child at this stage strives towards self-definition and embarks on the process of beginning to separate from the family. The Survey on the Health Behaviour of School Children (WHO 1997/98) shows that poor family communication is associated with increased risk taking behaviour, particularly for girls, whilst the US National Longitudinal Study of Teenage Health indicated that a high degree of family 'connectedness' through communication and shared activities was associated with delayed first intercourse.

- 3.7 Teenage programmes should be tailored to the needs of individual communities and include health promotion information and advice, especially on risk taking behaviour, access to peer education, links to health and social services, and information on housing and employment. Personal development should be a key element of teenage programmes as confidence and positive self-esteem will determine decisions made by young people.
- 3.8 Among young people who are sexually active it is important that their health care needs are addressed. There has been a recent increase in the incidence of sexually transmitted infections (STIs) among young people. Encouraging young people who are sexually active to engage in safer sex will be vital in reducing the rate of STIs and teenage parenthood.
- 3.9 Young people's perceptions of family planning services are crucial to whether or not they use them. For example, their concerns about confidentiality may prevent them seeking advice. Services must be tailored to the needs of all young people. Timing and location of clinics influence young people's attendance and these should be provided to meet the needs of the local population.
- 3.10 Young men often perceive services as irrelevant to them and are reluctant to seek help and support. Yet there is a great need for education about sexual health, sexuality, fatherhood, parenting rights and responsibilities. Special attention is required to meet the needs of young men.
- 3.11 Services should be responsive to the specific needs of all young people, for example the needs of those from an ethnic minority background or those marginalized as a result of suspension/expulsion from school. Those with physical or learning disabilities or emotional difficulties may have very specific and individual needs, which need to be addressed by service providers.
- Action 7**
Health and Social Services Boards and Trusts in partnership with Voluntary and Community organisations will review their sexual health services to ensure that they are available, accessible and tailored to the needs of all young people.
Target Date: April 2003.
- Action 8**
Health and Social Services Boards in partnership with Trust and Primary Care professionals will as far as possible ensure that pregnant teenagers receive antenatal and postnatal care that is tailored to their specific needs.
Target Date: Ongoing.
- Confidentiality**
- 3.12 Young people's concerns about confidentiality can result in their

reluctance to seek information and advice and to use contraceptive services. They may fear that if they consult a doctor their parents may be informed. Even if they know that their discussion with a doctor or a nurse will be treated in confidence, they may worry that their anonymity within the clinical setting may not be respected by others who are attending, or by administrative or support staff.

- 3.13 Guidance exists for health professionals who can provide contraceptive advice or treatment to an under 16 year old without parental consent provided the treatment can be justified on the grounds of necessity, or that it can be demonstrated that the minor was capable of giving informed consent. Health and Social Services Boards' child protection procedures cover what to do in cases where there is an issue of abuse or exploitation. For other professional groups, comparable guidance is not readily available. For example, there is uncertainty among teachers about what they can say and do and who has to be told if a young person reveals that they are, or planning to be, sexually active.

Action 9

DHSSPS in partnership with DE, Health and Social Services Boards and Trusts, Education and Library Boards, the Health Promotion Agency and Voluntary and Community organisations will publish a leaflet for young people outlining their rights to confidentiality. Target Date: September 2003.

Action 10

DHSSPS in partnership with Health and Social Services Boards and Trusts, Voluntary and Community organisations will publish updated guidelines on the issue of confidentiality for all those working within a health care setting. Target Date: September 2003.

Action 11

DE in partnership with Education and Library Boards and Health and Social Services Boards and Trusts will publish guidelines on the issue of confidentiality for school staff. Target Date: September 2003.

Improving Training

- 3.14 Young people come into contact with a wide range of professionals such as teachers, youth workers, doctors, nurses, health visitors and social workers. Some, particularly teachers, play a central role in teaching RSE and educating young people. It is essential that those who teach RSE are comfortable doing so and receive training to provide them with the necessary skills.

Action 12

Education and Library Boards will ensure that where a school identifies a need for training for teachers nominated to teach RSE such training is available and can be assessed. Target Date: September 2003.

Action 13

Health and Social Services Boards and Trusts in partnership with the Health Promotion Agency and Voluntary and Community organisations will ensure that staff working with young people, including Primary Care staff, receive training that will maximise their effectiveness in communicating and working with young people including those with a disability or from an ethnic minority background.

Target Date: Training programmes to commence by September 2003.

Action 15

DE in partnership with DEL, Education and Library Boards, Schools/Colleges, Voluntary and Community organisations will ensure that education arrangements are sufficiently flexible so that pregnant or parenting teenagers wishing to remain in education can do so.

Target Date: Ongoing.

Action 16

DE will issue guidelines on the pastoral care of pregnant/parenting teenagers.

Target Date: September 2003.

Action 14

Education and Library Boards will ensure that youth workers receive training that will maximise their effectiveness in communicating and working with young people, including those with a disability or from an ethnic minority background.

Target Date: Training programmes to commence by September 2003.

Action 17

DHSSPS in partnership with DE will develop and implement a mechanism for funding of childcare for parenting teenagers who wish to remain in education and whose families cannot help with childcare.

Target Date: September 2003.

Action 18

DEL will ensure that, as far as possible, training programmes are sufficiently flexible to meet the needs of young people.

Target Date: Ongoing.

Providing Support

3.15 Many young parents face difficulties in continuing with their education, have limited access to appropriate training opportunities, experience economic disadvantage and as a consequence suffer from stress, isolation and social exclusion.

Action 19

Northern Ireland Housing Executive in partnership with Health and Social Services Trusts, Voluntary and Community organisations will ensure that where appropriate, teenage mothers requiring housing are accommodated as close to their families and communities as possible.

Target Date: Ongoing.

Research

3.16 “Myths and Reality” included many promising approaches to tackling teenage pregnancy and parenthood but stated that there remain significant gaps, particularly with regard to the evaluation of initiatives to tackle the problem. A sound research base and database on evaluated interventions will be critical in informing the implementation of this Strategy. It will be important to maximise on research opportunities through the Research & Development Office’s (R&D) commissioned research and other sources of funding.

Action 20

DHSSPS in partnership with the R&D Office and other stakeholders will promote health, education and social issues relating to teenagers as a priority in shaping and developing the public health research agenda.

Target Date: Ongoing

Action 21

DHSSPS in partnership with DE, Health Promotion Agency and other stakeholders will establish a database of evaluated interventions and ensure that all new interventions are rigorously evaluated.

Target Date: April 2005.

CHAPTER 4

SUMMARY OF ACTION POINTS

CHAPTER 4

SUMMARY OF ACTION POINTS

1. Establishment of Multi-Agency Implementation Group – **January 2003**
2. Development of a Sexual Health Promotion Strategy – **June 2003**
3. Support of and assessment of guidelines on RSE – **2002/03**
4. Publication of local directories of resources - **December 2003**
5. Further development of community based teenage personal development programmes – **April 2004**
6. Further development of community based programmes on parent/child communication – **October 2003**
7. Sexual health services to be accessible and tailored to the needs of all young people – **April 2003**
8. Pregnant teenagers to receive antenatal and postnatal care tailored to their specific needs – **Ongoing**
9. Publication of a leaflet for young people outlining their rights to confidentiality – **September 2003**
10. Publication of guidelines on issue of confidentiality for use in a health care setting – **September 2003**
11. Publication of guidelines on the issue of confidentiality for school staff – **September 2003**
12. Training to be available for teachers nominated to teach RSE – **September 2003**
13. Staff working with young people to receive training in communicating and working with young people – **September 2003**
14. Youth workers to receive training in communicating and working with young people – **September 2003**
15. Education arrangements to be flexible for pregnant or parenting teenagers wishing to remain in education – **Ongoing**
16. Development and dissemination of guidelines on pastoral care of pregnant/parenting teenagers – **September 2003**
17. Development and implementation of mechanism for funding of childcare for parenting teenagers who wish to remain in education – **September 2003**
18. Development of initiatives to facilitate flexible training and employment opportunities for young parents – **Ongoing**
19. Teenage mothers to be housed as close to their families as possible – **Ongoing**
20. Further development of research base on health, education and social issues relating to teenagers - **Ongoing**
21. Database of evaluated interventions to be established and new interventions to be evaluated – **April 2005**

CHAPTER 5 MAKING IT HAPPEN

CHAPTER 5

MAKING IT HAPPEN

5.1 This Strategy will be taken forward in the context of the *“Investing for Health”* Strategy. It will require commitment from a wide range of public, voluntary and community organisations working in partnership to achieve a reduction in the number of births to teenage mothers and minimise the adverse consequences of those births to teenage parents and their children.

Managing The Plan

5.2 The Ministerial Group on Public Health (MGPH) will be responsible for the overall monitoring of the Strategy and Action Plan. DHSSPS will establish a Multi-Agency Implementation Group to oversee and drive forward the actions outlined in Chapter 3. The Implementation Group will develop intermediate milestones and will report progress to MGPH annually. The Strategy will be reviewed after five years.

Research

5.3 The Implementation Group will consider the need for additional research to assist effective implementation and monitoring of the Strategy and Action Plan.

Resources

5.4 The Department of Health, Social Services and Public Safety will be making £300,000 available in this and the following two financial years to implement the Strategy and Action Plan.

ANNEX EQUALITY IMPLICATIONS

ANNEX

EQUALITY IMPLICATIONS

1. Introduction

Northern Ireland Act 1998

1.1 Section 75 of the Northern Ireland Act 1998 requires the Department of Health, Social Services and Public Safety (DHSSPS) in carrying out its functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity –

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

1.2 In addition, without prejudice to the above obligation, DHSSPS should also, in carrying out its functions relating to Northern Ireland, have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

Background

1.3 For some time there has been growing concern among statutory, voluntary and community organisations about the impact of teenage parenthood and the consequences for the young mother and her baby. There are approximately 1,700 births to teenage mothers each year.

1.4 In 1999 the DHSSPS established a Multi-Sectoral Working Group to look at the issues of teenage pregnancy and parenthood. The terms of reference were:

“To develop a co-ordinated strategy through which relevant agencies will work together to: contribute to a reduction of 10% in the number of births to teenage mothers by 2002; address the difficulties which young parents and their families face during pregnancy and after birth so as to prevent young parents or their children from being socially excluded in either the immediate or longer term. In doing so it will be concerned with issues relating to young fathers as well as to young mothers”.

1.5 Following consultation and discussion with a range of interested organisations and individuals, including young people, the Working Group’s report “Myths and Reality: Teenage Pregnancy and Parenthood” was published in November 2000 for public consultation. Given DHSSPS’s

commitment to promote equality of opportunity and good relations the consultation invited views on the extent to which the Report was consistent with these principles.

- 1.6 Responses were received from 48 organisations and individuals. The majority of respondents welcomed the initiative and highlighted a number of priorities including the importance of parent/child communication, sex education, promotion of self-esteem and accessibility of services. Some concerns were expressed including recommendations being too general, teenage mothers not involved in the Working Group and failure to take account of the pro-life ethos.
- 1.7 With regard to equality a number of responses highlighted the need for a greater emphasis on the needs of vulnerable people including young fathers, those from an ethnic minority background, or those with a physical or learning disability. The responses have been taken into account in the development of this Strategy and Action Plan.

2. Aims of the Strategy

- 2.1 The aims of the Strategy on Teenage Pregnancy and Parenthood are to:
- facilitate a reduction in the number of unplanned births to teenage parents; and
 - minimise the adverse

consequences of those births to teenage mothers and their children.

- 2.2 The policy has been defined by DHSSPS. It will be implemented by DHSSPS in conjunction with other Departments, statutory bodies and the voluntary and community sectors.
- 2.3 The policy will increase awareness and understanding of the difficulties associated with teenage parenthood, address inequalities by targeting vulnerable groups and ensure that all young people have access to information and sexuality education and support services. The outcome of the policy is to reduce the number of unplanned births to teenage mothers and provide support to teenage parents.

3. Groups Affected by the Policy

- 3.1 The policy will affect the health and well being of young people generally. In terms of the categories listed in 1.1 the groups most likely to be affected by the policy are young women and young men.

4. Consideration of Available Data and Research

- 4.1 When considering the equality implications of the Strategy and Action Plan account was taken of information provided by existing surveys and also information through discussion with voluntary organisations as set out below.

i. Source: General Register Office

Teenage births outside marriage by age of mother

Age	1999	2000
13	1	1
14	6	10
15	56	47
16	149	163
17	342	306
18	539	467
19	587	554
TOTAL	1680	1548

Teenage births inside marriage by age of mother

Age	1999	2000
16	1	1
17	9	6
18	27	16
19	78	50
TOTAL	115	73

Dependents – information not available for single mothers

Religion, political opinion, ethnic minority, disability – information not available.

ii. Source: Office of Population Census & Surveys

Number of abortions performed in England to Northern Ireland residents under 20

1999	265
2000	301

Religion, political opinion, marital status, dependents, racial group, disability – information not available.

iii. Source: Young People’s Behaviour and Attitudes Survey 2000

77% of 11-16 year olds have had a girlfriend or boyfriend.

27% of pupils have had no sexual experience, 36% have had a small amount, 26% have had some experience but no sexual intercourse and 11% have had sexual intercourse, with the majority being 14 years of age the first time.

Almost three quarters (74%) used some form of contraception - with just over four fifths (81%) using a condom.

62% of pupils would find it easy to get contraceptives and most would get them from shops or chemists, bars, public toilets etc.

21% find it easy to talk to one or both of their parents about sexual matters.

17% find it difficult, and 34% don’t discuss such topics.

iv. Source: Health Behaviour of School Children 1997/98

15% of years 9 –12 (post-primary pupils) had experienced sexual intercourse. In relation to this percentage, the average age of first sexual intercourse was 13 for boys and 14 for girls.

v. Source: Health & Social Wellbeing Survey 2001

Half of respondents reported having had sexual intercourse for the first time by the age of 17 for men and age 18 for women.

5. Assessment of Impact

5.1 The policy aims to reduce the number of unplanned births to teenage parents and to minimise the adverse consequences of those births to teenage parents and their children. As outlined in paragraph 1.8 responses to the consultation on "Myths and Reality" identified the importance of communication, sex education, promotion of self-esteem and accessibility of services. They also highlighted the need for greater emphasis on the needs of vulnerable people including young fathers, those from ethnic minority backgrounds, and those with a physical or learning disability.

5.2 Consideration of the data in paragraph 4 indicates that the majority of births to under 20s are to single teenage girls in the age range 16-19. No information is available to whether the births were planned or unplanned. No information is available by religion, dependents, ethnic minority, disability, or sexual orientation. The data also indicates that a significant number of young women travel to England to have abortions performed. No information is available on the fathers of children to teenage mothers.

5.3 Young parents – both male and female – have particular needs. For young females, teenage pregnancy and early motherhood can lead to limited education, training and employment. For young men, the consequences range from financial responsibilities to experiencing emotional problems at being separated from their children if access is denied. Young people from ethnic minority backgrounds and those with a physical or learning disability may have additional needs with regard to access to information and services and may require additional support. All professionals working with young people need to be aware of these needs and have the knowledge and skills to deal with them.

5.4 The Strategy and Action Plan has been developed to meet the needs of and support teenage parents. It is the DHSSPS' view that it should not have an adverse impact on any of the Section 75 groups. The actions outlined should promote equality of opportunity and promote good relations by ensuring that:

- professionals receive relevant training and skills;
- support services and information are available and accessible to all young people;
- young teenage mothers have the same opportunities to education and training as other young females; and

- resources will be targeted to those most in need.

6. Monitoring of Impact of Policy

6.1 An Implementation Group is to be established to take forward the Strategy and Action Plan. This group will report progress on an annual basis to the Ministerial Group on Public Health and advise on research, which together with returns from the General Registrar's Office and other surveys will be used to monitor progress. In addition the Department will be monitoring progress in the course of regular meetings with voluntary organisations working in this area.



ISBN 0-946932-05-0

Published by: Department of Health, Social Services and Public Safety,
Castle Buildings, Belfast BT4 3SJ

Telephone 028 9052 0772 Textphone (028) 9052 7668
www.dhsspsni.gov.uk

November 2002

Ref: 18/02